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

Check # 9590

Date of Notification (1) <b>June 4, 2015</b> <del>February 27, 2015</del>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>		Check # 9590	
Agencies Notified	Type Notification	Street Address		City, State & Zip Code	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6</u> <input type="checkbox"/> Cancellation	<b>36 West State Street</b>  <b>Trenton, NJ 08608</b>		Telephone Number 	
		Name of Contact <b>James Saraceno</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>		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 & commercial buildings, home, etc.)			
Street Address <b>651 Route 1 South (Bldg. 651)</b>		Square Feet <b>60,000</b>	# of Floors <b>2 + Basement</b>	Bldg. Age <b>70</b>	
City (5) <b>North Brunswick</b>		Current Use (Prior if being demolished) <b>Technical School</b>			
County (6) <b>Middlesex</b>	County Code (7) <b>USE ONLY</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>		
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>			
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>			
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>	
Scheduled Start Date (10) <b>June 3, 2015</b>	Scheduled Completion Date (11) <b>June 30, 2015</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>829 Radio Road</b>  City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(* and Negative-Pressure Friable Procedure)	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify or LF)	Abatement Type	
	Yes No N/A			Removal	Repair
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room		x	Linoleum & Mastic	100 SF	X
Storage Area North of File Room		x	Wallboard Glue	0 LF	X
Storage Area North of File Room		x	VAT	0 SF	X
Large Storage Room		X	Linoleum & Mastic	0 SF	X
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>	NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Grows Landfill</b>		
City, State <b>Freehold, NJ 07728</b>	Disposal Date <b>July 1, 2015</b>	City, State <b>Morrisville, PA</b>			
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 	Date <b>June 4, 2015</b>	<b>February 27, 2015</b>	

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

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

Check # 9590

Date of Notification (1) <b>May 29, 2015</b> <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Cancellation	Street Address  <b>36 West State Street</b>							
		City, State & Zip Code <b>Trenton, NJ 08608</b>							
		Name of Contact <b>James Saraceno</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>		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 & commercial buildings, home, etc.)							
Street Address <b>651 Route 1 South (Bldg. 651)</b>		Square Feet <b>60,000</b>	# of Floors <b>2 + Basement</b>						
City (5) <b>North Brunswick</b>		Bldg. Age <b>70</b>							
County (6) <b>Middlesex</b>		County Code (7) <b>USE ONLY</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>						
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>							
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>						
Scheduled Start Date (10) <b>June 3, 2015</b>		Scheduled Completion Date (11) <b>June 30, 2015</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>Synatech, Inc.</b>							
		Street Address <b>829 Radio Road</b>							
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)						
	Yes	No		N/A					
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room			x	Linoleum & Mastic	100 SF	X			
Storage Area North of File Room			x	Wallboard Glue	10 LF	X			
Storage Area North of File Room			x	VAT	1 SF	X			
Large Storage Room			X	Linoleum & Mastic	10 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Grows Landfill</b>						
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>July 1, 2015</b>	City, State <b>Morrisville, PA</b>						
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>		Date <b>May 29, 2015</b>					


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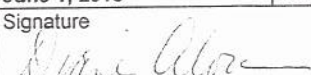
Date of Notification (1) <b>May 19, 2015</b> <del>February 27, 2015</del>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<b>ON HOLD</b>  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Cancellation	<b>36 West State Street</b>  City, State & Zip Code <b>Trenton, NJ 08608</b>  Name of Contact <b>James Saraceno</b>		Telephone Number 				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>			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 & commercial buildings, home, etc.)					
Street Address <b>651 Route 1 South (Bldg. 651)</b>			Square Feet <b>60,000</b>	# of Floors <b>2 + Basement</b>	Bldg. Age <b>70</b>			
City (5) <b>North Brunswick</b>			Current Use (Prior if being demolished) <b>Technical School</b>					
County (6) <b>Middlesex</b>	County Code (7) <b>USE ONLY</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>					
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>						
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>				
Scheduled Start Date (10) <b>May 20, 2015</b>	Scheduled Completion Date (11) <b>June 30, 2015</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>829 Radio Road</b>					
			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>					
Scope of Work (Check all that apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ( ) and Non-Removable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsul
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room			x	100 SF	X			
Storage Area North of File Room			x	50 LF	X			
Storage Area North of File Room			x	0 SF	X			
Large Storage Room			X	10 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>June 1, 2015</b>	City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 	Date <b>May 19, 2015</b>	Date <b>February 27, 2015</b>				

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

Chk # 9590

Date of Notification (1) <b>May 7, 2015</b> <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>		Chk # 9590					
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Cancellation	Street Address  <b>36 West State Street</b>		<div style="border: 1px solid black; padding: 5px; color: red; font-weight: bold;">JUN 10 2015</div>					
		City, State & Zip Code <b>Trenton, NJ 08608</b>							
		Name of Contact <b>James Saraceno</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>			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 & commercial buildings, home, etc.)						
Street Address <b>651 Route 1 South (Bldg. 651)</b>			Square Feet <b>60,000</b>	# of Floors <b>2 + Basement</b>	Bldg. Age <b>70</b>				
City (5) <b>North Brunswick</b>			Current Use (Prior if being demolished) <b>Technical School</b>						
County (6) <b>Middlesex</b>		County Code (7) <b>USE ONLY</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>						
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>							
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>					
Scheduled Start Date (10) <b>May 20, 2015</b>		Scheduled Completion Date (11) <b>May 27, 2015</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>829 Radio Road</b>						
			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsul	Enclosure
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room			x	Linoleum & Mastic	1,000 SF	X			
Storage Area North of File Room			x	Wallboard Glue	100 LF	X			
Storage Area North of File Room			x	VAT	100 SF	X			
Large Storage Room			X	Linoleum & Mastic	1,000 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Grows Landfill</b>						
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>June 1, 2015</b>	City, State <b>Morrisville, PA</b>						
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 	Date <b>February 27, 2015</b>						

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

Check # 9590

Date of Notification (1) <b>April 8, 2015</b> <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>	
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 checked="" type="checkbox"/> DCA	<b>ON HOLD</b>  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Cancellation	<b>36 West State Street</b>	
		City, State & Zip Code <b>Trenton, NJ 08608</b>	
		Name of Contact <b>James Saraceno</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>		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 & commercial buildings, home, etc.)	
Street Address <b>651 Route 1 South (Bldg. 651)</b>		Square Feet <b>60,000</b>	# of Floors <b>2 + Basement</b>
City (5) <b>North Brunswick</b>		Bldg. Age <b>70</b>	
County (6) <b>Middlesex</b>	County Code (7) <b>USE ONLY</b>	Current Use (Prior if being demolished) <b>Technical School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>
Scheduled Start Date (10) <b>April 9, 2015</b>	Scheduled Completion Date (11) <b>April 12, 2015</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted(* and N) - Friable Procedure

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify S or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsul	Enclosure
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room			x	Linoleum & Mastic	100 SF	X			
Storage Area North of File Room			x	Wallboard Glue	10 LF	X			
Storage Area North of File Room			x	VAT	10 SF	X			
Large Storage Room			X	Linoleum & Mastic	10 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>April 13, 2015</b>	City, State <b>Morrisville, PA</b>
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>April 7, 2015</b> <b>February 7, 2015</b>

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**State of New Jersey  
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Che # 9590

Date of Notification (1) <b>March 20, 2015</b> <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>								
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 checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Cancellation		<b>36 West State Street</b>  City, State & Zip Code <b>Trenton, NJ 08608</b>  Name of Contact <b>James Saraceno</b>						
				Telephone Number						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>			Type of Facility (4)							
Street Address <b>651 Route 1 South (Bldg. 651)</b>			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K- 2) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)							
City (5) <b>North Brunswick</b>			Square Feet <b>60,000</b>		# of Floors <b>2 + Basement</b>					
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Street Address <b>1600 Route 22 East, Ste. 107</b>			Street Address <b>829 Radio Road</b>							
City, State & Zip Code <b>Union, NJ 07083</b>			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>			Telephone Number <b>908-688-7800</b>		License Number <b>00817</b>					
Scheduled Start Date (10) <b>April 9, 2015</b>		Scheduled Completion Date (11) <b>April 12, 2015</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>						
Occupancy Status During Abatement (Check only one)			Street Address <b>829 Radio Road</b>							
<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 checked="" type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Scope of Work (Check all that apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify in LF)	Abatement Type				
						Removal	Repair	Encapsul	Enclosure	
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room				x	Linoleum & Mastic	1,000 SF	X			
Storage Area North of File Room				x	Wallboard Glue	100 LF	X			
Storage Area North of File Room				x	VAT	100 SF	X			
Large Storage Room				X	Linoleum & Mastic	100 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill					
<b>Synatech, Inc.</b>		<b>27429</b>		<b>12</b>	<b>Grows Landfill</b>					
City, State				Disposal Date	City, State					
<b>Little Egg Harbor, NJ 08087</b>				<b>April 13, 2015</b>	<b>Morrisville, PA</b>					
Completed By		Title		Signature		Date				
<b>Diane Aloia</b>		<b>Executive Administrator</b>		<i>Diane Aloia</i>		<b>February 27, 2015</b>				

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



NO CK

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

Check # 9590

Date of Notification (1) <b>March 12, 2015</b> <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>		<div style="border: 1px solid black; padding: 5px; width: 100px; margin: auto;"> <b>JUN 10 2015</b> </div>					
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 checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	<b>36 West State Street</b>  City, State & Zip Code <b>Trenton, NJ 08608</b>  Name of Contact <b>James Saraceno</b>							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>			Type of Facility (4)		Buildings, home, etc.)				
Street Address <b>651 Route 1 South (Bldg. 651)</b>			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial)						
City (5) <b>North Brunswick</b>			Square Feet <b>60,000</b> # of Floors <b>2 + Basement</b> Current Use (Prior if being demolished) <b>Technical School</b>						
County (6) <b>Middlesex</b>		County Code (7) <b>USE ONLY</b>		Bldg. Age <b>70</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>					
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>					
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		Telephone Number <b>609-296-6916</b>					
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>		License Number <b>00817</b>					
Scheduled Start Date (10) <b>March 20, 2015</b>		Scheduled Completion Date (11) <b>March 22, 2015</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>					
Occupancy Status During Abatement (Check only one)			Street Address <b>829 Radio Road</b>						
<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			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted* and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify S or LF)	Abatement Type			
						Removal	Repair	Encapsul	Enclosure
Basement File Storage Room and Adjacent Corridor; Basement Corridor Adjacent to Storage Room; Room Opposite Server Room		x		Linoleum & Mastic	100 SF	X			
Storage Area North of File Room		x		Wallboard Glue	10 LF	X			
Storage Area North of File Room		x		VAT	10 SF	X			
Large Storage Room		X		Linoleum & Mastic	10 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>March 24, 2015</b>		City, State <b>Morrisville, P.</b>					
Completed By <b>Diane Aloia</b>		Title <b>Executive Administrator</b>		Signature <i>Diane Aloia</i>		Date <b>March 12, 2015</b>		February 27, 2015	

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

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

Check # 9590

Date of Notification (1) <b>March 6, 2015</b> <del>February 27, 2015</del>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>			
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation		Street Address  <b>36 West State Street</b>		
			City, State & Zip Code <b>Trenton, NJ 08608</b>		
			Name of Contact <b>James Saraceno</b>		
			Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>			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 & commercial buildings, home, etc.)		
Street Address <b>651 Route 1 South (Bldg. 651)</b>			Square Feet <b>60,000</b>	# of Floors <b>2 + Basement</b>	Bldg. Age <b>70</b>
City (5) <b>North Brunswick</b>			Current Use (Prior if being demolished) <b>Technical School</b>		
County (6) <b>Middlesex</b>		County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>		
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>			
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>			
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>	
Scheduled Start Date (10) <b>March 13, 2015</b>		Scheduled Completion Date (11) <b>March 15, 2015</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>829 Radio Road</b>  City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		
Scope of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 50</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf         </div> <div> <input type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted(*) and Non-Removable Procedure         </div> </div>					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount SF
		Yes    No    N/A			
Basement File Storage Room and Adjacent Corridor and Basement Corridor Adjacent to Server Room				<b>Linoleum &amp; Mastic</b>	<b>1,000 SF</b>
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>March 24, 2015</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>		Title <b>Executive Administrator</b>		Date <b>March 6, 2015</b> <b>February 27, 2015</b>	

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



NO CK

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

Check # 95905

Date of Notification (1) <b>February 27, 2015</b>		Name of Building Owner / Operator (2) <b>New Jersey Economic Development Authority</b>		Check # 95905	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #____ <input type="checkbox"/> Cancellation		Street Address  <b>36 West State Street</b>  City, State & Zip Code <b>Trenton, NJ 08608</b>  Name of Contact <b>James Saraceno</b>  Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Branford Hall Career Institute</b>			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 & commercial buildings, home, etc.)		
Street Address <b>651 Route 1 South (Bldg. 651)</b>			Square Feet <b>60,000</b>		# of Floors <b>2 + Basement</b>
City (5) <b>North Brunswick</b>			Current Use (Prior if being demolished) <b>Technical School</b>		Bldg. Age <b>70</b>
County (6) <b>Middlesex</b>		County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting</b>		ASCM No. <b>23</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address <b>1600 Route 22 East, Ste. 107</b>		Street Address <b>829 Radio Road</b>			
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>			
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone Number <b>908-688-7800</b>		License Number <b>00817</b>	
Scheduled Start Date (10) <b>March 13, 2015</b>		Scheduled Completion Date (11) <b>March 15, 2015</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>829 Radio Road</b>  City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted(*) and Non-Facility Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
		Yes No N/A		Amount (SF or LF)	
Basement File Storage Room and Adjacent Corridor and Basement Corridor Adjacent to Server Room				Linoleum & Mastic 1,000	
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>10</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>March 24, 2015</b>		Name of Registered Landfill <b>Grows Landfill</b>	
Completed By <b>Diane Aloia</b>		Title <b>Executive Administrator</b>		Signature <i>Diane Aloia</i> Date <b>February 27, 2015</b>	

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

Date of Notification (1) 6/5/2015		Name of Building Owner/Operator (2) ROCKAWAY VALLEY REGIONAL SEWER AGE AUTHORITY	
Agencies Notified	Type Notification	Street Address RD#1, 99 GREENBANK ROAD	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #	City, State, Zip Code BOONTON, NJ 07005	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact CARRIE D. FEUER	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) VACANT 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 & c etc.)	
Street Address 111 MONROE STREET		Square Feet	# of Floors
City (5) BOONTON		Bldg. Age	
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.
Street Address 1253 NORTH CHURCH STREET		Street Address 11 VREELAND AVENUE	
City, State, Zip Code MORRISTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07512	
Project Manager for Monitoring Firm TIM POPP		Telephone No. 856-840-8800	Telephone No. 973-956-8700
Start Date (10) 6/15/2015	Scheduled Completion Date (11) 6/25/2015	Name of OSHA Monitor SAME AS (9) ABOVE	
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: VACANT		Street Address	
		City, State, Zip Code	
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 checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and In-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)		Amount (Sf or Lf)
	Yes	No	
SEE ATTACHED		X	
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ		Disposal Date 6/25/2015	City, State MORRISTOWN, NJ
Completed by VIVECA RAMOS	Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/5/2015




Rockaway Valley Regional Sewage Authority  
111 & 113 Monroe Street  
Boonton, NJ

5.0.1 - 111 Monroe Street

Material	Location	Approximate Quantity
Brown/White Floor Linoleum & Floor Covering Under Brown/White Floor Linoleum  Double Layer	Kitchen/Dining Room - East Side of House	250 SF
Floor Linoleum	2 <sup>nd</sup> Floor Bath Room - East Side of House	80 SF
Air-cell/Paper Type Pipe Insulation & Associated Cementitious Pipe Fitting Insulation	Basement	150 LF
Cementitious Flue Penetration Packing	Basement - On Chimney Around Flue Pipes	2 SF
Roof Flashing	On Flat Roll-top Roof Over Garage - Along Intersection of Lower & Upper Roof Levels	15 SF

CK 1167

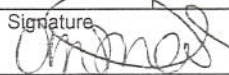
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) 6/4/15		Name of Building Owner/Operator (2) Meridian Health System			
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1945 NJ-33		077 12 1235	
		City, State, Zip Code Neptune City, NJ 07753			
		Name of Contact Eric Plackis		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) John W. Knox Senior Housing Complex				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 19 Davis Avenue				Square Feet	# of floors
City (5) Neptune				Bldg. Age	
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Housing Complex	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor Brick Industries Inc	
Street Address		Street Address P.O. Box 915			
City, State, Zip Code		City, State, Zip Code Brick, NJ 08723			
Project Manager for Monitoring Firm		Telephone No. 732-899-7499		License No. 1196	
Start Date (10) 6/5/15		Scheduled Completion Date (11) 7/29/15		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 (SF or LF)	Abatement Type
	Yes	No			
**See attached separate page for list of ACM**			**See attached separate page for list of ACM**		Removal
					Repair
					Encapsulate
					Enclosure
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 300	Name of Registered Landfill Grows North landfill	
City, State Brick, NJ		Disposal Date 7/30/15	City, State Morrisville, PA		
Completed by Eric Plackis		Title President	Signature 		Date 6/4/15




Location of ACM	Is Location Normally Used Solely By Maintenance/Custodial Staff?	Description of Asbestos Containing Material	Amount (SF or LF)	Abatement Type
To Be Abated				
Community Center Boiler Room	No	Asbestos Mud Joints	33 Joints	Removal
Community Center Boiler Room	No	Asbestos Block Insulation	3 LF	Removal
All Units-Flooring	No	Brown & Tan Asbestos Floor Tile	37,400 SF	Removal
All Units-Flooring	No	Black Tile Mastic	34,700 SF	Removal
All Units-Walls & Ceilings	No	Asbestos Drywall Compound	134,024 SF	Removal
All Units-Exterior Rear Doors	No	Asbestos Caulking	850 LF	Removal

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

Date of Notification (1) June 4, 2015		Name of Building Owner/Operator (2) Bridgeton Public Schools		Check # 41	
Agencies Notified	Type Notification	Street Address 41 Bank Street			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgeton, NJ 08302		Telephone Number	
		Name of Contact Nicole Albanese			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Bridgeton High School		Type of Facility ( )			
Street Address 111 Northwest Avenue		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Bridgeton		Square Feet 50,000	# of Rooms 2	Bldg. Age 100	
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) Epic Environmental Services, LLC		ASCM No.	Name of Abatement Contractor Shade Environmental, LLC		
Street Address 1930 Brown Road		Street Address 623 Cutler Avenue			
City, State, Zip Code Newfield, NJ 08344		City, State, Zip Code Maple Shade, NJ 08052			
Project Manager for Monitoring Firm Jim Eberts		Telephone No. 856-205-1077	Telephone No. 856-755-0099	License No. 0842	
Start Date (10) June 29, 2015	Scheduled Completion Date (11) July 3, 2015	Name of OSHA Monitor EMSL Analytical			
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North			
<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 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 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)			Area (S/F)	Abatement Type
	Yes	No	N/A		
Rooms C3-C5		XXX		22 SF	Removal
Rooms C3-C5		XXX		30 SF	Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill Cumberland County Landfill	
City, State Freehold, NJ		Disposal Date 7/3/2015	City, State Newburg, PA		
Completed by Christina Lynch	Title Operations Manager	Signature 		Date 6/4/2015	



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

Date of Notification (1) June 4, 2015		Name of Building Owner/Operator (2) Rita Amato		Check # 2144	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1916 Brynmawr Avenue City, State, Zip Code Haddon Heights, NJ 08035 Name of Contact Rita Amato	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Amato Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & etc.) commercial buildings, homes, etc.	
Street Address 1916 Brynmawr Avenue				Square Feet 2,000	# of Floors 2
City (5) Haddon Heights		County (6) Camden		County Code (7) (STATE USE ONLY)	Bldg. Age 100
Current Use (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		City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	
Start Date (10) June 15, 2015		Scheduled Completion Date (11) June 16, 2015		License No. 1842	
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 EMSL Analytical Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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 on-Frangible 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)	Air Concentration (SF/CF)
	Yes	No	N/A		
Basement		XXX		Pipe Insulation	7.1
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 1	Name of Registered Landfill Cumbe land County Landfill
City, State Freehold, NJ		Disposal Date 6/16/2015		City, State Newburg, PA	
Completed by Christina Lynch		Title Operations Manager		Signature 	Date 6/4/2015

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

CHK# 271

Date of Notification (1) June 5, 2015		Name of Building Owner/Operator (2) Canfield Development LLC								
Agencies Notified	Type Notification	Street Address								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	PO Box 684								
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood NJ 07451								
		Name of Contact	Telephone Number							
		Louis								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) 3 Story Home for Demolition		Type of Facility (4)								
Street Address 20 Canfield 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) Orange		Square Feet 4500	# of Floors 3							
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) unoccupied 3 story home for demo							
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. 093							
Start Date (10) 6-15-2015		Scheduled Completion Date (11) 7-15-2015								
Name of OSHA Monitor Loznica Management Corp										
Occupancy Status During Abatement (Check Only One)		Street Address								
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		22 Troy Lane								
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code								
<input type="checkbox"/> Other - Describe: _____		Lincoln Park NJ 07035								
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 N") 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 below siding			x	Shingles	3,000	F	x			
1st Floor Kitchen			x	9x9 Tiles & Mastic	300	F	x			
2nd Floor Kitchen			x	Linoleum	300	F	x			
2nd and 3rd Floor			x	Wall & Ceiling Plaster	8,000	F	x			
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		067				
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 6/5/2015				



ADDITIONAL WORK: 20 CANFIELD STREET, ORANGE, NJ

++ BASEMENT

RESIDUAL PIPE INSULATION (LAGGING) AND ELBOW FITTING MATERIALS

UNKNOWN QUANTITY.

CP 20295

Print Form

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

Date of Notification (1) 6/5/2015		Name of Building Owner/Operator (2) ROCKAWAY VALLEY REGIONAL SEWERAGE AUTHORITY						
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	RD#1, 99 GREENBANK ROAD						
		City, State, Zip Code BOONTON, NJ 07005						
		Name of Contact CARRIE D. FEUER	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) VACANT RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other in K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 113 MONROE STREET		Square Feet	# of Floors					
City (5) BOONTON		Bldg. Age						
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address 1253 NORTH CHURCH STREET		Street Address 11 VREELAND AVENUE						
City, State, Zip Code MORRISTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07512						
Project Manager for Monitoring Firm TIM POPP		Telephone No. 856-840-8800	Telephone No. 973-956-8700					
Start Date (10) 6/15/2015	Scheduled Completion Date (11) 6/25/2015	Name of OSHA Monitor SAME AS (9) ABOVE						
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: VACANT		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ( ) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Amount (Spec. SF or CF)	Abatement Type			
	Yes	No	N/A		Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED		X			X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 140	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State TOTOWA, NJ		Disposal Date 6/25/2015		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR			Signature <i>Viveca Ramos</i>		Date 6/5/2015	



Rockaway Valley Regional Sewage Authority  
 111 & 113 Monroe Street  
 Boonton, NJ

5.0.2 113 Monroe Street

Material	Location	Approximate	Quantity
Air-cell/Paper Type Pipe Insulation & Associated Cementitious Pipe Fitting Insulation	Basement	100 LF	
Textured Plaster Ceiling - Base Coat	1 <sup>st</sup> Floor Kitchen	200 SF	
Wall & Ceiling Plaster -Base Coat	Throughout House	6,000 SF  Note: Much of the Wall and Ceiling Plaster in the 2 <sup>nd</sup> Floor has been disturbed and is Lying on the floor as Debris.	
9"x9" Green Floor Tile & Mastic	1 <sup>st</sup> Floor - Bath Room Off Kitchen	110 SF	
9"x9" Brown Floor Tile & Mastic	1 <sup>st</sup> Floor - Mud Porch - Front of House - West Side	70 SF	
Off-white Linoleum w/ Design	1 <sup>st</sup> Floor Kitchen Under Peel & Stick Tiles  1 <sup>st</sup> Floor Living Room Closet	220 SF	
Built-up Tar Roof	Flat Roof on Front and West Sides of House	650 SF	

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

Date of Notification (1) 06/05/15		Name of Building Owner/Operator (2) RAY BUILDERS			
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		150 James St., Suite 206	
		City, State, Zip Code LAKEWOOD NJ 08701			
		Name of Contact		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) CAPITAL HOTEL				Type of Facility (4)	
Street Address MADISON AVE CORNER 7TH ST				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) LAKEWOOD				Square Feet 30000	Bldg. Age
County (6) OCEAN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOTEL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONAL	
Street Address				Street Address 6 WHITE DOVE COURT	
City, State, Zip Code				City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	Lic. No. 12
Start Date (10) 06/14/15		Scheduled Completion Date (11) 06/24/15		Name of OSHA Monitor AAA LEAD PROFESSIONAL	
Occupancy Status During Abatement (Check Only One)				Street Address 6 WHITE DOVE COURT	
<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 LAKEWOOD, NJ 08701	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" 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 N") 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 (Spec. SF or %)
	Yes	No	N/A		
BASEMENT	X			TSI	100
BASEMENT	X			TRANSITE PANELS	5S
ROOF				ROOFING	8000
SIDING				SIDING	1000
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 50	Name of Registered andfill IESI
City, State NEWARK, NJ		Disposal Date 06/24/15		City, State BETHLEHEM, PA	
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature	
					Date 9/9/14



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

CX 5656

Date of Notification (1) <b>6/4/15</b>		Name of Building Owner/Operator (2) <b>OUR LADY OF GRACE</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>422 WILLOW AVE</b> City, State, Zip Code <b>HOBOKEN, NJ, 07030</b> Name of Contact <b>G. LAWRENCE</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MUSTARD SEED SCHOOL</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other in K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>422 WILLOW AVE</b>		Square Feet <b>38000 SF</b>	# of Floors <b>0RS</b>
City (5) <b>HOBOKEN</b>		Bldg. Age <b>135 YRS</b>	
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY)	Current Use (If or if being demolished) <b>OFFICE/ SCHOOL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>DETAIL ASSOCIATES</b>		ASCM No. <b>00012</b>	
Street Address <b>300 GRAND AVE</b>		Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
City, State, Zip Code <b>ENGLEWOOD, NJ, 07631</b>		Street Address <b>450 South River St</b>	
Project Manager for Monitoring Firm <b>T. VALENTINE</b>		City, State, Zip Code <b>Hackensack, N.J., 07011</b>	
Start Date (10) <b>6/27/15</b>		Telephone No. <b>201-329-7444</b>	
Scheduled Completion Date (11) <b>6/30/15</b>		License No. <b>00388</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>Omega Environmental Inc</b>	
Street Address <b>280 Huyler St</b>		City, State, Zip Code <b>Hackensack, N.J., 07011</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> 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-F			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>TOP FLOOR BATHROOM</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>THERMAL INSULATION</b>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2 1/2 CY</b>
City, State <b>Hackensack, N.J., 07601</b>		Disposal Date <b>6/30/15</b>	Name of Registered Licenser <b>Minerva Enterprises, LLC</b>
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>
Date <b>6/4/15</b>		Date <b>6/4/15</b>	

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

Check # 7844

Date of Notification (1) 6/4/15		Name of Building Owner/Operator (2) Wendy Dondero	
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 of Notification	Street Address 11 Terrace Ave.	
	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code West Orange	
	<input type="checkbox"/> Amended Notification	Name of Contact Wendy Dondero	
	<input type="checkbox"/> emergency	Telephone Number	
<input type="checkbox"/> Cancellation			

## 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 S (Other than K-12) and commercial buildings, <input type="checkbox"/> Other (i.e., private homes, etc.)	
Street Address 11 Terrace Ave.			Square Feet 2000	# of floors 2
City (5) West Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior to abatement) residence	
Name of Monitoring Firm Hired by Building Owner N/A		ASC No. 000	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.	
Street Address		Street Address 323 Changebridge Road, Suite 100		
City, State, Zip Code		City, State, Zip Code Pine Brook, N.J. 07063		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 973-575-8700	
Scheduled Start Date (10) 6/13/15	Sched. Completion Date (11) 6/15/15	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 22 N	
			City, State, Zip Code Union, NJ 07033	

## Scope of Work (Check all that apply)

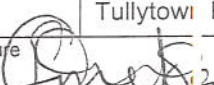
- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition                | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Basement		x		VAT	150 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Minerva Landfill	
City, State Pine Brook, NJ		Disposal Date 6/15/15		City, State Waynesburg, OH	
Completed By (Print or Type) Pam Repic		Title General Manager	Signature 		Date 6/4/15

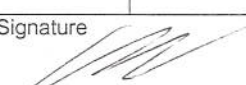


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 		Name of Building Owner/Operator (2) Mr. Stamper			
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		73 Cranford Place  City, State, Zip Code Teaneck, NJ 07666  Name of Contact Mr. Stamper	
				Telephone Number 	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) N/A				Type of Facility (4)	
Street Address 73 Cranford Place				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other in K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Teaneck		Square Feet 1600		# of Floors 2	
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior to being demolished) 	
Name of Monitoring Firm Hired by Building Owner (8) Divine Environmental		ASCM No. 		Name of Abatement Contractor (9) Turningpoint Contracting Corporation	
Street Address 358 Broadway		Street Address 51 Berkeley Terrace			
City, State, Zip Code Newark, NJ, 07104		City, State, Zip Code Irvington, NJ, 07111			
Project Manager for Monitoring Firm Chinyelu Oraegbunam		Telephone No. 201-483-9788		Telephone No. 973-372-2177	
Start Date (10) 6/15/15		Scheduled Completion Date (11) 6/24/15		Name of OSHA Monitor JLC Environmental, 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: _____				30 West 25th Street	
				City, State, Zip Code New York, NY 10007	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (1) and (2) 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 (Square Feet) (14)
	Yes	No	N/A		
Basement		X		Pipe insulation	30
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 4506		Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Re. Facility
City, State Newark, NJ 07102		Disposal Date 		City, State Tullytown, PA	
Completed by Emeka Okeke		Title President		Signature 	
				Date 05/23/15	

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

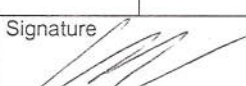
CH # 11780

Date of Notification (1) <b>6 / 4 / 15</b>		Name of Building Owner/Operator (2) <b>Hamilton Township Board of Education</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>90 Park Ave</b> City, State, Zip Code <b>Hamilton, NJ 08690</b> Name of Contact <b>John Miranda</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Grice Middle School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input type="checkbox"/> Other (i.e., private homes, etc.)	
Street Address <b>901 Whitehorse-Hamilton Square Road</b>		Square Feet <b>50,000</b>	
City (5) <b>Hamilton</b>		# of floors <b>1</b>	
County (6) <b>Mercer</b>		Bldg. Age <b>50</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior or if being demolished) <b>school</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		Name of Abatement Contractor (9) <b>Plymouth Environmental Company, Inc</b>	
Street Address <b>515 Grove Street</b>		Street Address <b>923 Haws Avenue</b>	
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Norristown, PA 19401</b>	
Project Manager for Monitoring Firm <b>Tom Adams</b>		Telephone No. <b>856-547-0505</b>	
Start Date (10) <b>6 / 22 / 15</b>		Scheduled Completion Date (11) <b>7 / 7 / 15</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Name of OSHA Monitor <b>Plymouth Environmental Company, Inc.</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior Boiler Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Boiler Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe Fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Breeching Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Robinson Waste Disposal</b>	NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>GROWS Landfill</b>
City, State <b>Voorhees, NJ 08043</b>		Disposal Date <b>7/7/15</b>	
City, State <b>Moorisville, PA</b>			
Completed By (Print or Type) <b>James M. Kelly</b>	Title <b>Vice President</b>	Signature 	Date <b>6/4/15</b>



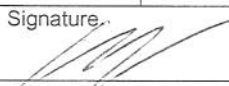
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

*Check # 11779*

Date of Notification (1) <div style="text-align: center;">6 / 4 / 15</div>		Name of Building Owner/Operator (2) <b>Hamilton Township Board of Education</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>90 Park Ave</b>							
		City, State, Zip Code <b>Hamilton, NJ 08690</b>							
		Name of Contact <b>John Miranda</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>University Heights Elementary School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc)							
Street Address <b>645 Paxson Ave</b>		Square Feet <b>50,000</b>	# of Floors <b>1</b>						
City (5) <b>Hamilton</b>	County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Bldg. Age <b>50</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No. <b>00102</b>	Name of Abatement Contractor (5) <b>Plymouth Environmental Company, Inc</b>						
Street Address <b>515 Grove Street</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Tom Adams</b>		Telephone No. <b>856-547-0505</b>	Lic. No. <b>398</b>						
Start Date (10) <b>6 / 22 / 15</b>	Scheduled Completion Date (11) <b>7 / 7 / 15</b>	Name of OSHA Monitor <b>Plymouth Environmental Company, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>923 Haws Avenue</b>							
		City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specified or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior Boiler Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	290	SF	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>GROWS I andfill</b>					
City, State <b>Voorhees, NJ 08043</b>		Disposal Date <b>7/7/15</b>	City, State <b>Moorisville, PA</b>						
Completed By (Print or Type) <b>James M. Kelly</b>	Title <b>Vice President</b>	Signature 		Date <b>6/4/15</b>					

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

*Check # 11778*

Date of Notification (1) <b>6 / 4 / 15</b>		Name of Building Owner/Operator (2) <b>Hamilton Township Board of Education</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>90 Park Ave</b> City, State, Zip Code <b>Hamilton, NJ 08690</b> Name of Contact <b>John Miranda</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Nottingham High School - North</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private homes, etc.)							
Street Address <b>1055 Klockner Road</b>		Square Feet <b>75,000</b>							
City (5) <b>Hamilton</b>		# of Floors <b>1</b>							
County (6) <b>Mercer</b>		Bldg. Age <b>50</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>school</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		Name of Abatement Contractor (9) <b>Plymouth Environmental Comparison Inc</b>							
Street Address <b>515 Grove Street</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Tom Adams</b>		Telephone No. <b>856-547-0505</b>	License No. <b>033</b>						
Start Date (10) <b>6 / 22 / 15</b>		Scheduled Completion Date (11) <b>7 / 7 / 15</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor <b>Plymouth Environmental Comparison Inc.</b>							
Street Address <b>923 Haws Avenue</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior Boiler Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	912	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Breeching Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	160	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Vibration Dampers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Robinson Waste Disposal</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>Voorhees, NJ 08043</b>		Disposal Date <b>7/7/15</b>		City, State <b>Moorisville, PA</b>					
Completed By (Print or Type) <b>James M. Kelly</b>		Title <b>Vice President</b>		Signature 					
				Date <b>6/4/15</b>					



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

Check # 7845

Date of Notification (1) <b>6/4/15</b>		Name of Building Owner/Operator (2) <b>Maria Morin</b>	
Agencies Notified	Type of Notification	Street Address <b>72 Overpack Ave.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Ridgefield Park, NJ 07660</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Maria Morin</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

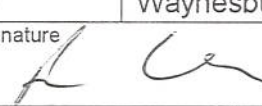
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 <input type="checkbox"/> Other (e.g., private home, etc.)	
Street Address <b>72 Overpack Ave</b>			Square Feet <b>2000</b>	# of Floors <b>2</b>
City (5) <b>Ridgefield Park</b>	County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (If not residence)	Floors Bldg. Age <b>~85</b>
Name of Monitoring Firm Hired by Building Owner <b>N/A</b>		ASCM No. <b>000</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>	
Street Address		Street Address <b>323 Changebridge Road, Suite 100</b>		
City, State, Zip Code		City, State, Zip Code <b>Pine Brook, NJ 07068</b>		
Project Manager for Monitoring Firm		Telephone Number	License Number <b>00852</b>	
Scheduled Start Date (10) <b>6/13/15</b>		Sched. Completion Date (11) <b>6/15/15</b>	Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address <b>2333 Route 201W</b>	
			City, State, Zip Code <b>Union, NJ 07083</b>	

## Scope of Work (Check all that apply)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition                | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 If |                                     | <input type="checkbox"/> Min – Enclosure                         |
| <input type="checkbox"/> ≥160 sf or ≥260 If        |                                     | <input type="checkbox"/> Globally Bagged Procedure               |
|  |                                     | <input checked="" type="checkbox"/> No – Free Air 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 L O S U R E	E N C L O S U R E
Basement		x		VAT and TSI	120 SF	x			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Pine Brook, NJ</b>	Disposal Date <b>6/15/15</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	
			Date <b>6/4/15</b>

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BEST

PAGE 02/04

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) <b>6/2/15</b>		Name of Building Owner/Operator (2) <b>BASF</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DCH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2655 ROUTE 22 WEST</b> City, State, Zip Code <b>UNION, N.J. 07083</b> Name of Contact <b>STEPHEN SANDERS</b>				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>BASF</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (C) or other (i.e., private & commercial buildings, homes, etc.)				
Street Address <b>2655 ROUTE 22W</b>		Square Feet <b>155000</b>	# of Floors <b>1</b>			
City (5) <b>UNION</b>		County Code (7) (STATE USE ONLY) <b>UNION</b>	Current Use (Prior to being abated) <b>STORAGE</b>			
Name of Monitoring Firm Hired by Building Owner (6) <b>EHI</b>		ASCM No.	Name of Abatement Contractor (8) <b>Best Removal Inc</b>			
Street Address <b>655 WEST SHORE TRAIL</b>		Street Address <b>450 South River St</b>				
City, State, Zip Code <b>SPARTA, N.J. 07871</b>		City, State, Zip Code <b>Hackensack, N.J. 07611</b>				
Project Manager for Monitoring Firm <b>B. KERBEL</b>		Telephone No. <b>973-651 2041</b>	Telephone No. <b>201-329-7444</b>			
Start Date (10) <b>6/6/15</b>	Scheduled Completion Date (11) <b>6/7/15</b>	Name of OSHA Monitor <b>Omega Environmental I</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM TO 5PM</b>		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>Hackensack, N.J. 07611</b>				
Scope of Work (Check all that apply) <input type="checkbox"/> 234 or 237 <input type="checkbox"/> 180 or 280		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative P <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Garabag Procedure <input type="checkbox"/> Non-Exempted (*) and N in-Finish				
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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (lb) of ACM	Abatement Type		
				Removal	Repair	Enclosure
<b>BAKING ROOM</b>	<b>X</b>	<b>VAT MASTIC</b>	<b>5</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		WJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>307</b>	Name of Registered Lead <b>Minerva Enterprises LLC</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>6/8/15</b>	City, State <b>Waynesburg</b>	Date <b>6/2/15</b>		
Completed By <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>[Signature]</i>			

ASB-41

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



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

Check # 7846

Date of Notification (1) <b>6/5/15</b>		Name of Building Owner/Operator (2) <b>NJ DOT</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> emergency <input type="checkbox"/> Cancellation	Street Address <b>1035 Parkway Ave.</b>	
	City, State, Zip Code <b>Trenton, NJ 08625-0600</b>		
	Name of Contact <b>Anthony Pellegrino</b>		
	Telephone Number <b>609-981-1111</b>		


## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>NJ DOT Maintenance Yard</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input type="checkbox"/> Other (i.e., private homes, etc.)	
Street Address <b>1255 Pleasant Valley Way</b>			Square Feet <b>5000</b>	# of Rooms <b>1</b>
City (5) <b>West Orange</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to abatement) <b>Offices</b>	Bldg. Age <b>~55</b>
Name of Monitoring Firm Hired by Building Owner <b>Environmental Connection, Inc.</b>		ASCM No. <b>000</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>	
Street Address <b>120 N. Warren St.</b>		Street Address <b>323 Changebridge Road, Suite 100</b>		
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Pine Brook, NJ 07033</b>		
Project Manager for Monitoring Firm <b>Dominick Dercole</b>		Telephone Number <b>609-392-4200</b>	License Number <b>00852</b>	
Scheduled Start Date (10) <b>6/15/15</b>	Sched. Completion Date (11) <b>6/26/15</b>	Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address <b>2333 Route 22 N</b>	
			City, State, Zip Code <b>Union, NJ 07033</b>	

## Scope of Work (Check all that apply)

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	
Main Building offices		x		VAT and window/expansion joint caulk	710 SF	x				
Volatile Building		x		VAT and window caulk	27 SF	x				

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>3</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Pine Brook, NJ</b>		Disposal Date <b>6/29/15</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>6/5/15</b>

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

Check#2208

Date of Notification (1) 06 / 05 / 15		Name of Building Owner/Operator (2) Viki Powell	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Brooklawn Drive City, State, Zip Code Short Hills, NJ 07078 Name of Contact Viki Powell	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private commercial buildings, homes, etc.)	
Street Address 33 Brooklawn Drive		Square Feet	# of Bldg. Age
City (5) Short Hills, NJ 07078			
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	Licence No.
		973-638-1777	0112
Start Date (10) 06 / 15 / 15	Scheduled Completion Date (11) 06 / 16 / 15	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 5E City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable	
<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		

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)	Area (S/F)	Unit (S/F)	Abatement Type			
	Yes	No	N/A				Removal	Repair	Encapsulate	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	5	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 06/05/2015	

ASB-41

MAY 11

\* 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)

ch# 26920

Date of Notification (1) June 4, 2015		Name of Building Owner/Operator (2) Lynx Waste & Recycling, c.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address PO Box 188
			City, State, Zip Code Spring Lake, NJ 07 62
			Name of Contact Richard Hyde
		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"/> Chapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 105 Prospect Ave			Square feet 1401 sf	
City Neptune	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (If not for residence) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1809 Route 9, Unit 61	
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932 License Number 00624	
Scheduled Start Date (10) 06/05/2015		Scheduled Completion Date (11) 06/08/2015	Name of OSHA Monitor E.J. M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1006 Steel Road City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure <input checked="" type="checkbox"/> Non-Exempt Procedure <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E 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	10 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.					NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered andfill T.R.R.		
City, State Toms River, New Jersey					Disposal Date 06/09/2015	City, State Tullytown, Pennsylvania			
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>		Date 6/4/15			

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

NOCK

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

CHEC K# 24 7

Date of Notification (1) <b>6/8/15</b>		Name of Building Owner/Operator (2) <b>JOSEPH SCHAEFER</b>							
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 Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>108 MONTEREY DRIVE</b>						
			City, State, Zip Code <b>BRICK, NJ 08723</b>						
			Name of Contact <b>JOSEPH SCHAEFER</b>		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Private Residence</b>				Type of Facility <input type="checkbox"/> School (K-12) <input type="checkbox"/> School (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings)					
Street Address <b>8 SANTIAGO DRIVE</b>				Square Feet	# of Floors Bldg. Age				
City (5) <b>BRICK, NJ 08723</b>									
County <b>Ocean</b>		County Code (7) (STATE USE ONLY)		<b>AIRPORT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>						
Street Address		Street Address <b>15 BLACK FOREST ROAD</b>							
		City, State, Zip Code <b>HAMILTON, NJ 08691</b>							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>609-890-7110</b>		License No. <b>00676</b>				
Start Date (10) <b>6/16/15</b>		Scheduled Completion Date (11) <b>6/17/15</b>		Name of OSHA Monitor <b>AMERITECH SERVICES</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours <b>EXTERIOR WORK</b> <input checked="" type="checkbox"/>			Street Address <b>259 Drum Point Road, Suite 7</b>						
			City, State, Zip Code <b>Brick, NJ 08723</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> < 3 sf or < 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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 (Spec. LF)	Abatement Type				
	Yes	No				N/A	Removal	Repair	Encapsulate
<b>Exterior Walls</b>		<input checked="" type="checkbox"/>	<b>CINDER BLOCK</b>	<b>900 S.F.</b>	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <b>CURRENT CONSTRUCTION</b>		NJDEP Waste Hauler ID No. <b>35149</b>	Cubic Yards of Waste <b>40 YDS</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>ALLENTOWN, NJ</b>		Disposal Date		CITY, STATE <b>Morrisville, I</b>					
Completed By <b>DAVID D'ANDREA</b>		Title <b>PRESIDENT</b>	Signature <i>David J. D'Andrea</i>		Date <b>6/8/15</b>				

ASB-41

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



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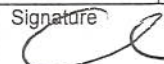
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1-16-15		Name of Building Owner/Operator (2) Exxon Mobil Environmental Service	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	52 BEGCHAM Street	
		City, State, Zip Code Everett, MA 02148	
		Name of Contact Mike Geci	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Bayonne Lubricating Mfg Plant		Type of Facility (4)	
Street Address 1 Avenue J		<input type="checkbox"/> School (1-12) <input type="checkbox"/> Subchapter 8 (10) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)	
City (5) Bayonne		Square Feet	
County (6) Hudson		#	
County Code (7) (STATE USE ONLY)		Current Use (prior if b)	
		Storage tank	
Name of Monitoring Firm Hired by Building Owner (8) Asset Inspection Technologies		Name of Abatement Contractor (9) Terra Control and Services, LLC	
Street Address 123 N. Tona Road PO Box 3015		Street Address 5787 Stadium Drive	
City, State, Zip Code South Hampton NY 11969		City, State, Zip Code Kalamazoo MI 49007	
Project Manager for Monitoring Firm Peter Williams		Telephone No. 269-375 9595	
Start Date (10) 2-3-15		Scheduled Completion Date (11) 6-26-15	
Occupancy Status During Abatement (Check <u>one</u> )		Name of OSHA Monitor Analytical Testing & Consulting Services	
<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 Dostoevsky Rd	
		City, State, Zip Code Plainsboro, NJ 08520	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Mini-Enclosure and Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Negative Pressure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Pod 5 E&W		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asphaltic Coatings on tanks	
Name of Registered Waste Hauler Hazard Environmental Group		NJDEP Waste Hauler ID No. 1645	
City, State Buffalo NY		Cubic Yards of Waste 120	
Disposal Date		Name of Registered Landfill High Arc Landfill	
Completed by Gregory G. Max		Title Director of Abatement	
Signature Gregory G. Max		Date 1/16/15	



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

CK 4696

Date of Notification (1) 6/5/15		Name of Building Owner/Operator (2) Steven Miller Private Home	
Agencies Notified	Type Notification	Street Address 136 Lenape Trail	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Medford lakes NJ 08055	
		Name of Contact Jennifer	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Steven Miller Private Home		Type of Facility 4) <input type="checkbox"/> School (K- 2) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)	
Street Address 136 Lenape Trail		Square Feet 1000+	# of floors 1
City (5) Medford lakes NJ 08055		Bldg. Age 35+	
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Present or if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. _____
Start Date (10) 6/8/15		Scheduled Completion Date (11) 6/10/15	Name of OSHA Monitor Same
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement			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.C.W.S.
City, State Elm NJ		Disposal Date 6/10/15	City, State Morrisville P 19067
Completed by Anthony T Perna	Title President	Signature 	Date 6/5/15





Emergency

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

UK 7812

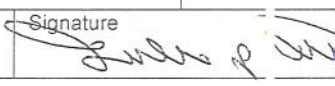
Print Form

Date of Notification (1) 6/4/15		Name of Building Owner/Operator (2) Kathleen Markey Private Home									
Agencies Notified	Type Notification	Street Address 1817 Hawser Drive									
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Forked River NJ 08731									
		Name of Contact Danielle	Phone Number								
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Kathleen Markey Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)									
Street Address 1817 Hawser Drive		Square Feet 1000+	# 1								
City (5) Forked River NJ 08731		Floors	Bldg. Age 35+								
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Former if demolished)									
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.								
Street Address		Street Address PO Box 329									
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091									
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800								
Start Date (10) 6/4/15	Scheduled Completion Date (11) 6/8/15	Name of OSHA Monitor Same.									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address									
		City, State, Zip Code									
Scope of Work (Check All That Apply)											
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Negative Pressure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)								
	Yes	No		N/A							
Bedroom 3			X	floor Tile	3	SF	x				
roofing back corner			X	roofing	1	SF	x				
Exterior Siding			X	Exterior Siding	120	SF	X				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O. N.S.							
City, State Elm NJ		Disposal Date 6/8/15		City, State Morrisville PA		9067					
Completed by Anthony T Perna		Title President		Signature 		Date 6/4/15					



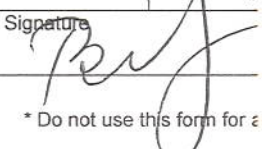
CK 13885

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

Date of Notification (1) JUNE 5, 2015		Name of Building Owner/Operator (2) ALEXA RAE PROPERTIES, LLC							
Agencies Notified	Type Notification	Street Address 14 EDWARDS POINT ROAD							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RUMSON, NJ 77760							
		Name of Contact JOE PUCCI	Telephone Number 732-4004						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL HOUSES		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 325 325 1/2 PARK PLACE AVENUE		Square Feet 1500 / 900	# Floors 2						
City (5) BRADLEY BEACH		Bldg. Age 75							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) ABANDONED RESIDENCES							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) ESTOS ABATEMENT						
Street Address		Street Address 580-A BROADWAY							
City, State, Zip Code		City, State, Zip Code LONG BRANCH, NJ 0740							
Project Manager for Monitoring Firm		Telephone No. 732-222-8372	License No. 00040						
Start Date (10) JUNE 15, 2015	Scheduled Completion Date (11) JUNE 15, 2015	Name of OSHA Monitor 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 <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)						
	Yes	No		N/A					
325 BASEMENT			X	TSI	0 LF	<input checked="" type="checkbox"/>			
325/1/2 1ST 2ND FLOORS			X	SURFACING	0 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler FTAA		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 2	Name of Registered Landfill G.R.C.W.S.					
City, State LONG BRANCH, NJ		Disposal Date 6/22/15	City, State MORRISVILLE, PA						
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 	Date 6/5/15					

CK# 2669

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

Date of Notification (1) 6/5/15		Name of Building Owner/Operator (2) Russ Diminni							
Agencies Notified	Type Notification	Street Address 84 Farly Rd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, New Jersey 07078							
		Name of Contact Larry	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Diminni Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other in K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 84 Farly Rd		Square Feet 5800	# of Floors 3						
City (5) Short Hills		Bldg. Age 90+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 029						
Start Date (10) 6/15/15	Scheduled Completion Date (11) 6/22/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containerment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and 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 F)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
outdoor around 2 chimneys			x	roof flashing	10	x			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey		Disposal Date 6/22/15	City, State Easton, PA						
Completed by Bree McGuire		Title Secretary Treasurer	Signature 			Date 6/5/15			



## NOTIFICATION OF ASBESTOS ABATEMENT

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

ck# 26922

Date of Notification (1) 6/5/2015		Name of Building Owner/Operator (2) All GGG	
Agencies Notified [ x ] EPA [ ] DEP [ x ] DOL  [ x ] DOH [ ] DCA	Type of Notification [ ] Initial Notification [ ] Amended Notification Amendment # _____ [ x ] Emergency (including justification) [ ] Cancellation	Street Address 2031 Route 9  City, State, Zip Code Toms River, NJ 0875  Name of Contact Dan Quinn	
		Telephone Number	

## FACILITY INFORMATION

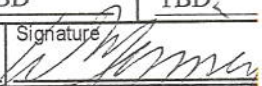
Name of Facility Where Abatement is Taking Place (3) warehouse		Type of Facility (4) [ ] School (K-12) [ ] Summer camp (other than K-12) [ x ] Other (i.e., private & commercial buildings, etc.)	
Street Address 19-01 Politt Drive		Square feet 20,000 sf	# Floors 1
City Fair Lawn	County (6) Bergen	County Code (7) (STATE USE ONLY)	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, NJ 08755-1271		City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-649-9932	Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 06/05/2015	Scheduled Completion Date (11) 06/12/2015	Name of OSHA Monitor E.M. S.L. Alytical	
Occupancy Status During Abatement (Check only one) [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other - Describe _____		Street Address 1056 Steltz Road  City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply) [ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf		[ ] Full Containment with negative Pressure [ ] Mini-Enclosure [ x ] Glovebag Procedure [ x ] Non-Exempt (*) and Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
interior		X		Floor tile	15 sf	X			
interior		X		Pipe insulation	10 lf				

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 10	Name of Registered Individual T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 06/13/2015	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nickel</i>	
			Date 6/5/2015

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

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

Date of Notification (1) <u>6/5/15</u>		Name of Building Owner/Operator (2) <u>Diane Gallagher</u>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>23 Beaver Drive</u> City, State, Zip Code <u>Barrington, NJ 08007</u> Name of Contact <u>Diane Gallagher</u>								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K- 2) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private commercial buildings, homes, etc.)								
Street Address <u>23 Beaver Drive</u>		Square Feet <u>1900 SF</u>	# of Floors <u>2</u>							
City (s) <u>Barrington, NJ 08007</u>		Bldg. Age <u>30 yrs</u>								
County (6) <u>Camden</u>	County Code(7) (STATE USE ONLY)	Current Use (If prior if Bldg demolished) <u>Residence</u>								
Name of Monitoring Firm hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>							
Street Address		Street Address <u>300 S. Lenola Road</u>								
City, State, Zip Code		City, State, Zip Code <u>Maple Shade, NJ 08052</u>								
Project Manager for Monitoring Firm		Telephone No. <u>609-481-2122</u>	Lic. No. <u>89</u>							
Start Date (10) <u>6/17/15</u>	Scheduled Completion Date (11) <u>6/21/15</u>	Name of OSHA Monitor <u>AEi2, LLC</u>								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>300 Lenola Road</u> City, State, Zip Code <u>Maple Shade, NJ 08052</u>								
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)							
	Yes	No		N/A						
Crawl Space			X	Duct Wrap	100		X			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>.5</u>	Name of Registered Landfill <u>TBD</u>						
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>	City, State <u>TBD</u>							
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature 		Date <u>6/5/15</u>					



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

D&S Proj. #: 2015-188

NJ Dept. of Health & Senior Services <i>Homer</i> Signature:	Date: 6/15	Time: 8:20 AM
	APPROVED	

Date of Notification (1) 06/10/15	Name of Building Owner/Operator (2) <b>STEPHEN HOLT</b>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Street Address <b>47 CENTER AVENUE</b> City, State, Zip Code <b>LITTLE FALLS, NJ 07424</b> Name of Contact <b>ANDREA PARRIS</b>
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Telephone Number

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) <b>STEPHEN HOLT</b> Street Address <b>47 CENTER AVENUE</b> City (5) <b>LITTLE FALLS</b> County (6) <b>PASSAIC</b> County Code (7) (State use only)	Type of Facility <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other Bldg (Private/Commercial/Homes, etc.) Square Feet 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) 06/08/15 Sched. Completion Date (11) 06/26/15 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: <b>NORMAL HOURS</b>	ASCM No. Name of Abatement Contractor (9) <b>D &amp; S RESTORATION, INC.</b> Street Address <b>20 California Ave.</b> City, State, Zip Code <b>Paterson, NJ 07503</b> Telephone Number <b>973-345-8020</b> Name of OSHA Monitor <b>D &amp; S Restoration, Inc.</b> Street Address <b>20 California Avenue</b> City, State, Zip Code <b>Paterson, NJ 07503</b>	License Number <b>01169</b>
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Scope of Work (check all that apply) <input type="checkbox"/> >2 sf or >2 lf <input checked="" type="checkbox"/> ≥180 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-enclosed and Non-friable procedure
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specified LF)	SF or	Remove	Repair	Encap	Incl
	Yes	No	N/A							
2nd floor & 3RD FLOOR		X		TRANSITE PANELS	4,000 SQ		X			
2nd floor & 3RD FLOOR		X		VAT	4,000 SQ		X			

Registered Waste Hauler <b>D &amp; S RESTORATION, INC.</b> City, State <b>PATERSON, NJ 07503</b>	NJDEP Hauler ID# <b>13506</b>	Cubic Yards of Waste <b>50 YDS</b>	Name of Registered Landfill <b>TULLYTOWN, RESC</b> City, State <b>TULLYTOWN, PA</b>	Disposal Date <b>06/11/15</b>	Completed by (Print or Type) <b>BOGDAN JOLDZIC</b> Title <b>PRESIDENT</b> Signature	Date <b>06/2015</b>
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CK 00 6025

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

D&S Proj. #: 2015-188

Date of Notification (1) 10/16/10 13/11/15		Name of Building Owner/Operator (2) STEPHEN HOLT	
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 47 CENTER AVENUE City, State, Zip Code LITTLE FALLS, NJ 07424 Name of Contact ANDREA PARRIS	
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) STEPHEN HOLT			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Commercial (Private/Commercial Bldgs./Homes, etc)	
Street Address 47 CENTER AVENUE			Square Feet	# of Floors Bldg. Age
City (5) LITTLE FALLS	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) 06/08/15	Sched. Completion Date (11) 06/26/15		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 type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-friable	
<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		

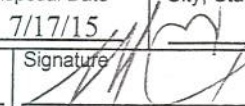
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulation	Enclosure
	Yes	No	N/A						
2nd floor & 3RD FLOOR		X		TRANSITE PANELS	4,800 SF	X			
2nd floor & 3RD FLOOR		X		VAT	290 SF	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 50 YDS	Name of Registered Landfill TULLYTOWN, RES	RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/11/15	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/2015	



CK #24837

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

Date of Notification (1) <u>6/8/15</u>		Name of Building Owner/Operator (2) <u>Kucharczuk</u>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>290 Goat Hill Rd.</u> City, State, Zip Code <u>Lambertville, NJ 08530</u> Name of Contact <u>Kristen Kucharczuk</u> Telephone Number			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other in K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <u>290 Goat Hill Rd.</u>		Square Feet <u>3000</u>	# of Floors <u>130+/-</u>		
City (5) <u>Lambertville, NJ</u>		Bldg. Age <u>130+/-</u>			
County (6) <u>Hunterdon</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>		
Street Address <u>4 Berkeley Place</u>		Street Address <u>PO Box 322</u>			
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Allentown NJ 06101</u>			
Project Manager for Monitoring Firm <u>Dave Bunocore</u>		Telephone No. <u>(732) 740-8408</u>	License No. <u>00493</u>		
Start Date (10) <u>7/6/15</u>	Scheduled Completion Date (11) <u>7/17/15</u>	Name of OSHA Monitor <u>DB Environmental</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 checked="" type="checkbox"/> Other - Describe: <u>8am to 4pm</u>		Street Address <u>4 Berkeley Place</u> City, State, Zip Code <u>Freehold, NJ 07728</u>			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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 (Spec SF or lf)	Abatement Type
	Yes	No			
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>230</u>	<input checked="" type="checkbox"/> Removal
<u>Crawl space</u>			<u>Debris in crawl space</u>	<u>50 sf</u>	<input checked="" type="checkbox"/> Removal
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3CU</u>	Name of Registered Landfill <u>GROW Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/17/15</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/8/15</u>		

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

Date of Notification (1) 10/16/10/14/11/15		Name of Building Owner/Operator (2) CAROLYN LOTHIAN	
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 153 CARLISLE TERRACE City, State, Zip Code RIDGEWOOD, NJ 07450 Name of Contact CAROLYN LOTHIAN	
		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) CAROLYN LOTHIAN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> School Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Commercial (Private/Commercial Bldgs./Homes, etc.)	
Street Address 153 CARLISLE TERRACE			Square Feet	
City (5) RIDGEWOOD	County (6) BERGEN	County Code (7) (State use only)	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 06/16/15	Sched. Completion Date (11) 06/29/15		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"/> Glove bag procedure <input type="checkbox"/> Non-Exempt (*) and Non-friable procedure
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specified in SF or LF)	Removal	Repair	Encapsulation	Enclosure
	Yes	No	N/A						
basement storage room		X		PIPE INSULATION	4 LF	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESC (URC)	RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/17/15	City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/04/2015	



OK 006027

D&S Proj. #: 2015-191

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

Date of Notification (1) 10/16/10/14/11/15		Name of Building Owner/Operator (2) ALICE HOLZAPFEL	
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 1000 MAGIE AVENUE		City, State, Zip Code ELIZABETH, NJ 07207	
Name of Contact RUTH BREWSTER		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ALICE HOLZAPFEL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)	
Street Address 1000 MAGIE AVENUE			Square Feet	
City (5) ELIZABETH		County (6) UNION	County Code (7) (State use only)	# of Floors
			Current Use	Bldg. Age

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) 06/16/15		Sched. Completion Date (11) 06/28/15		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 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"/> Glove bag procedure <input type="checkbox"/> Non-Empty enclosure 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 (Spec LF)	SF or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
BASEMENT		X		PIPE INSULATION	200 LF		X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 YDS	Name of Registered Landfill TULLYTOWN, RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/17/15		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 06/04/15

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

CHECK # **16844**

Date of Notification (1) <b>6-9-15</b>		Name of Building Owner / Operator (2) <b>State of New Jersey Dept. of Transportation</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>1035 Parkway Avenue, CN600</b> City, State & Zip Code <b>Trenton, New Jersey 08625</b> Name of Contact <b>Victor Akpu</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>320 White Horse Pike</b>		Square Feet <b>NA</b>	# of Floors <b>2</b>
City (5) <b>Magnolia</b>	County (6) <b>Camden</b>	County Code (7) <b>NA</b>	Bldg. Age <b>NA</b>
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 Number	
Telephone Number		License Number	
Scheduled Start Date (10) <b>6-20-15</b>		Scheduled Completion Date (11) <b>7-20-15</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>EMSL Analytical</b> Street Address <b>107 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempt and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance 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)
	Yes No N/A		Abatement Type
<b>Outside Siding</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>Transite Shingle Siding</b>	Removal Repair Encapsulate Enclosure
<b>First Floor</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>Duct Wrap Insulation</b>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
<b>Bull Waste &amp; Recycling, Inc.</b>	<b>21435</b>	<b>20</b>	<b>Salem County Landfill</b>
City, State	Disposal Date	City, State	
<b>Berlin, NJ</b>	<b>8-15-15</b>	<b>Alloway, New Jersey</b>	
Completed By (Print or Type)	Title	Signature	Date
<b>Theodore S. Budzynski</b>	<b>President</b>		<b>6-9-15</b>