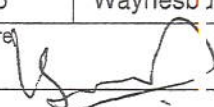


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/5/2015		Name of Building Owner/Operator (2) Passaic County Buildings & Grounds							
Agencies Notified	Type Notification	Street Address 317 Pennsylvania Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07503							
		Name of Contact Mr. Jack Nigro	Telephone 973-4425						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse		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 71 Hamilton Street		Square Feet 25000	# of Floors 4						
City (5) Paterson, NJ 07503		Bldg. Age 70+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Office Building							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering & Env. Services		ASCM No. 00099	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address 619, River Drive Center, 4th Floor		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-398-4544	Telephone No. 973-389-0089						
Start Date (10) 06/5/2015		Scheduled Completion Date (11) 06/6/2015	License No. 0393						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 5:00 pm - 6:00 am		Name of OSHA Monitor DIA General Construction, Inc.							
		Street Address 1360 Clifton Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
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 (* and N/A) - Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office # 101			X	Pipe/Elbow Insulation	2 L	X			
Office # 102			X	Pipe/Elbow Insulation	7 L	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 02/12/2015	City, State Waynesburg, OH		44688				
Completed by Krutarth Jagad	Title Project Manager	Signature 		Date 6/5/2015					

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-104

Check # 7255

Date of Notification (1) 06/10/15		Name of Building Owner/Operator (2) Mary Anthes	
Agencies Notified	Type Notification	Street Address 2 Oak Lane	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Cranford, NJ 07016	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Mary Anthes	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 732	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Mary Anthes			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 2 Oak Lane			Square Feet	# of Floors
City (5) Cranford, NJ			Bldg. Age	
County (6) Bergen		County Code (7) (State use only)	Current Use Prior if being demolished residential	
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	
Scheduled Start Date (10) 06/18/2015		Sched. Completion Date (11) 06/19/2015	License Number 00378	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Name of OSHA Monitor B & G Restoration, Inc.		
		Street Address 105 Ryerson Road		
		City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material 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							
boiler room			<input checked="" type="checkbox"/>	pipe insulation	24 lf		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hallway			<input checked="" type="checkbox"/>	pipe insulation	21 lf		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
work room			<input checked="" type="checkbox"/>	pipe insulation	18 lf		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room			<input checked="" type="checkbox"/>	pipe insulation	20 lf		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 06/19/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/08/2015

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

Ch 52820

Date of Notification (1) 6/5/15		Name of Building Owner / Operator (2) Haddon Twp School District <i>2015 JUN 11 AM 11:17</i>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 500 Rhoads Ave City, State & Zip Code Westmont, NJ 08108 Name of Contact C/O Robert Dlnan							
		Telephone Number 609-7-...							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Van Sciver ES		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 625 Rhoads Avenue		Square Feet 60,000	# of Floors 1						
City (5) Haddonfield	County (6) Camden	Bldg. Age 40+							
County Code (7)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
Street Address 1930 Brown Road		Street Address 1123 Beaver Street							
City, State & Zip Code Newfield, NJ 08344		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm James Eberts		Telephone Number 856-205-1077	Telephone Number (215)788-6040						
Scheduled Start Date (10) 6/22/15		Scheduled Completion Date (11) 6/22/15							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Bristol Environmental Inc							
Street Address 1123 Beaver Street		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 14 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Doorways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Caulk		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>				Date 6/5/15		

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

28# 2822

Date of Notification (1) 6/8/15		Name of Building Owner / Operator (2) North Caldwell BOE	
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 132 Gould Avenue City, State & Zip Code North Caldwell, NJ 07006 Name of Contact Mr. Michael Halik	
<div style="text-align: right;">2015 JUN 11 AM 11:16</div> <div style="text-align: center;">ASBESTOS CONTROL</div>			
<div style="text-align: right;">Telephone Number</div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Gould Mountain School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 132 Gould Avenue		Square Feet 70,000	# of Floors 1
City (5) North Caldwell	County (6) Essex	County Code (7)	Bldg. Age 50+
Current Use (Prior if being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 120 North Warren Street		Street Address 1123 Beaver Street	
City, State & Zip Code Trenton, NJ 08010		City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	License Number 01509
Scheduled Start Date (10) 6/22/15	Scheduled Completion Date (11) 6/26/15	Name of OSHA Monitor Bristol Environmental 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 Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street	
		City, State & Zip Code Bristol, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Art Room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Non Friable Glue Dots	80 SF
Art Storage Room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Glue Dots	30 SF
Art Storage Room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Ceiling Tiles	30 SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3 Cu yd
City, State New Castle, DE		Disposal Date 6/26/15	Name of Registered Landfill Minerva Landfill
City, State Waynesburg, OH			
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>
			Date 6/8/15

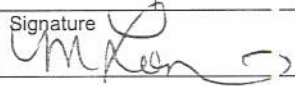
CK 1091

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) TRENTON HOUSING AUTHORITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 875 NEW WILLOW ST.	
		City, State, Zip Code TRENTON, NJ, 08638	
		Name of Contact HERB BROWN	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LOUIS JOSEPHSON APARTMENTS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3 MELLON ST. UNIT 2&3		Square Feet 1000	# of Floors 50+
City (5) TRENTON	County (6) MERCER	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) INDIAN ARROW INDUSTRIES
Street Address		Street Address 144 MILL ST.	
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07501	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9736539652
Start Date (10) 06/19/15	Scheduled Completion Date (11) 07/19/15	Name of OSHA Monitor INDIAN ARROW INDUSTRIES	
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 144 MILL ST.	
		City, State, Zip Code PATERSON, NJ, 07501	
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 Containerment 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)
	Yes	No	
UNIT 2&3C		<input checked="" type="checkbox"/>	VAT
Name of Registered Waste Hauler ATLANTIC CARTING	NJDEP Waste Hauler ID No. 28085	Cubic Yards of Waste 730	Name of Registered Landfill G 20 W S
City, State WAYNE, NJ	Disposal Date TBD	City, State THILLY TOWN, PA	
Completed by GORAN IGEV	Title SECRETARY	Signature <i>[Signature]</i>	Date 06/05/15

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

RECEIVED

Date of Notification (1) 6/5/2015		Name of Building Owner/Operator (2) One Exchange JC Urban Renewal LLC		2015 JUN 11 AM 2:07					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 11410 Common Oaks Drive City, State, Zip Code Raleigh, NC 27614 Name of Contact Tom Bauer Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hyatt 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 1 Exchange Place			Square Feet 128,000						
City (5) Jersey City, NJ			# of Floors 10		Bldg. Age 75				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Commercial/Residential					
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Environmental Solutions		ASCM No.		Name of Abatement Contractor (9) Incinia Contracting, Inc.					
Street Address P.O. Box 1224		Street Address 1360 Clifton Avenue Unit 35		City, State, Zip Code Clifton, NJ 07012					
City, State, Zip Code Union, NJ 07083		Telephone No. (973) 494-3762		Telephone No. (973) 450-9500					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. (973) 494-3762		License No. 0036					
Start Date (10) ASAP 6/6/2015		Scheduled Completion Date (11) 6/7/2015		Name of OSHA Monitor Incinia Contracting, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 1360 Clifton Avenue Unit 35 City, State, Zip Code Clifton, NJ 07012						
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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted () and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Wall			X	Pipe Insulation	15 F	X			
2nd Floor Wall			X	Pipe Insulation	15 F	X			
3rd Floor Wall			X	Pipe Insulation	15 F	X			
4th Floor Wall			X	Pipe Insulation	15 F	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ-641		Cubic Yards of Waste 40	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Wayne, NJ		Disposal Date 06/06/2015		City, State Bethlehem, PA					
Completed by Milena Zoric		Title Executive Director		Signature 		Date 06/05/2015			

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

RECEIVED
 JUN 11 AM 2:07
 AIR QUALITY CONTROL
 LICENSING

Date of Notice 5/28/15 Type Notification		Name of Building Owner / Operator (2) Freeport McMoRan Inc.	
Agencies Notified EPA DEP X DOL X DOH DCA	Emergency Notification	Street Address 48-94 Bayway Avenue	
	X Initial Notification	City, State & Zip Code Elizabeth, NJ 07202	
	Amended Notification	Name of Contact Byron Light	
	Cancellation	Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Warehouse		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)	
48-94 Bayway Avenue		Square Feet 50,000	# of Floors 2 Bldg. Age 80+
City (5) Elizabeth	County (6) Union	County Code (7)	
Current Use (Prior if being demolished) Warehouse			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road	
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	License Number 00714
Scheduled Start Date (10) 5/29/15	Scheduled Completion Date (11) 5/29/15	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - X Describe: Area Isolated During Abatement Other - Describe:		Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply) Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure Large Project <input checked="" type="checkbox"/> Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Glovebag Procedure Quantity is ≥ 160 SF or ≥ 260 LF ACM <input checked="" type="checkbox"/> Other: Non-Friable			
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED in Facility	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet) 25 SF
Warehouse Window	N/A	Glazing/Caulking	Removal
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 1
City, State Freehold, NJ		Disposal Date 5/29/15	Name of Registered Landfill GROVES City, State Morrisville, PA
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>	Date 5/28/15


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

2015 JUN 11 AM 2:06
 RECEIVED
 LICENSING

Date of Notice 6/2/15		Name of Building Owner / Operator (2)	
Type Notification		Schlumberger Technologies, Inc.	
Agencies Notified		Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Emergency Notification	20 Wallace Road	
<input checked="" type="checkbox"/> DEP	Initial Notification	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	Amended Notification	Princeton Junction, NJ 08550	
<input checked="" type="checkbox"/> DOH	Cancellation	Name of Contact	
DCA		Christopher Blade	
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Schlumberger Technologies		School (K-12)	
20 Wallace Road		Subchapter 8 (Other than K-12)	
		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5)	County (6)	Square Feet	# of Floors
Princeton Junction	Mercer	20,000	1.5
			Bldg. Age
			60+
County Code (7)		Current Use (Prior if being demolished)	
		Research	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Environmental Tactics, Inc		Global Abatement Services, LLC	
Street Address		Street Address	
64 Broad Street		443 Schoolhouse Road	
City, State & Zip Code		City, State & Zip Code	
Matawan, NJ 07747		Monroe Township, NJ 08831	
Project Manager for Monitoring Firm		Telephone Number	License Number
Tom Geiger		732-290-2217	00714
Scheduled Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	
6/3/15	6/4/15	Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one)		Street Address	
Facility Closed/Vacated During Entire Period of Abatement		443 Schoolhouse Road	
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -		City, State & Zip Code	
Describe: Area Isolated During Abatement		Monroe Township, NJ 08831	
Other - Describe:			
Scope of Work (Check all that apply)			
Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure			
Large Project <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Glovebag Procedure			
Quantity is ≥ 160 SF or ≥ 260 LF ACM <input checked="" type="checkbox"/> Other: Non-friable			
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 Square Feet or Linear Feet)
Parts Cleaning Room	N/A	VAT	10 SF
Parts Cleaning Room	N/A	TSI Pipe	30 LF
Name of Registered Waste Hauler		NJDEP Waste Hauler ID #	Cu. Yds. of Waste
Freehold Cartage		18693	2
City, State		Disposal Date	Name of Registered Landfill
Freehold, NJ		6/4/15	TRRI Tullytown, Pa
Completed By (Print or Type)	Title	Signature	Date
Dominick Tringali	Project Manager	Dominick Tringali	6/2/15


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

CK 44878

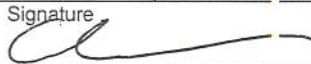
Date of Notification (1) 6/8/15		Name of Building Owner/Operator (2) West Deptford Board Of Education	
Agencies Notified	Type Notification	Street Address 675 Grove Road Suite 804	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Deptford NJ 08066	
		Name of Contact Myron Hall	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Red Bank Elm School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 192 Philadelphia Av.		Square Feet 1000+	# of Floors 2
City (5) Thorafare NJ 08086		Bldg. Age 35+	
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. C 727
Start Date (10) 6/23/15	Scheduled Completion Date (11) 7/2/15	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: After 3:30 night shift		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Room 4		x	Floor Tile & Mastic
Room 8		x	Floor Tile & Mastic
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3
City, State Elm NJ		Disposal Date 7/2/15	Name of Registered Landfill G.R.O.W.S.
Completed by Anthony T Perna		Title President	Signature 
		Date 6/8/15	

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

OK 4699


Date of Notification (1) 6/8/15		Name of Building Owner/Operator (2) West Deptford Board Of Education	
Agencies Notified	Type Notification	Street Address 675 Grove Road Suite 804	
<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 West Deptford NJ 08066	
		Name of Contact Myron Hall	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Oakview Elm School		Type of Facility (4)	
Street Address 350 Dubois Ave.		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Woodbury NJ 08096		Square Feet 1000+	# of Floors 2
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contract (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 6/23/15	Scheduled Completion Date (11) 7/2/15	Name of OSHA Monitor Samè	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: After 3:30 night shift		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Room 12		x	Floor Tile & Mastic
Room 2		x	Floor Tile & Mastic
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3
City, State Elm NJ		Disposal Date 7/2/15	Name of Registered Landfill G.R.O.W.S.
Completed by Anthony T Perna		Title President	Signature 
			Date 6/8/15

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

Date of Notification (1) 6/8/15		Name of Building Owner/Operator (2) West Deptford Board Of Education							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	675 Grove Road Suite 804							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Deptford NJ 08066							
		Name of Contact Myron Hall	Telephone Number 201-281-1000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) West Deptford High School		Type of Facility (4)							
Street Address 1600 Crown Point Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) West Deptford NJ 08066		Square Feet 1000+	# of Floors 2 Bldg. Age 35+						
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 0809							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 0727						
Start Date (10) 6/23/15	Scheduled Completion Date (11) 7/2/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: After 3:30 night shift		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted () and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Room 211		x		Floor Tile & Mastic	750 SF	x			
Room 210		x		Floor Tile & Mastic	750 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/2/15	City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 			Date 6/8/15			

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

CK 24100

Date of Notification (1) 6/8/15		Name of Building Owner/Operator (2) Woodbury City Public Schools		2015 11/11 AM 2:04	
Agencies Notified		Type Notification		Street Address 25 North Broad 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Woodbury NJ 08096	
		Name of Contact Chuck Alter		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Evergreen Avenue Elm School				Type of Facility (4)	
Street Address 160 North Evergreen Av.				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Woodbury NJ 08096				Square Feet 1000+	# of Floors 1
County (6) Gloucester				County Code (7) (STATE USE ONLY)	Bldg. Age 35+
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	License No. 00727
Start Date (10) 6/23/15		Scheduled Completion Date (11) 6/30/15		Name of OSHA Monitor Same	
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Room C			x	Floor tile mastic	300 SF
Rooms 2, 3, 4			x	Chalkboard Glue dots	240 SF
See Attached			x	Door Caulk	9 Doors
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.
City, State Elm NJ		Disposal Date 6/30/15		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President		Signature 	Date 6/8/15

MO#22436291946

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

RECEIVED

2015 JUN 1 AM 2:01

ASBESTOS CONTROL
LICENSING

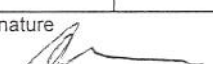
Date of Notification (1) 06 / 08 / 15		Name of Building Owner/Operator (2) Turon Whitfield	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 28 Telford Street		City, State, Zip Code East Orange, NJ 07018	
Name of Contact Turon Whitfield		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 and commercial buildings, homes, etc.)	
Street Address 28 Telford Street		Square Feet	
City (5) East Orange, NJ 07018		# of floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Essex		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	
Start Date (10) 06 / 17 / 15		Scheduled Completion Date (11) 06 / 18 / 15	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input type="checkbox"/> 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 Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Basement		<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"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF) 7) LF	
Pipe insulation			
Abatement Type			
Removal		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Repair		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Encapsulate		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Enclosure		<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	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N.Jevtic		Name of Registered Landfill T.R.R.F. Inc	
Title Owner		City, State Tullytown, PA	
Signature N.Jevtic		Date 06/08/2015	

ASB-41

MAY 11

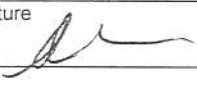
* Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 6/8/15		Name of Building Owner/Operator (2) Pingry School							
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 131 Martinsville Road		City, State, Zip Code Basking Ridge, NJ 07920							
Name of Contact Mike Virzi		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pingry School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 131 Martinsville Road		Square Feet 5000							
City (5) Basking Ridge		Bldg. Age 70							
County (6) Somerset		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276							
Start Date (10) 6/17/15		Scheduled Completion Date (11) 7/17/15							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec SF or L) (14)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms 104/106			x	trancite fume hood	60 S	x			
Rooms 110/114			x	trancite fume hood	60 S	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD		Name of Registered Landfill Western Berks Landfill			
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 6/8/15			

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

FCR 13968

Date of Notification (1) 6/8/15		Name of Building Owner/Operator (2) Pingry School		2015 JUN 11 11:55	
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 50 Country Day Drive	
		City, State, Zip Code Short Hills, NJ 07078		ASBESTOS CONTROL & LIDENING	
		Name of Contact Mike Virzi		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Pingry School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 50 Country Day Drive				Square Feet 5000	
City (5) Short Hills				# of Floors 2	
County (6) Essex				Bldg. Age 70	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) ABS Environmental Services, LLC		
City, State, Zip Code			Street Address PO Box 483, 4 E Gate Drive		
Project Manager for Monitoring Firm			City, State, Zip Code Glenwood, NJ 07413		
Telephone No.			Telephone No. 973-764-2276		
Start Date (10) 6/17/15			Scheduled Completion Date (11) 7/17/15		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Name of OSHA Monitor 703		
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Container with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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)			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		
exterior			x	trancite soffit	32
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD
City, State Freehold, NJ			Disposal Date TBD		Name of Registered Landfill Western Berks Landfill
Completed by A. Scott Higgins			Title President		Signature 
					Date 6/8/15

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

CHECK # 8770

Date of Notification (1) 6/5/15		Name of Building Owner/Operator (2) ROMAN CATHOLIC DIOCESE OF PHILADELPHIA							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 EAST SPRINGTOWN ROAD							
		City, State, Zip Code LONG VALLEY NJ 07853							
		Name of Contact MIKE C.							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OUR LADY OF THE MOUNTAIN CHURCH		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 EAST SPRINGTOWN ROAD		Square Feet 800	# of floors 1						
City (5) LONG VALLEY		Bldg. Age 60							
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) CHURCH							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc						
Street Address		Street Address 185 Vreeland Ave.							
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841						
Start Date (10) 6/6/15		Scheduled Completion Date (11) 6/9/15	License No. 00156						
Name of OSHA Monitor Omega Environmental Services Inc.									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyer Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Heat-Machine on-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) ALTER	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) 32 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
			X	VAT		X			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill IESI FA Bethlem Landfill Corp.					
City, State, Zip Code Newark, NJ 07105		Disposal Date 6/6/15 on		City, State, Zip Code Bethlem, PA 18015					
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i>			Date 6/5/15			

Jun 5 2015 17:31a

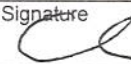
P001/001

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

CHECK # 8770

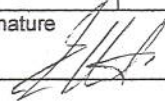
Date of Notification (1) 6/5/15		Name of Building Owner/Operator (2) AMIT SHAH		NJ Dept. of Health & Senior Services 6/5/15 7:29 AM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 45 MYRTLE AVE City, State, Zip Code EDGEWATER, NJ 07020 Name of Contact AMIT		Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SHAH			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 45 MYRTLE AVE			Square Feet 1650		
City (5) EDGEWATER			of Floor 3		
County (6) BERGEN			Current Use (Prior if being demolished) RES / D.M.O.		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave.		City, State, Zip Code Midland Park, NJ 07432	
City, State, Zip Code		Telephone No. 201-262-6641		License No. 56	
Start Date (10) 6/5/15		Scheduled Completion Date (11) 6/8/15		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted 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 L)
	Yes	No	N/A		
OUTSIDE			X	SIPING	144
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 3	
City, State, Zip Code Newark, NJ 07105		Disposal Date 6/5/15 ON		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Completed by R. McDonald		Title President		Signature R. McDonald	
				Date 6/5/15	

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

Date of Notification (1) 6/8/15		Name of Building Owner/Operator (2) Woodbury City Public Schools							
Agencies Notified	Type Notification	Street Address 25 North Broad Street							
<input checked="" type="checkbox"/> EPA <input 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 Woodbury NJ 08096							
		Name of Contact Chuck Alter	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Evergreen Avenue Elm School		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 160 North Evergreen Av.		Square Feet 1000+	# of Floors 1						
City (5) Woodbury NJ 08096		Bldg. Age 35+							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No. 00073	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address PO Box 316		Street Address PO Box 329							
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Steve Flanagan		Telephone No. 856-753-9800	Licenses No. 01727						
Start Date (10) 6/23/15	Scheduled Completion Date (11) 6/30/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (1) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or F)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 3		x		Pipe Insulation	115 F	x			
Room 4		x		Pipe Insulation	115 F	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/30/15	City, State Morrisville PA 19067						
Completed by Anthony T Perna		Title President	Signature 		Date 6/8/15				

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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) TRENTON HOUSING AUTHORITY	
Agencies Notified	Type Notification	Street Address 875 NEW WILLOW STREET, UNIT 213	
<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	City, State, Zip Code TRENTON, NJ, 08638	
		Name of Contact HERB BROWN	Telephone Number 609-981-1111
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) LOUIS JOSEPHSON APARTMENTS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)	
Street Address 237 OAKLAND ST.		Square Feet 1000	# Floors 10
City (5) TRENTON		Bldg. Age 60	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (If or if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CORP.
Street Address		Street Address 144 MILL ST.	
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07501	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-653-9652
Start Date (10) 06/19/15		Scheduled Completion Date (11) 07/19/15	License No. 1257
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 INDIAN ARROW INDUSTRIES CORP.	
		Street Address 144 MILL ST.	
		City, State, Zip Code PATERSON NJ 07501	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
UNIT 213		<input checked="" type="checkbox"/>	VAT
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD
City, State WAYNE, NJ		Disposal Date TBD	Name of Registered Landfill G. R. O. W. S.
City, State TULLY TOWN, PA			
Completed by GORAN IGEV	Title SECRETARY	Signature 	Date

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) June 8, 2015		Name of Building Owner/Operator (2) DnA Demolition	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	2156 Camplain Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Hillsborough, NJ 08844	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Antonio Dimuzio	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other i.e., private & commercial buildings, home, etc.)		
275 North Wyoming Avenue					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of floors	Bldg. Age
South Orange	Essex		2000 sf	1	60
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Current Use (Prior to being demolished) Residence		
Street Address			Name of Abatement Contractor (9)		
1889 Route 9, Unit 61			Guardian Contracting, Inc.		
City, State, Zip Code			Street Address		
Toms River, NJ 08755			1889 Route 9, Unit 61		
Project Manager for Monitoring Firm Nicholas Fernicola			City, State, Zip Code		
Telephone Number 732-349-9932			Toms River, New Jersey 08755-1271		
Scheduled Start Date (10) 6/8/15			Telephone Number 732-349-9932		
Scheduled Completion Date (11) 6/9/15			License Number 00624		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<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 _____			E.M.S. L. Analytical		
Scope of Work (Check all that apply)			Street Address		
<input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			1056 Stelton Road		
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			City, State, Zip Code		
			Piscataway, New Jersey 08854		
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ('') and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement		X		Asbestos pipe insulation	30	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 6/10/15		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 6/8/2015			

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

OK#26608

Emergency

Print Form

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

RECEIVED

Date of Notification (1) 6/4/15		Name of Building Owner/Operator (2) CED Properties		2015 JUN 1 AM 1:41	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 321 West Farms Rd City, State, Zip Code Farmingdale, New Jersey Name of Contact Frank	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Vacated property			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 215 Broad Street			Square Feet 10000		
City (5) Eastontown			# of floors 2		
County (6) Monmouth			Bldg. Age 75+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Former school		
Name of Monitoring Firm Hired by Building Owner (8)			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		
Start Date (10) 6/5/15			Scheduled Completion Date (11) 6/8/15		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm			Name of OSHA Monitor		
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 (*) and Non-Friable Procedure			Street Address		
City, State, Zip Code			City, State, Zip Code		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Amount (Specify SF or LF)		
Yes No N/A			Abatement Type		
first floor			Removal Repair Encapsulate Enclosure		
Name of Registered Waste Hauler Ace Insulation Co., Inc.			NJDEP Waste Hauler ID No. 12086		
City, State Colts Neck, New Jersey			Cubic Yards of Waste 1		
Disposal Date 6/8/15			Name of Registered Landfill Chrins		
City, State Easton, PA					
Completed by Bree McGuire			Title Secretary Treasurer		
Signature Bree McGuire			Date 6/4/15		

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

Date of Notification (1) 6/8/2015		Name of Building Owner/Operator (2) ROCHELLE PARK BOARD OF EDUCATION						
Agencies Notified	Type Notification	Street Address 300 ROCHELLE AVENUE						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ROCHELLE PARK, NJ 07662						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact CHRISTINE M. WERNER	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MIDLAND SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter J (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 300 ROCHELLE AVENUE		Square Feet	# of Rooms Bldg. Age					
City (5) ROCHELLE PARK, NJ 07662								
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Price if being demolished) SCHOOL						
Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SERVICES, INC.		ASCM No. 117	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address P.O. BOX 365		Street Address 11 VREELAND AVENUE						
City, State, Zip Code BERLIN, NJ 08009		City, State, Zip Code TOTOWA, NJ 07512						
Project Manager for Monitoring Firm JIM PROCTOR		Telephone No. 856-452-1311	Telephone No. 973-956-8700					
Start Date (10) 6/19/2015		Scheduled Completion Date (11) 6/29/2015	Name of OSHA Monitor SAME AS (9) ABOVE					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BOILER	X			20 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.				
City, State TOTOWA, NJ		Disposal Date 6/29/2015		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/8/2015				