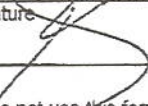
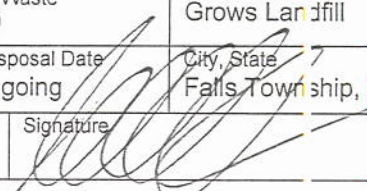


NO CK

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

Date of Notification (1) <b>6/10/15</b>		Name of Building Owner/Operator (2) Worldwide Holdings & Logistics		2015 JUN 15 4:29							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 330 South Front St. City, State, Zip Code Elizabeth NJ 07202 Name of Contact Dave Calender-TransCanada							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Worldwide Holdings & Logistics				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 330 South Front St.				Square Feet 15							
City (5) Elizabeth NJ 07202				Bldg. Age							
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Stator Generator							
Name of Monitoring Firm Hired by Building Owner (8) GZA		ASCM No. 00126		Name of Abatement Contractor (9) WRS Environmental Service							
Street Address 55 Lane Rd. Suite 407		Street Address 17 Old Dock Rd.									
City, State, Zip Code Fairfield NJ, 07004		City, State, Zip Code Yaphank NY 11980									
Project Manager for Monitoring Firm Ben Sallemi		Telephone No. 973-774-3311		Telephone No. 631-924-8111							
Start Date (10) 5/25/15		Scheduled Completion Date (11) 7/31/15		License No. 0136							
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: turbine structure outside property				Street Address same as above							
				City, State, Zip Code same as above							
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 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) 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	
Stator Turbine South				X	Asbestos Gaskets	10s	X				
Stator Turbine North				X	Asbestos Gaskets	5s	X				
Name of Registered Waste Hauler ATC Inc.		NJDEP Waste Hauler ID No. S-24310		Cubic Yards of Waste 1	Name of Registered Landfill Minerva Enterprises						
City, State Shirley, NY		Disposal Date 6/10/15		City, State Waynesburg OH							
Completed by Pedro Guerra		Title Regional Ops. Manager		Signature 		Date 6/10/15					

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

Date of Notification (1) June 9, 2015		Name of Building Owner/Operator (2) Carter Road V LLC							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	770 Township Line Rd.							
		City, State, Zip Code Yardley, PA 19067							
		Name of Contact Joseph Felice	Telephone Number 215-341-1179						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Lucent Training Center		Type of Facility (4)							
Street Address 353 Carter Rd.		<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) Hopewell		Square Feet 175,000	Bldg. Age 500						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) training center vacant for 18 years							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASC No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.						
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Eric Houseknect		Telephone No. 908-296-1132	License No. 0008						
Start Date (10) 6/22/15	Scheduled Completion Date (11) 10/15/15		Name of OSHA Monitor AET						
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:		28 N. Pennell Rd.							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec. SF or L)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement mechanical room			X	boiler packing	6 SF	X			
Basement center building			X	VAT/Mastic	15,500 SF	X			
First Floor center building			X	VAT/Mastic	2,200 SF	X			
Guest wings			X	VAT/Mastic	1,600 SF	X			
Name of Registered Waste Hauler Mercer Group		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste 90	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ			Disposal Date ongoing	City, State Falls Township, PA					
Completed by Robert M. Casciato		Title President	Signature 	Date 06/09/2015					

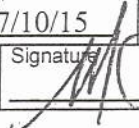


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify SF or LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Guest rooms			X	Mastic on condensate pans	1,800 SF	X			
Basement electric room			X	Transite Board	10 SF	X			
Window panels guest rooms			X	Transite Board	7,000 SF	X			
Tennis Courts			X	1/8" wear surface	37,000 SF	X			

2015 JUN 15 09:10:20

CK # 24842

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

Date of Notification (1) <u>6/11/15</u>		Name of Building Owner/Operator (2) <u>Hayman</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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>345 East 2nd Street</u>	
		City, State, Zip Code <u>Moorestown, NJ 08057</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 than K-12 <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>345 East 2nd Street</u>		Square Feet <u>2000</u>	
City (5) <u>Moorestown, NJ</u>		# of Floors <u>90+/-</u>	
County (6) <u>Burlington</u>		Bldg. Age <u>90+/-</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.	
Street Address <u>4 Berkeley Place</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
City, State, Zip Code <u>Freehold, NJ 07728</u>		Street Address <u>PO Box 322</u>	
Project Manager for Monitoring Firm <u>Dave Bunocore</u>		City, State, Zip Code <u>Allentown, NJ 06101</u>	
Telephone No. <u>(732) 740-8408</u>		Telephone No. <u>(609) 259-9688</u>	
Start Date (10) <u>7/1/15</u>		License No. <u>00493</u>	
Scheduled Completion Date (11) <u>7/10/15</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"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <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	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
			<u>80</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/10/15</u>	Name of Registered Landfill <u>CROW'S Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>6/11/15</u>



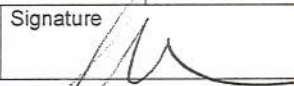
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 8774

Date of Notification (1) <b>6/11/15</b>		Name of Building Owner/Operator (2) <b>GABRELLIAN ASSOCIATES</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>95 RT 175</b>	City, State, Zip Code <b>PARAMUS NJ 07652</b>
		Name of Contact <b>MARK</b>	Telephone Number <b>201-262-5841</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>STRIP MALL</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>790-796 FRANKLIN AVE</b>		Square Feet <b>9500</b>	# of Doors <b>1</b>
City (5) <b>FRANKLIN LAKES</b>		Bldg. Age <b>60</b>	
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>STRIP MALL / DEMO</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>A. MAC Contracting Inc</b>
Street Address		Street Address <b>185 Vreeland Ave.</b>	
City, State, Zip Code		City, State, Zip Code <b>Midland Park, NJ 07432</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>
Start Date (10) <b>6/22/15</b>	Scheduled Completion Date (11) <b>7/22/15</b>	Name of OSHA Monitor <b>Omega Environmental Services 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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>280 Huyer Street</b> City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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	
<b>SEE SURVEY</b>			<b>SEE ATTACHED</b>
Name of Registered Waste Hauler <b>Newark Carting, Inc</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>80</b>
City, State, Zip Code <b>Newark, NJ 07105</b>		Disposal Date <b>6/22/15</b>	Name of Registered Landfill <b>PA Bethlehem Landfill Corp.</b>
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature <b>R. McDonald</b>
			Date <b>6/11/15</b>




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

Date of Notification (1) <div style="text-align: center;">6 / 11 / 15</div>		Name of Building Owner/Operator (2) <b>Daughters of Miriam</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>155 Hazel Street</b>							
		City, State, Zip Code <b>Clifton, NJ 07011</b>							
		Name of Contact <b>John L. Conway</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>155 Hazel Street</b>									
City (5) <b>Clifton, NJ 07011</b>		Square Feet	# of floors Bldg. Age						
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Detail Associates, Inc.</b>		ASCM No. <b>00012</b>	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>300 Grand Avenue</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Englewood, NJ 07631</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Anthony Valentine</b>		Telephone No. <b>201-569-6708</b>	Telephone No. <b>973-928-4888</b>						
Start Date (10) <b>5 / 18 / 15</b>		Scheduled Completion Date (11) <b>9 / 15 / 15</b>	Licenses No. <b>1118</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>ALL PRO MANAGEMENT LLC</b>							
		Street Address <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	7,17 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	15,00 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	15,00 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Connecting Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem PA</b>					
Completed By (Print or Type) <b>Raymond Blum</b>		Title <b>Project Manager</b>		Signature 		Date <b>10-10-15</b>			

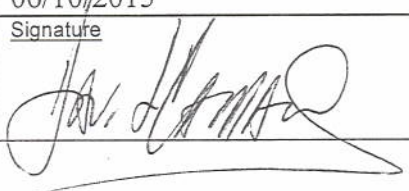


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Completed by: (Print or type) Raymond Blum	Title: Project Manager	Signature: 	Date: 6-7-15
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Check # 11525

## STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 06/08/2015		Name of Building Owner/Operator (2) Peter Lerner and Daniella Daron	
Agencies Notified (X) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA	Type of Notification (X) Initial Notification ( ) Amended Amendment # _____ (X) Emergency (including justification) ( ) Cancellation	Street Address 640 Palisade Avenue City, State, Zip Code Jersey City, NJ 07307 Name of Contact Sue Francisco (Brinton Brosius Inc.)	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldg., homes, etc.)	
Street Address 640 Palisade Avenue		Sq. Feet: 10,000	# of Floors 3 Bldg. Age 60
City (5) Jersey City	County (6) Hudson	County Code (7) (State Use Only)	Current Use (prior if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	Name of Contractor (9) ISES, Inc.
Street Address N/A		Street Address 3300 Hudson Avenue	
City, State, Zip Code N/A		City, State, Zip Code Union City, NJ	
Project Manager for Monitoring Firm N/A	Telephone Number	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 06/08/2015	Scheduled Completion Date (11) 06/10/2015	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Unoccupied during abatement		Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) ( ) Demolition (X) Renovation ( ) Minor Project (< 25 SF or < 10 LF ACM) (X) Small Project (>25 <160 SF or >10 <260 LF ACM) ( ) Large Project (>160 SF or > 260 LF ACM) (X) Full Containment with Negative Pressure ( ) Mini-Enclosure (X) Glovebag Procedure ( ) Non-Exempted (*) and Non-liable Procedure			
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Spec. / SF or Lb.) 80 LF
Basement and main entrance	X	TSI Pipe Insulation	X
Name of Reg. Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 2
City, State 369 Raymond Blvd., Newark, NJ 07105	Disp. Date 06/10/2015	Name of Reg. Landfill Gran Central Sanitation 1963 Pen Argyl Road City, State Pen Argyl, PA 18072	
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 06/10/2015



NO CK

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

RECEIVED

Date of Notification (1) <b>6/10/15</b>		Name of Building Owner/Operator (2) McAllister Towing Of Philadelphia		201 JUN 15 AM 2:14	
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 checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4 South King Street	
		City, State, Zip Code Gloucester, NJ. 08030		Name of Contact George Doms	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Camden Docks				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 2500 Broadway				Square Feet 2000	
City (5) Camden				# of Floors 2	
County (6) Camden				Bldg. Age 60+	
County Code (7) (STATE USE ONLY)		Current Use (For if building demolished) Tug Boat			
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No 107		Name of Abatement Contractor (9) ecoservices, LLC	
Street Address 28 Pennel Road		Street Address 407 W. Lincoln Highway Suite 500			
City, State, Zip Code Media, PA. 19603		City, State, Zip Code Exton, PA. 19341			
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-891-0114		Telephone No. 484-872-8884	
Start Date (10) <b>6/29/15</b>		Scheduled Completion Date (11) <b>7/3/15</b>		License No 01161	
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	
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				Street Address 200 Route 130 North	
				City, State, Zip Code Cinniminson, NJ. 08077	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Galley		X		TSI 20 LF	
Galley		X		Tank Insulation 20 SF	
Name of Registered Waste Hauler ecoservices, LLC.		NJDEP Waste Hauler ID No. 13-012785		Cubic Yards of Waste 10	
City, State Exton, PA.		Disposal Date TBD		Name of Registered Landfill Grows (A W I Landfill)	
Completed by Tom Joiner		Title Project Manager		Signature <i>Tom Joiner</i>	
				Date <b>6/10/15</b>	

Emergency with Copy of attached (annual) blanket notification

Print Form

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

Date of Notification (1) <b>6-8-15</b>		Name of Building Owner/Operator (2) <b>Phillips GG</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1400 Park Avenue</b> City, State, Zip Code <b>Linden NJ</b> Name of Contact <b>Ben Hines</b> Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Phillips GG</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>1400 Park Avenue</b>		Square Feet <b>out Door</b>	# of Floors <b>out Door</b>						
City (5) <b>Linden</b>		Bldg. Age <b>out Door</b>							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>Oil Refinery</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>New States Contracting LLC</b>						
Street Address		Street Address <b>2400 Main St Extension Suite 10</b>							
City, State, Zip Code		City, State, Zip Code <b>Sayreville, NJ 08872</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732 525 0100</b>	License No. <b>00749</b>						
Start Date (10) <b>6-8-15</b>	Scheduled Completion Date (11) <b>6-22-15</b>	Name of OSHA Monitor <b>Tiger Environmental</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Normal work hours</b>		Street Address <b>234 20th Ave</b> City, State, Zip Code <b>Brick NJ 08724</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 <b>clean up</b> <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 In-Place Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Scrap Yard @ 166</b>	<b>X</b>			<b>Surfacing</b>	<b>1200 SF</b>				<b>X</b>
Name of Registered Waste Hauler <b>Horwith Trucking, Inc</b>		NJDEP Waste Hauler ID No. <b>57110</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Advanced Disposal</b>					
City, State <b>P.O. Box 7 North Hampton PA 18067</b>		Disposal Date <b>TBD ~ 6-23-15</b>	City, State <b>Kersey PA 15846</b>						
Completed by <b>Kurt Nale</b>		Title <b>Superintendent</b>	Signature <b>Kurt Nale</b>	Date <b>6-8-15</b>					



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

Date of Notification (1) <b>6/2/2015</b>		Name of Building Owner / Operator (2) <b>Daniel Conn</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<b>370 Connecticut Ave</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<b>Hamilton, NJ</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Daniel Conn</b>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4)	
Street Address <b>370 Connecticut</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Hamilton</b>	County (6) <b>Mercer</b>	County Code (7)	
Square Feet <b>1800</b>		# of Floors <b>2</b>	Bldg. Age <b>80+</b>
Current Use (Prior if being demolished) <b>Residence</b>			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)
			<b>ALPHA ENVIRONMENTAL</b>
Street Address		Street Address	
		<b>PO BOX 8297</b>	
City, State & Zip Code		City, State & Zip Code	
		<b>Trenton NJ</b>	
Project Manager for Monitoring Firm		Telephone Number	Licenses Number
		<b>609-847-2956</b>	<b>01222</b>
Scheduled Start Date (10) <b>6/11/2015</b>	Scheduled Completion Date (11) <b>6/12/2015</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		<b>107 Haddon Avenue</b>	
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm		City, State & Zip Code	
Describe:		<b>Westmont, NJ 08108</b>	
<input type="checkbox"/> Facility Occupied During Abatement			

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>0lf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>	NJDEP Waste Hauler ID No. <b>0033330</b>	Cubic Yards of Waste <b>1cubic</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>Various</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Rod Richardson</b>	Title <b>PM</b>	Signature <i>Rod Richardson</i>	Date <b>6/2/2015</b>

B &amp; G proj. #: 2015-106

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

\*\*\* Sub Chapter 8 \*\*\*

Check # 7258

Date of Notification (1) 10/6/15		Name of Building Owner/Operator (2) Wood-Ridge Board of Education	
Agencies Notified	Type Notification	Street Address 540 Windsor Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Wood-Ridge, NJ 07075	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Peter Catania	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number (973) 400-1111	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Wood-Ridge Middle School (sub-chapter 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12)		
Street Address 258 Hackensack Street			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Wood-Ridge, NJ 07075			<input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County (6) Bergen		County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants			Current Use (Prior if being demolished) Middle School		
Street Address 20-21 Wagaraw Road, Building 35E		Name of Abatement Contractor (9) B & G Restoration, Inc.			
City, State, Zip Code Fair Lawn, NJ 07410		Street Address 105 Ryerson Road			
Project Manager for Monitoring Firm Willie Morales		Telephone Number (973) 696-6869		License Number 00378	
Sched. Start Date (10) 06/23/2015		Sched. Completion Date (11) 06/28/2015		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.		Street Address 105 Ryerson Road			
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____		City, State, Zip Code Lincoln Park, NJ 07035			
<input type="checkbox"/> Other-Describe: _____					

## 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 (Sf or Lf)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
gym storage area 1			<input checked="" type="checkbox"/>	tar paper & mastic	150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gym storage area 2			<input checked="" type="checkbox"/>	tar paper & mastic	150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 06/29/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/10/2015



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

B & G proj. #: 2015-111

Check # 7257

Date of Notification (1) 06/10/15		Name of Building Owner/Operator (2) Ruth M. Feeney	
Agencies Notified	Type Notification	Street Address 36 Serven Place	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Clifton, NJ 07011	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Gary Casolaro	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 973	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ruth M. Feeney			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)	
Street Address 36 Serven Place			Square Feet	Bldg. Age
City (5) Clifton	County (6) Passaic	County Code (7) (State use only)	Current Use house	
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	License Number 00378
Scheduled Start Date (10) 06/20/2015	Sched. Completion Date (11) 06/21/2015		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure    |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf    | <input type="checkbox"/> Mini-enclosure                                  | <input type="checkbox"/> 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 (Specified 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			<input checked="" type="checkbox"/>	VAT/Mastic	75 sq		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler 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 06/22/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 06/09/2015

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

Date of Notification (1) 06/05/2015		Name of Building Owner/Operator (2) Black Horse Pike Regional School District							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<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	580 Erial Road	Blackwood, NJ 08012						
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Highland High School		Type of Facility (4)							
Street Address 450 Erial 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) Blackwood		Square Feet	# of Floors						
County (6) Gloucester		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Cardino ATC		ASCM No. 00098	Name of Abatement Contractor (9) VMC Company, Inc.						
Street Address 3 Terri Lane, Suite 4		Street Address 208 Piaget Avenue							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm John R. Lutz		Telephone No. 609-386-8800	Telephone No. 973-253-8828						
Start Date (10) 06/24/2015		Scheduled Completion Date (11) 07/10/2015	License No. 1704						
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"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted *) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Corridors, 2nd floor		X		Ceiling tiles	8,17 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 100	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date 07/10/15		City, State Bethlehem, PA					
Completed by Voytek Roszkowski		Title President		Signature <i>V. Roszkowski</i>	Date 06/05/2015				



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

*CL# 2823*

Date of Notification (1) <b>6/9/15</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>		<div style="text-align: right;"> <i>2015 JUN 11 AM 3:50</i>  <i>PHILADELPHIA</i>  <i>PA 19153</i> </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 type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<b>15 EAST MONTGOMERY PLACE</b> City, State & Zip Code <b>PITTSBURGH, PA 15212</b>								
		Name of Contact <b>ALEX BAYLOR</b>								
<div align="center"><b>FACILITY INFORMATION</b></div>										
Name of Facility Where Abatement is Taking Place (3) <b>Woodbury Central Office - VERIZON</b>				Type of Facility (4)						
Street Address <b>24 Curtis Ave.</b>				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>Woodbury</b>	County (6) <b>Camden</b>	County Code (7)	Square Feet      # of Floors      Bldg. Age  Current Use (Prior if being demolished) <b>Communications</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC.</b>							
Street Address <b>8436 Enterprise Ave</b>			Street Address <b>1123 BEAVER STREET</b>							
City, State & Zip Code <b>Philadelphia pa 19153</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone Number <b>267-784-8651</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>						
Scheduled Start Date (10) <b>6/29/15</b>	Scheduled Completion Date (11) <b>7/13/15</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC.</b>							
Occupancy Status During Abatement (Check only one)			Street Address <b>1123 BEAVER STREET</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Describe: <b>5:00 PM - 1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting & Pipe Insulation	62	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler/Breeching/Packing/Rope Insulation	76	SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demo/Removal of Boiler			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in its Entirety, Assoc. piping &			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assoc. Breeching/Duct			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>						
City, State <b>NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH</b>						
Completed By (Print or Type) <b>Patrick T. DeCaro</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>6/9/15</b>					



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

CP # 2823

Date of Notification (1) <b>6/9/15</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</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>15 MONTGOMRY PLACE</b> City, State & Zip Code <b>PITTSBURGH, PA 15212</b> Name of Contact <b>ALEX BAYLOR</b> Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Ewing CO</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 ) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>1606 Pennington Road</b>		Square Feet	# of Floors
City (5) <b>Ewing</b>	County (6) <b>Mercer</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Communications</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State & Zip Code <b>Philadelphia pa 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone Number <b>267-784-8651</b>	Telephone Number <b>215-788-6040</b>
Scheduled Start Date (10) <b>7/1/15</b>		Scheduled Completion Date (11) <b>7/10/15</b>	License Number <b>00509</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 – 7am to 3pm Describe: <b>5:00 PM – 1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	
Street Address <b>1123 BEAVER STREET</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>	
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Abatement Type
	Yes No N/A		Removal Repair Encapsulate Enclosure
<b>Basement Equipment Room</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Duct Insulation</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Roof</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Wall Roof Flashing</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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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>BRISTOL ENVIRONMENTAL INC</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Name of Registered Landfill <b>GROWS LANDFILL</b>
City, State <b>BRISTOL, PA</b>		Disposal Date	City, State <b>MORRISVILLE, PA</b>
Completed By (Print or Type) <b>Patrick T. DeCaro</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>	Date <b>6/9/15</b>



EDS15-098-1

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

check # 1460  
Page 1 of 1

Date of Notification (1) 6-5-2015		Name of Building Owner/Operator (2) Cedar Grove Board of Education							
Agencies Notified	Type Notification	Street Address 520 Pompton Avenue							
<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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cedar Grove, NJ 07009							
		Name of Contact Mario Gaita	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cedar Grove High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 90 Rugby Road		Square Feet 150,000	# of Floors 2						
City (5) Cedar Grove		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 00057	Name of Abatement Contractor (9) GL Group, Inc						
Street Address PO Box 385		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Joseph Capone		Telephone No. (609) 652-1833	License No. 0184						
Start Date (10) 6-19-2015	Scheduled Completion Date (11) 6-25-2015	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Facility Occupied		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomington, NJ 07403							
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 N) 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
Boiler Room	X			Rib Packing	120 F	X			
Boiler Room	X			Brick	200 F	X			
Boiler Room	X			Gasket	40	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomington, NJ		Disposal Date TBD	City, State Morrisville, PA						
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>		Date 6-5-2015				

EDS15-156

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

check #1461  
Page 1 of 1

Date of Notification (1) 6-4-2015		Name of Building Owner/Operator (2) Caldwell- West Caldwell Board of Education							
Agencies Notified	Type Notification	Street Address 104 Gray Street							
<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 West Caldwell, NJ 07006-7696							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Frank Ennis	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jefferson Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 85 Prospect Street		Square Feet 5,000+	Bldg. Age 40+						
City (5) West Caldwell		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
County (6) Essex		Name of Abatement Contractor (9) GL Group, Inc							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 0057	Street Address 140 Hamburg Turnpike						
Street Address PO Box 385		City, State, Zip Code Bloomington, NJ 07403							
City, State, Zip Code Oceanville, NJ 08231-0385		Telephone No. 201-710-9725	License No. 0184						
Project Manager for Monitoring Firm Krystoff Liz		Telephone No. (609) 652-1833							
Start Date (10) 6-22-2015		Scheduled Completion Date (11) 8-7-2015	Name of OSHA Monitor GL Group, Inc						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Sub-8 Occupied		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted ("C" and "D") 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
Crawlspace	X			Thermal System Insulation	6,475 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 6-4-2015			



PK 006031

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

D&S Proj. #: 2015-197

2015 JUN 15 AM 3:45  
RECEIVED

Date of Notification (1) 06/10/15		Name of Building Owner/Operator (2) sinnigan residence	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	43 post avenue,	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	hawthorne, nj 07506	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	andrew denuilly	

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address	
			20 California Ave.	
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code	
			Paterson, NJ 07503	
Start Date (10) 06/23/15		Sched. Completion Date (11) 06/30/15	Telephone Number 973-345-8020	License Number 01169
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor D & S Restoration, Inc.	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Street Address	
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			20 California Avenue	
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			City, State, Zip Code	
			Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glove bag procedure
		<input 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/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	171 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/24/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/09/2015

CK 006030

D&amp;S Proj. #: 2015-196

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

Date of Notification (1) 06/10/15		Name of Building Owner/Operator (2) kelvin williams	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	392 ward street	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	UNION, NJ 07083	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	kelvin williams	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) kelvin williams			Type of Facility (4)	
Street Address 392 ward street			<input type="checkbox"/> School (K - 12)	
City (5) UNION			<input type="checkbox"/> Subchapter S (Other than K-12)	
County (6) UNION			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
County Code (7) (State use only)			Square Feet	# of Floors Bldg. Age
			Current Use	Prior if being demolished

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address 20 California Ave.	
			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number	License Number
			973-345-8020	01169
Start Date (10) 06/22/15		Sched. Completion Date (11) 06/30/15		Name of OSHA Monitor D & S Restoration, Inc.
Occupancy Status During Abatement (Check only one)				Street Address 20 California Avenue
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				City, State, Zip Code Paterson, NJ 07503
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure	
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation				
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition				

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	Remove	Repair	Encap	Encl
	Yes	No	N/A							
BASEMENT		X		PIPE INSULATION	66 LFT		X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESO JRCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/23/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/09/15



CK 006029

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

D&amp;S Proj. #: 2015-195

Date of Notification (1) 10/16/10/18/11/15		Name of Building Owner/Operator (2) MILLIE BRENNER	
Agencies Notified	Type Notification	Street Address 15 ERIE PLACE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code nutley, nj 07109	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact MILLIE BRENNER	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) MILLIE BRENNER			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 15 ERIE PLACE			Square Feet # of Floors Bldg. Age		
City (5) nutley	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 06/24/15		Sched. Completion Date (11) 06/30/15	License Number 01169		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor D & S Restoration, Inc.		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Street Address 20 California Avenue		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			City, State, Zip Code Paterson, NJ 07503		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-Exempt (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition	
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)	Remove	Repair	Encap
	Yes No N/A						
BASEMENT		X	PIPE INSULATION	100 LF	X		
BASEMENT		X	chimney thimble packing	3 SQ FT	X		

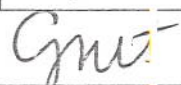
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/25/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/08/2015

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

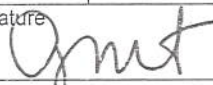
Date of Notification (1) <b>6-11-15</b>		Name of Building Owner/Operator (2) <b>Phillips 66</b>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> 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	<b>1400 Park Ave</b> City, State, Zip Code <b>Linden N.J C 7036</b> Name of Contact <b>Ben Hines</b> Telephone Number <b>201-222-2222</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Phillips 66</b>		Type of Facility (4)							
Street Address <b>1400 Park Ave.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Linden</b>	Square Feet <b>outdoors</b>	# of Floors <b>outdoors</b>	Bldg. Age <b>75</b>						
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) <b>Oil Refinery</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>New States Contracting</b>							
Street Address		Street Address							
		<b>2400 Main St Extension Suite 10</b>							
City, State, Zip Code		City, State, Zip Code							
		<b>Sayreville N.J 08872</b>							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		<b>732 525 0100</b>	<b>00749</b>						
Start Date (10) <b>6-24-15</b>	Scheduled Completion Date (11) <b>7-3-15</b>	Name of OSHA Monitor <b>Tiger Environmental</b>							
Occupancy Status During Abatement (Check Only One)		Street Address							
<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>Done Normal Facility hours</b>		<b>234 20th Ave</b>							
		City, State, Zip Code <b>Brick N.J. 08724</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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("A" and "B") 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
<b>7 - Pipestills</b>	<b>X</b>			<b>Tar Paper - Mag.</b>	<b>15'</b>	<b>X</b>			
<b>Water Front Sub station # 16</b>	<b>X</b>			<b>Transit pipe mini-enclosure</b>	<b>3'</b>		<b>X</b>		
Name of Registered Waste Hauler <b>Horwith Trucking</b>		NJDEP Waste Hauler ID No. <b>57110</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Advanced Disposal</b>					
City, State <b>P.O. Box 7 North Hampton P.A</b>		Disposal Date <b>7-3-15</b>	City, State <b>Kersey P.A.</b>		<b>15846</b>				
Completed by <b>Kurt Nale</b>		Title <b>Superintendent</b>	Signature <b>Kurt Nale</b>		Date <b>6-11-15</b>				



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

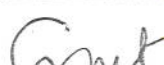
Date of Notification (1) <div style="text-align: center;">6 / 8 / 15</div>		Name of Building Owner/Operator (2) <b>Trenton Housing Authority / Job #15 16-491</b>		Check #7281					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>875 New Willow Street</b> City, State, Zip Code <b>Trenton, NJ 08638</b> Name of Contact <b>Guy Margiotti</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Josephson Apartments</b>			Type of Facility 4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter J (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>237 Oakland Street</b>									
City (5) <b>Trenton</b>			Square Feet	# of floors	Bldg. Age				
County (6) <b>Mercer</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior or if being demolished) <b>Apartment building</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>M.E.C.S.</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>Po Box 341</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>William Weisgarber</b>		Telephone No. <b>609-915-1140</b>		Telephone No. <b>609-265-2107</b>	Licenses No. <b>00129</b>				
Start Date (10) <div style="text-align: center;">6 / 10 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">6 / 10 / 15</div>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and No I-Friab 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)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Between Apartments #203 &amp; #204</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>	<b>1 LF</b>	<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>G.R.O.W.S Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/10/15</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>6/9/15</b>			

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

Date of Notification (1) 6 / 10 / 15			Name of Building Owner/Operator (2) East Brunswick Board of Education / Job #1503-416 Check #7280						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 760 State Route 18 City, State, Zip Code East Brunswick, NJ 08816 Name of Contact Administration					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chittick ES			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 5 Flagler Street			Square Feet						
City (5) East Brunswick			# of Floors						
County (6) Middlesex			Bldg. Age						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 5434 King Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Pensauken, NJ 08109		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 888-306-4545		Telephone No. 609-265-2107					
Start Date (10) 6 / 23 / 15		Scheduled Completion Date (11) 7 / 20 / 15		License No. 00599					
Name of OSHA Monitor EMSL Analytical									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Viable 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
50 Classrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shield Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corridor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 Classrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Classrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 7/20/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 6/10/15			



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

Date of Notification (1) 6 / 10 / 15		Name of Building Owner/Operator (2) East Brunswick Board of Education / Job #1503-416 Check #7279							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 760 State Route 18 City, State, Zip Code East Brunswick, NJ 08816 Name of Contact Administration Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Irwin ES		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 71 Racetrack Road		Square Feet # of Floors Bldg. Age							
City (5) East Brunswick	County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 5434 King Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Pensauken, NJ 08109		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 888-306-4545	Telephone No. 609-265-2107 License No. 00599						
Start Date (10) 6 / 23 / 15	Scheduled Completion Date (11) 7 / 20 / 15	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
50 Classrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heat Shield Insulation	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corridors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	2,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 Classrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Classrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/20/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 6/10/15			

**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) The City of Orange Township			
Agencies Notified	Type Notification	Street Address	JUN 15 2015		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	29 No. Day Street			
		City, State, Zip Code			
		Orange, NJ 08844			
		Name of Contact	Telephone Number		
		Marty Mayes			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Fire Damaged Property		Type of Facility (4)			
		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 276 Snyder Street		Square Feet 2500	# of Floors 2		
City (5) Orange		Bldg. Age 50+			
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.		
Street Address		Street Address 135 Kinnelon Road, Suite 02			
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405			
Project Manager for Monitoring Firm		Telephone No.	License No. 1228		
Telephone No.		908-218-0880			
Start Date (10) 6/8/15	Scheduled Completion Date (11) 6/10/15	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.			
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Road, Suite 02			
<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 Kinnelon, NJ 07405			
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 (*) and on-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Amount (SF or LF)	Abatement Type
	Yes	No	N/A		
BUILDING BEING DEMOLISHED					
AS ASBESTOS					
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 600	Name of Registered Landfill WM - Grows Landfill North	
City, State Kinnelon, NJ		Disposal Date 6/10/15	City, State Morrisville, PA		
Completed by Anna Bastos	Title Administrative Assistant	Signature <i>Anna Bastos</i>	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) The City of Orange Township							
Agencies Notified	Type Notification	Street Address 29 No. Day Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Orange, NJ 08844							
		Name of Contact Marty Mayes	Telephone Number 551-4054						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Fire Damaged Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 278 Snyder Street		Square Feet 2500	# of Floors 2						
City (5) Orange		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Road, Suite 02							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 6/8/15		Scheduled Completion Date (11) 6/10/15	License No. 1228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Road, Suite 02							
		City, State, Zip Code Kinnelon, NJ 07405							
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"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and on-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	N/A			Removal	Repair	Encapsulate	Enclosure
BUILDING BEING DEMOLISHED									
AS ASBESTOS									
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 600	Name of Registered Landfill WM - Grows Landfill North					
City, State Kinnelon, NJ 07405		Disposal Date 6/10/15		City, State Morrisville, PA					
Completed by Anna Bastos		Title Administrative Assistant		Signature <i>Anna Bastos</i>		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) The City of Orange Township		JUN 18 2015				
Agencies Notified	Type Notification	Street Address 29 No. Day Street						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Orange, NJ 08844						
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Marty Mayes	Telephone Number 908 4054					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Fire Damaged Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 280 Snyder Street			Square Feet 2500	# of Floors	Bldg. Age 50+			
City (5) Orange		County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.					
Street Address		Street Address 135 Kinnelon Road, Suite 02						
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880	License No. 1228				
Start Date (10) 6/8/15		Scheduled Completion Date (11) 6/10/15		Name of OSHA Monitor Yannuzzi 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 135 Kinnelon Road, Suite 02					
			City, State, Zip Code Kinnelon, NJ 07405					
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 (*) and Ion-Frable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BUILDING BEING DEMOLISHED								
AS ASBESTOS								
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 600	Name of Registered Landfill WM - Glows Landfill North				
City, State Kinnelon, NJ 07405		Disposal Date 6/10/15		City, State Morrisville, PA				
Completed by Anna Bastos		Title Administrative Assistant	Signature <i>Anna Bastos</i>		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) The City of Rahway							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	One City Hall Plaza							
		City, State, Zip Code Rahway, NJ 07065							
		Name of Contact Daniel C. Lee	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned Residence		Type of Facility (4)							
Street Address 194 West Grand Avenue		<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.)							
City (5) Rahway	Square Feet 1,300	# of Floors	Bldg. Age 50+						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Condemned							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Road							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 6/9/15		Scheduled Completion Date (11) 6/12/15	License No. 228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Road							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ( ) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Basement			x	Grey Pipe Insulation	50 F	x			
Second fl. hall under plywood			x	Black Floor Tile	150 SF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 1 CY	Name of Registered Landfill GROWS					
City, State Kinnelon, NJ 07405		Disposal Date 6/11/15		City, State Morrisville, PA					
Completed by Anna Bastos		Title Administrative Assistant	Signature <i>Anna Bastos</i>		Date 6/8/15				

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

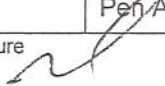
CK# 25160

Date of Notification (1) 6/11/15		Name of Building Owner/Operator (2) Woodbridge Township Board of Education							
Agencies Notified	Type Notification	Street Address 428 School 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 Woodbridge, NJ 08608							
		Name of Contact Anthony D'Orsi	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Colonia Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 100 Delaware Avenue		Square Feet	# of Floors						
City (5) Colonia		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 120 North Warren Street		Street Address 1141 Route 23							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Dominick Dercole		Telephone No. 609-392-4200	Telephone No. 973-628-9200						
Start Date (10) 07/01/15		Scheduled Completion Date (11) 08/15/15	Name of OSHA Monitor Enviro Vision Consultants, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.		Street Address 20-21 Wagaraw Road, Bldg. #34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 (Square Feet) (SF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Custodial Room	X			Pipe Fittings	17 LF	X			
Custodial Room	X			Air-Cell Pipe Insulation	25 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature		Date 6/11/15				



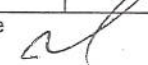
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CL # 25160

Date of Notification (1) 6/11/15		Name of Building Owner/Operator (2) Woodbridge Township Board of Education							
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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 428 School Street							
		City, State, Zip Code Woodbridge, NJ 08608							
		Name of Contact Anthony D'Orsi	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Colonia High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 180 East Street		Square Feet	# of Floors						
City (5) Colonia		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 120 North Warren Street		Street Address 1141 Route 23							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Dominick Dercole		Telephone No. 609-392-4200	Telephone No. 973-628-9200						
Start Date (10) 07/01/15		Scheduled Completion Date (11) 08/15/15	License No. C 408						
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: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.		Name of OSHA Monitor Enviro Vision Consultants, Inc.							
		Street Address 20-21 Wagaraw Road, Bldg #34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment: with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Pipe Fittings	50 F	X			
Boiler Room	X			Boiler Insulation	300 SF	X			
Boiler Room	X			Boiler Breeching Insulation	850 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature 		Date 6/11/15			

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

CK # 25160

Date of Notification (1) 6/11/15		Name of Building Owner/Operator (2) Woodbridge Township Board of Education							
Agencies Notified	Type Notification	Street Address 428 School 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, NJ 08608							
		Name of Contact Anthony D'Orsi	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Woodbridge Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 525 Barron Avenue		Square Feet	# of Floors						
City (5) Woodbridge		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 120 North Warren Street		Street Address 1141 Route 23							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Dominick Dercole		Telephone No. 609-392-4200	Telephone No. 973-628-9200						
Start Date (10) 07/01/15		Scheduled Completion Date (11) 08/15/15	License No. 1408						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Enviro Vision Consultants, Inc.							
<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: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.		Street Address 20-21 Wagaraw Road, Bldg #34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Air -Cell Pipe Insulation	300 LF	X			
Boiler Room	X			Boiler Insulation	300 SF	X			
Boiler Room	X			Boiler Breeching & Heat	850 SF	X			
				Exchanger Insulation					
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature 		Date 6/11/15			



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

CK# 25160

Date of Notification (1) 6/11/15		Name of Building Owner/Operator (2) Woodbridge Township Board of Education							
Agencies Notified	Type Notification	Street Address 428 School 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, NJ 08608							
		Name of Contact Anthony D'Orsi	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JFK High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 Washington Avenue		Square Feet	# of Floors						
City (5) Iselin		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 120 North Warren Street		Street Address 1141 Route 23							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Dominick Dercole		Telephone No. 609-392-4200	Telephone No. 973-628-9200						
Start Date (10) 07/01/15		Scheduled Completion Date (11) 08/15/15	License No. C 408						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Enviro Vision Consultants, Inc.							
<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: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.		Street Address 20-21 Wagaraw Road, Bldg #34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Air-Cell Pipe Insulation	500 LF	X			
Boiler Room	X			Boiler Insulation	300 SF	X			
Boiler Room	X			Boiler Breeching Insulation	900 SF	X			
Boiler Room	X			Pipe Fittings	53 F	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill				
City, State Wayne, New Jersey		Disposal Date		City, State Perryopolis, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature		Date 6/11/15			

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


OK # 25160

Date of Notification (1) 6/11/15		Name of Building Owner/Operator (2) Woodbridge Township Board of Education		Street Address 428 School Street	
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"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Woodbridge, NJ 08608  Name of Contact Anthony D'Orsi	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Avenel Street School #4 & #5				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 230 Avenel Street				Square Feet	
City (5) Avenel				# of Floors	
County (6) Middlesex				Bldg. Age 50 +	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) School			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00030		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.	
Street Address 120 North Warren Street		Street Address 1141 Route 23			
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Wayne, NJ 07470			
Project Manager for Monitoring Firm Mr. Dominick Dercole		Telephone No. 609-392-4200		Telephone No. 973-628-9200	
Start Date (10) 07/01/15		Scheduled Completion Date (11) 08/15/15		License No. 0408	
Name of OSHA Monitor Enviro Vision Consultants, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.				Street Address 20-21 Wagaraw Road, Bldg #34A  City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ( ) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Boiler Room	X			Air-Cell Pipe Insulation	300 LF
Boiler Room	X			Boiler Insulation	150 LF
Boiler Room	X			Boiler Breeching Insulation	520 LF
Boiler Room	X			Pipe Fitting Insulation	37 LF
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Landfill
City, State Wayne, New Jersey		Disposal Date		City, State Pennsylvania	
Completed by Jerry Bijelonic		Title Project Manager		Signature	Date 6/11/15



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

CL# 25160

Date of Notification (1) 6/11/15		Name of Building Owner/Operator (2) Woodbridge Township Board of Education							
Agencies Notified	Type Notification	Street Address 428 School 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, NJ 08608							
		Name of Contact Anthony D'Orsi	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Indiana School # 18		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 256 Indiana Avenue		Square Feet	# of Floors						
City (5) Iselin		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 120 North Warren Street		Street Address 1141 Route 23							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Dominick Dercole		Telephone No. 609-392-4200	Telephone No. 973-628-9200						
Start Date (10) 07/01/15		Scheduled Completion Date (11) 08/15/15	License No. 0408						
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: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.		Name of OSHA Monitor Enviro Vision Consultants, Inc.							
		Street Address 20-21 Wagaraw Road, Bldg #34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ( ) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Black Pipe Wrap	75 F	X			
Boiler Room	X			Pipe Fittings	17 F	X			
Boiler Room	X			Plumbers Paste on Fiberglass	450 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Perry, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature 		Date 6/11/15			

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

CK # 25160

Date of Notification (1) 6/11/15		Name of Building Owner/Operator (2) Woodbridge Township Board of Education							
Agencies Notified	Type Notification	Street Address 428 School Street							
<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 Woodbridge, NJ 08608							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Anthony D'Orsi	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mathew Jago School #28		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 99 Glen Cove Avenue		Square Feet	# of Floors						
City (5) Sewaren		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. 00030	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 120 North Warren Street		Street Address 1141 Route 23							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. Dominick Dercole		Telephone No. 609-392-4200	License No. 408						
Start Date (10) 07/01/15	Scheduled Completion Date (11) 08/15/15	Name of OSHA Monitor Enviro Vision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.		Street Address 20-21 Wagaraw Road, Bldg. #34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ( ) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Pipe Fitting Insulation	44	X			
Boiler Room	X			Boiler Insulation	150	X			
Boiler Room	X			Boiler Breeching Insulation	660	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey			Disposal Date	City, State Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature			Date 6/11/15			



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

Date of Notification (1) 6/01/15		Name of Building Owner/Operator (2) Cyril Ollivierre		JUN 15 2015	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 174 Cherry Lane City, State, Zip Code Teaneck, NJ 07666 Name of Contact Cyril Ollivierre Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 174 Cherry Lane			Square Feet N/A		# of Floors N/A
City (5) Teaneck			Bldg. Age N/A		
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue			
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685 License No. # 0675	
Start Date (10) 6/16/15		Scheduled Completion Date (11) 6/17/15		Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied			Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ( ) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
basement		X		pipe insulation	200 LF
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA	
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>	Date 6/01/15

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

Date of Notification (1) 6/01/15		Name of Building Owner/Operator (2) Irene Yaroush		JUN 1 15 2015					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10 Wardell Road City, State, Zip Code Livingston, NJ 07039 Name of Contact Irene Yaroush Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 10 Wardell Road			Square Feet N/A						
City (5) Livingston, NJ 07039			# of Floors N/A						
County (6) Essex			County Code (7) (STATE USE ONLY) _____						
Current Use (Prior to being demolished) House			Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8685					
Start Date (10) 6/18/15		Scheduled Completion Date (11) 6/19/15		License No. 0675					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied				Name of OSHA Monitor D&S Abatement, Inc.					
Street Address 11 Rosengren Avenue				City, State, Zip Code Totowa, NJ 07512					
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	78 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management of PA			
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>		Date 6/01/15			



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

Date of Notification (1) <b>6-4-15</b>		Name of Building Owner/Operator (2) <b>Montclair S Cloverhill LLC</b>	
Agencies Notified	Type Notification	365 Thomas Blvd.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification		
<input type="checkbox"/> DEP		<b>Montclair, NJ 07042</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> EMERGENCY	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Nick</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Private Home</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter: 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>5 Cloverhill Place</b>		Square Feet	# of Floors
City (5) <b>Montclair</b>	County (6) <b>Essex</b>	Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)	

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	
Scheduled Start Date (10) <b>6-15-15</b>	Sched. Completion Date (11) <b>6-16-15</b>	Name of OSHA Monitor <b>N/A</b>		
Month    Day    Year <b>6    15    15</b>		Month    Day    Year <b>6    16    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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)


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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L)	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
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>90 LF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>6-17-15</b>	City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>CVivian</i>	Date <b>6-4-15</b>	

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

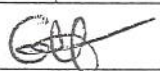
*Check 13970*  
**JUN 15 2015**

Date of Notification (1) 6/9/15		Name of Building Owner/Operator (2) Richard Caramagna							
Agencies Notified	Type Notification	Street Address 24 Vernon Terrace							
<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 Bloomfield, NJ 07003							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Richard Caramagna							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input checked="" 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 24 Vernon Terrace		Square Feet 2100	# of Floors 2						
City (5) Bloomfield		Bldg. Age 68							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Service LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 70						
Start Date (10) 7/6/15	Scheduled Completion Date (11) 7/22/15	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: _____		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 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 N-Friable Procedure)							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	85 LF	x			
basement			x	boiler exterior insulation	30 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD	City, State Birdsboro PA						
Completed by A. Scott Higgins		Title President	Signature 		Date 6/9/15				



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

ch#3642

Date of Notification (1) 06/08/2015		Name of Building Owner/Operator (2) Morris-Union Jointure Commission		JUL 1 2015	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		340 Central Ave	
				City, State, Zip Code New Providence, NJ 07974	
		Name of Contact Erik Hammerdahl		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Developmental Learning Center				Type of Facility (4)	
Street Address 330 Central Ave				<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, homes, etc.)	
City (5) New Providence				Square Feet	# of Floors
County (6) Union				Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering and Science, Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 611 Industrial Way West				Street Address 606 McBride Ave	
City, State, Zip Code Eatontown, NJ 07724				City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Brian Nemetz		Telephone No. 732-380-1700		Telephone No. 973-225-8400	Licence No. 0114
Start Date (10) 06/19/2015		Scheduled Completion Date (11) 06/22/2015		Name of OSHA Monitor J&S Environmental Laboratories	
Occupancy Status During Abatement (Check Only One)				Street Address	
<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>friday: start 5pm, saturday and sunday work standard hrs</u>				2333 Route 22 west	
				City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf 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-Exempted 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		
boiler room	x			boiler insulation	200 SF
boiler room	x			pipe insulation	20 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste n/a	Name of Registered Landfill G.R.O.W.S
City, State Woodland Park, NJ		Disposal Date n/a		City, State Morrisville, PA	
Completed by Momo Glavatovic		Title vice president		Signature 	Date 06/08/2015

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

Date of Notification (1) <b>6-9-15</b>		Name of Building Owner/Operator (2) <b>Daniel Rech</b>	
Agencies Notified	Type Notification	Street Address <b>2521 Linn Ave</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Union, NJ, 07083</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Daniel Rech</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>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial building, homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>6-22-15</b> Month Day Year	Sched. Completion Date (11) <b>6-23-15</b> Month Day Year	Name of OSHA Monitor <b>N/A</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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

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

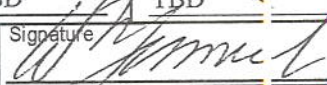
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LB)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
<b>Basement</b>			<b>X</b>	<b>Boiler</b>	<b>40 SF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>6-24-15</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>CVivian</i>	Date <b>6-9-15</b>		



CK 1568

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

Date of Notification (1) <u>6/8/15</u>		Name of Building Owner/Operator (2) <u>Mathew Soska</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>273 Tenby Drive</u>	
		City, State, Zip Code <u>Delran, NJ</u>	
		Name of Contact <u>Mathew Soska</u>	
		Telephone Number _____	
<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-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private homes, etc.)	
Street Address <u>273 Tenby Drive</u>		Square Feet <u>1900 SF</u>	# of floors <u>2</u>
City (s) <u>Delran, NJ</u>		Bldg. Age <u>40 yrs</u>	
County (6) <u>Burlington</u>	County Code (7) (STATE USE ONLY) _____	Current Use (If or if being 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. _____	Telephone No. <u>609-481-2122</u>	Lic. No. <u>0039</u>
Start Date (10) <u>6/18/15</u>	Scheduled Completion Date (11) <u>6/27/15</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 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)
	Yes	No	
Attic			X
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>3</u>
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>	Name of Registered landfill <u>TBD</u>
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature 	Date <u>6/8/15</u>

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

Date of Notification (1) <b>6-9-15</b>		Name of Building Owner/Operator (2) <b>Heather Gilheany</b>	
Agencies Notified	Type Notification	Street Address <b>92 Plymouth Ave.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Maplewood, NJ, 07040</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Heather Gilheany</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>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>6-23-15</b> Month Day Year	Sched. Completion Date (11) <b>6-24-15</b> Month Day Year	Name of OSHA Monitor <b>N/A</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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L)	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
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>180 lf</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>6-25-15</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>C Vivian</i>		Date <b>6-9-15</b>	



MO#22436291935

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

Date of Notification (1) 06 / 09 / 15		Name of Building Owner/Operator (2) Kathleen Tuozzolo							
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 23 Wildwood Terrace City, State, Zip Code Glen Ridge, NJ 07028							
		Name of Contact Kathleen Tuozzolo	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 23 Wildwood Terrace		Square Feet	# of Floors						
City (5) Glen Ridge, NJ 07028		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Gr Tech LLC						
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-638-1777	Licens. No. 01127						
Start Date (10) 06 / 18 / 15	Scheduled Completion Date (11) 06 / 19 / 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. # 3511							
		City, State, Zip Code Fair Lawn, NJ 07410							
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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	36 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 06/09/2015			

ASB-41

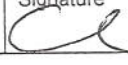
MAY 11

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

Emergency

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

CK-4902

Date of Notification (1) 6/9/15		Name of Building Owner/Operator (2) Kevin Schuler private home							
Agencies Notified	Type Notification	Street Address 2 East 32nd 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 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 Beach Haven Gardens NJ 08008							
		Name of Contact Kevin	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kevin Schuler private home		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 & commercial buildings, homes, etc.)							
Street Address 2 East 32nd Street		Square Feet 1000+	# of Doors 2						
City (5) Beach Haven Gardens NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08031							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 10727						
Start Date (10) 6/10/15	Scheduled Completion Date (11) 6/12/15	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify Size or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 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 6/12/15	City, State Morrisville P		19067				
Completed by Anthony T Perna		Title President	Signature 		Date 6/9/15				



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

Date of Notification (1) <b>6-9-15</b>		Name of Building Owner/Operator (2) <b>Mrs. Novotny</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>1515 44th Street</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<b>North Bergen, NJ, 07047</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Mrs. Novotny</b>	<b>(201) 401-0074</b>

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			Square Feet		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	of Floors		
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc</b>	
Street Address		Street Address		
		<b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code		
		<b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number	License Number	
		<b>N/A</b>	<b>(973) 744-8800</b>	
Scheduled Start Date (10) <b>6-20-15</b>		Sched. Completion Date (11) <b>6-22-15</b>	Name of OSHA Monitor <b>N/A</b>	
Month	Day	Year	Month	Day
Occupancy Status During Abatement (Check only one)				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»				
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	
<b>Basement</b>			<b>X</b>	<b>Boiler</b>	<b>35</b>	<b>F</b>	<b>X</b>			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>6-23-15</b>	City, State <b>Morrisville, A 19067</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>CVivian</i>	Date <b>6-9-15</b>	

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 5:16)

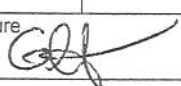
Check#2213

Date of Notification (1) 06 / 10 / 15		Name of Building Owner/Operator (2) Carlos Cunas							
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 199 Belleville Avenue							
		City, State, Zip Code Belleville, NJ 07109							
		Name of Contact Charley Holmes							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
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 199 Belleville Avenue		Square Feet							
City (5) Belleville, NJ 07109		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____							
Street Address _____		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code _____		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm _____		City, State, Zip Code Wayne, NJ 07470							
Telephone No. _____		Telephone No. 973-638-1777							
Start Date (10) 06 / 19 / 15		License No. 01127							
Scheduled Completion Date (11) 06 / 20 / 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. # 34 A							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		City, State, Zip Code Fair Lawn, NJ 07410							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<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-Variable 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 06/10/2015			



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

Ch# 3652


Date of Notification (1) 06/10/15		Name of Building Owner/Operator (2) Brick Twp. Board of Education							
Agencies Notified	Type Notification	Street Address 101 Hendrickson Avenue							
<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 Brick, NJ 08724							
		Name of Contact James Edwards							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Osbornville Elementary School		Type of Facility (4)							
Street Address 218 Drum 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) Brick, NJ 08723		Square Feet	# of Floors						
County (6)		Current Use (Prior to being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 464 Valley Brook Ave		Street Address 606 McBride Ave							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm J. Chiavello		Telephone No. 201-438-4839	Telephone No. 973-225-8400						
Start Date (10) 06-22-2015		Scheduled Completion Date (11) 07-05-2015	License No. 0104						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J&S Environmental Laboratories,							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 west							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input 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) 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 cu yd)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room	x			exterior boiler insulation	200	x			
boiler room	x			interior boiler insulation	200	x			
boiler room	x			interior insulation	100	x			
boiler room	x			pipe/fitting insulation	100	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Woodland Park, NJ		Disposal Date n/a		City, State Morrisville PA					
Completed by Momo Glavatovic		Title vice president		Signature 		Date 06/10/2015			

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

Date of Notification (1) 06/10/15		Name of Building Owner/Operator (2) Borough of Penns Grove							
Agencies Notified	Type Notification	Street Address 1 State Street							
<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 Penns Grove, NJ 08069							
		Name of Contact Andrew Ricco	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Duplex		Type of Facility (4)							
Street Address 67-69 Penn 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) Penns Grove		Square Feet	# of Floors						
County (6) Salem		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp						
Street Address		Street Address 282 Creek Road							
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856.466.6452						
Start Date (10) 06/20/15		Scheduled Completion Date (11) 07/20/15	Name of OSHA Monitor Andrew Ricco						
Occupancy Status During Abatement (Check Only One)		Street Address 282 Creek Road							
<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 Bellmawr, NJ 08031							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Siding	800 SF	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste 5	Name of Registered Landfill Salem County					
City, State Bellmawr, NJ		Disposal Date TBD		City, State Alloway, NJ					
Completed by Andrew Ricco		Title Owner		Signature <i>Andrew Ricco</i>		Date 06/10/15			



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

Date of Notification (1) 6/10/2015		Name of Building Owner/Operator (2) Point Pleasant Board of Education	
Agencies Notified	Type Notification	Street Address 2100 Panther Path	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Point Pleasant, NJ 08742	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Steven Corso	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Memorial Middle school		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 808 Laura Herbert Drive		Square Feet	# of Floors
City (5) Point Pleasant		Bldg. Age	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 5434 King ave suite 101		Street Address 606 McBride Ave	
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Jay Murray		Telephone No. 800-306-4545	Telephone No. 973-225-8400
Start Date (10) 06-20-2015		Scheduled Completion Date (11) 06-23-2015	License No. 0114
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 route 22 west	
		City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> $\geq 3$ 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Removable 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	
6th grade wing(classrooms)			x
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste
City, State Woodland Park, NJ		Disposal Date n/a	Name of Registered Landfill G.R.O.W.S.
Completed by Momo Glavatovic		Title vice president	Signature 
		Date 06/10/2015	

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

Check # 9865

Date of Notification (1) <b>June 10, 2015</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>1290 Hooper Avenue</b>  City, State & Zip Code <b>Toms River, NJ 08753</b>	
		Name of Contact <b>Jim Kalafsky</b>	Telephone Number


**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</b>		Type of Facility (4)	
Street Address <b>1290 Hooper Avenue</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
City (5) <b>Toms River</b>		Square Feet <b>1,100</b>	# of Floors <b>1</b>
County (6) <b>Ocean</b>		Bldg. Age <b>50</b>	
County Code (7) <b>USE ONLY</b>		Current Use (Prior if being demolished) <b>Bank</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Testing Consultants, LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>413 North Black Horse Pike</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Runnemede, NJ 08078</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Howard Zenobi</b>		Telephone Number <b>856-482-1311</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>June 20, 2015</b>	Scheduled Completion Date (11) <b>July 31, 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"/> $\geq 3$ sf or $\geq 50$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify F or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Manager's Entry Door, Small Door to Teller Area, Coupon Booth, Teller Counter at Wall			X	Joint Compound	200 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>August 3, 2015</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 	Date <b>June 1, 2015</b>



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

R-10-11-15  
 CR# 25158

Date of Notification (1) 6/9/15		Name of Building Owner/Operator (2) Guttenberg Board of Education							
Agencies Notified	Type Notification	Street Address 301 69th 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Guttenberg, NJ 07093							
		Name of Contact Sal Albenese	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Anna L. Klein Elementary School		Type of Facility (4)							
Street Address 301 69th Street		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter I (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Guttenberg		Square Feet 10,000 +	# of Doors 4 +						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.		ASCM No. 00149	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 56 East Bridge Street		Street Address 1141 Route 23							
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. James Frisbee		Telephone No. 609-392-4200	Telephone No. 973-628-9200						
Start Date (10) 06/26/15		Scheduled Completion Date (11) 07/17/15	Name of OSHA Monitor Enviro Vision Consultants, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Road, Block #34A							
<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: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.		City, State, Zip Code Fair Lawn, NJ 07410							
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) <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 (Square Feet or Square Feet)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Stairwell-Cove Base and Riser			X	Pink Wall Plaster	15 SF	X			
Floors 1 thru 4									
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature		Date 6/9/15			

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

Date of Notification (1) June 10, 2015		Name of Building Owner/Operator (2) Family Connections	
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 7 Glenwood Avenue Suite 101	
		City, State, Zip Code East Orange NJ 07017	
		Name of Contact Jacques Hryshko	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Family Connections		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 48 13th Street		Square Feet	# of Floors
City (5) Paterson		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc.		ASCM No. 0035767	Name of Abatement Contractor (9) Be Construction Corporation
Street Address 140 Boulevard		Street Address 235 Watchung Avenue	
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code West Orange, NJ 07052	
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	Telephone No. 973-669-2900
Start Date (10) June 12, 2015		Scheduled Completion Date (11) June 15, 2015	Name of OSHA Monitor Schneider Laboratories Global 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 2512 W Cary Street	
		City, State, Zip Code Richmond, VA. 23220	
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	
Basement		X	VAT with Mastic
Basement		X	Pipe Insulation
Name of Registered Waste Hauler Be Construction Corporation		NJDEP Waste Hauler ID No.	Cubic Yards of Waste
City, State West Orange, NJ 07052		Disposal Date	Name of Registered Landfill Tullytown Facility
Completed by Barbara Reed		Title President	Signature <i>Barbara Reed</i>
			Date 03/11/2015



CK 3720

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

RECEIVED

Date of Notification (1) <u>6-10-15</u>		Name of Building Owner/Operator (2) <u>PineLand Construction LLC</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77th Street</u>	City, State, Zip Code <u>Sea Isle City NJ 08234</u>
		Name of Contact <u>FRANK</u>	Telephone Number <u>1001</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Resident</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than (12)) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>29-77th Street</u>		Square Feet <u>3000</u>	Floor <u>3</u>
City (5) <u>Sea Isle City</u>		County Code (7) (STATE USE ONLY)	Edg. Age <u>70</u>
County (6) <u>Lape May</u>		Name of Abatement Contractor (9) <u>Ami Joe LLC</u>	Current Use (Prior to abatement) <u>Resident</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>ASCM No.</u>		Street Address <u>1212 Burlington Ave</u>	City, State, Zip Code <u>Delanco NJ 08075</u>
Street Address		Telephone No. <u>609-346 0916</u>	License No. <u>01070</u>
City, State, Zip Code			
Project Manager for Monitoring Firm <u>Telephone No.</u>			
Start Date (10) <u>6-20-15</u>	Scheduled Completion Date (11) <u>6-25-15</u>	Name of OSHA Monitor <u>Self</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> 25 sq ft or 25 ft <input checked="" type="checkbox"/> 260 sq ft or 260 ft		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated (?) and Non-Friable (?)	
Is Location Normally Used Safely 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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <u>OUTSIDE</u>		Amount (Specify in lbs) <u>2000 SF</u>	
		Abatement Type Removal Encapsulate Repair	
Name of Registered Waste Hauler <u>Ami Joe LLC</u>		Cubic Yards of Waste <u>100Y</u>	Name of Registered Landfill <u>WML of PA</u>
City, State <u>Delanco NJ</u>		Disposal Date <u>1BD</u>	City, State <u>Millsboro, PA</u>
Completed By <u>J Hill</u>		Signature <u>J Hill</u>	Date <u>6-10-15</u>

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



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

Check # 9873

Date of Notification (1) <b>June 10, 2015</b>		Name of Building Owner / Operator (2) <b>Bank of America</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 Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #____ <input type="checkbox"/> Cancellation	Street Address  <b>4005 Highway 9 North @ Aldrich Road</b>  City, State & Zip Code <b>Howell, NJ 07731</b>  Name of Contact <b>Jim Kalafsky</b>	
Telephone Number			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>4005 Highway 9 North @ Aldrich Road</b>		Square Feet <b>1,500</b>	# of Floors <b>1</b>
City (5) <b>Howell</b>		Bldg. Age <b>60</b>	
County (6) <b>Monmouth</b>		County Code (7) <b>USE ONLY</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Testing Consultants, LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>413 North Black Horse Pike</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Runnemede, NJ 08078</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Howard Zenobi</b>		Telephone Number <b>856-482-1311</b>	Telephone Number <b>609-296-6916</b>
Scheduled Start Date (10) <b>June 20, 2015</b>		Scheduled Completion Date (11) <b>July 31, 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 type="checkbox"/> Facility Occupied During Abatement		License Number <b>00817</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 checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance 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		
Exterior Window Assemblies		ACM Caulk	100 LF
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>August 3, 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>June , 2015</b>

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



Jun 9 2015 08:28

P001/001


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

APPROVED  
No Deal of Health & Safety  
Date: 6/9/15  
Time: 8:28

Date of Notification (1) 6/9/15		Name of Building Owner/Operator (2) MR MOZEK		Date: 6/9/15		Time: 8:28	
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 checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 622 HACKENSACK AVE City, State, Zip Code CARLSTADT NJ 07072 Name of Contact MS. IANNUZZI		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) MOZEK				Type of Facility (4)			
Street Address 622 HACKENSACK AVE				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) CARLSTADT				Square Feet 1650		# of Floors 2	
County (6) BERGEN				County Code (7) (STATE USE ONLY)		Bldg. Age 60	
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. 201-282-5541	
Start Date (10) 6/9/15				Scheduled Completion Date (11) 6/11/15		Name of OSHA Monitor Omega Environmental Services	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 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 No 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)	
BASEMENT		X		PIPE		8	
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 1		Name of Registered Landfill IESI PA Bethleh	
City, State, Zip Code Newark, NJ 07105				Disposal Date 6/9/15		City, State, Zip Code Bethlehem, PA 015	
Completed by R. McDonald		Title President		Signature R. McDonald		Date 6/9/15	

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

CK 4104

Date of Notification (1) 9/10/15		Name of Building Owner/Operator (2) Susan Delouya Private Home							
Agencies Notified	Type Notification	Street Address 33 Channel Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Toms River NJ 08753							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Danielle	Phone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Susan Delouya 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 33 Channel Road		Square Feet 1000	# of Floors 1						
City (5) Toms River NJ 08753		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
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. 00727						
Start Date (10) 6/11/15	Scheduled Completion Date (11) 6/15/15	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 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 F or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	950 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. J.W.S.					
City, State Elm NJ		Disposal Date 6/15/15		City, State Morrisville A 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 6/10/15			



## NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) June 9, 2015		Name of Building Owner/Operator (2) Max Fluss, Inc.	
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 709 Cedar Lane City, State, Zip Code Teaneck, NJ 07666 Name of Contact Amy Lohman Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Raven Hill Apartment			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 82 Walraven Street			Square feet 10,000 sf		
City Teaneck	County (6) Bergen	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 50	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 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) 6/10/15		Scheduled Completion Date (11) 6/16/15		Name of OSHA Monitor E.M.S.L. Analytical	
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 Steltor Road City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [ ] >3 sf or ≥3 lf [ ] ≥160 sf or ≥260 lf			[ ] Full Containment with Negative Pressure [ x ] Encapsulation [ ] Glovebag Procedure [ ] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement 126	X			boiler/breeching/pipe				X	
Basement 82	X			boiler/breeching/pipe				X	
Basement 92	X			boiler/breeching/pipe				X	
Name of Registered Waste Hauler Guardian Contracting, Inc.									
NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste		Name of Registered Waste Hauler T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 6/9/2015	

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


## NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) June 9, 2015		Name of Building Owner/Operator (2) Township of Warren		26937	
Agencies Notified	Type of Notification	Street Address		46 Mountain Blvd.	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code		Warren, NJ 07059	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact		Doug Buro	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number			
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)				
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation				

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Codington House			Type of Facility (4)		
Street Address 15 Mt. Horeb Road			<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 Warren	County (6) Somerset	County Code (7) (STATE USE ONLY)	Square feet 1500 sf	# of Floors 2	Bldg. Age 80
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 6/9/15		Scheduled Completion Date (11) 6/10/15	Name of OSHA Monitor E.M.S. L. Analytical		
Occupancy Status During Abatement (Check only one)			Street Address 1056 Stelton Road		
<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 Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)			<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		
<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		

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			REMOVE	REMOVE	ENCLOSURE	ENCLOSURE
Basement		X		Asbestos pipe insulation	30 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 6/11/15		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 6/9/2015		

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

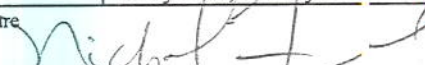


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <div style="text-align: center;">June 9, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Mercer Management</div>	
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 <div style="text-align: center;">4569 S. Broad Street</div> City, State, Zip Code <div style="text-align: center;">Yardville, NJ 08620</div> Name of Contact <div style="text-align: center;">John Oliver</div>	
		Telephone Number	<div style="text-align: center;">26936</div>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Building</div>			Type of Facility (4) [ ] School (k-12) [ ] Subchapter 8 (other than k-12) [ x ] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="text-align: center;">650 Strawberry Street</div>			Square feet <div style="text-align: center;">6,000 sf</div>		
City <div style="text-align: center;">Trenton</div>	County (6) <div style="text-align: center;">Mercer</div>	County Code (7) (STATE USE ONLY)	# of floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">80</div>	
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 1</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <div style="text-align: center;">732-349-9932</div>		License Number <div style="text-align: center;">00624</div>
Scheduled Start Date (10) <div style="text-align: center;">6/9/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">6/19/15</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S. L. Analytical</div>	
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 <div style="text-align: center;">1056 Teltor Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
[ ] >3 sf or ≥3 lf		[ ] Renovation		[ ] Full Containment with Negative Pressure	
[ x ] ≥160 sf or ≥260 lf		[ x ] Demolition		[ x ] 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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos roofing	635	X			
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">15</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">6/22/15</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>					
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 			Date <div style="text-align: center;">6/9/2015</div>		

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

OK 2674

Print Form

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

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ASBESTOS CONTROL  
& LIAISON

Date of Notification (1) 6/10/15		Name of Building Owner/Operator (2) Menza & Beissel, Inc	
Agencies Notified	Type Notification	Street Address 41 Stonehouse Rd	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Basking Ridge, NJ 07920	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Howard	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) vacated 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 57 Dogwood Lane		Square Feet 1800	# of Floors 1
City (5) Berkley Heights		Bldg. Age 60+	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacated house	
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. 1029
Start Date (10) 6/19/15	Scheduled Completion Date (11) 6/24/15	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input 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 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)
	Yes	No	
kitchen			X
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2
City, State Colts Neck, New Jersey		Disposal Date 6/24/15	Name of Registered Landfill Chrins Easton, PA
Completed by Bree McGuire		Title Secretary Treasurer	Signature Date 6/10/15



CK 3490

Print Form

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

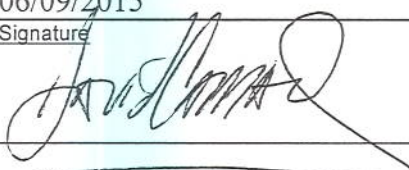
RECEIVED

2015 JUN 5 AM 1:10

Date of Notification (1) 06/10/15		Name of Building Owner/Operator (2) JOE REDZINAK							
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 191 KNOLL CREST AVENUE							
		City, State, Zip Code BRICK, NJ 08723							
		Name of Contact JOE	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 191 KNOLL CREST AVENUE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) BRICK, NJ		Square Feet 1500	# of Floors 2						
County (6) OCEAN COUNTY		County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078						
Start Date (10) 06/21/15		Scheduled Completion Date (11) 06/21/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
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"/> $\geq 3$ 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 ("I" 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
2ND FLOOR BATHROOM				PLASTER	200	F	X		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3 YARDS	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 06/21/15		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 06/10/15			

## STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

C-11508

Date of Notification (1) 06/08/2015		Name of Building Owner/Operator (2) 506 Jefferson St. LLC	
Agencies Notified	Type of Notification	Street Address	
(X) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA	(X) Initial Notification ( ) Amended Amendment # _____ ( ) Emergency (including justification) ( ) Cancellation	1125 Maxwell Ln, Apt 304 City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact Dana Spalding	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldg, homes, etc.)	
Street Address 506 Jefferson St., NJ 07030		Sq. Feet: 5,000 # of Floors 1 Bldg. Age 60	
City (5) Hoboken	County (6) Hudson	County Code (7) (State Use Only)	Current Use (prior if being demolished): restaurant
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. N/A	Name of Contractor (9) ISES, Inc.
Street Address N/A		Street Address 3300 Hudson Avenue	
City, State, Zip Code N/A		City, State, Zip Code Union City, NJ	
Project Manager for Monitoring Firm N/A	Telephone Number	Telephone Number (201)325-0055	License Number 01124
Scheduled Start Date (10) 06/18/2015	Scheduled Completion Date (11) 06/24/2015	Name of OSHA Monitor ISES, Inc.	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Unoccupied abandoned building		Street Address 3300 Hudson Avenue	
		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) (X) Demolition ( ) Renovation			
( ) Minor Project (< 25 SF or < 10 LF ACM) ( ) Full Containment with Negative Pressure ( ) Small Project (>25 <160 SF or >10 <260 LF ACM) ( ) Mini-Enclosure (X) Large Project (>160 SF or > 260 LF ACM) ( ) Glovebag Procedure (X) Non-Exempted (*) and Non-Removable Procedure			
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or L) Abatement Type
Roof main surface and side flashing	X	Roof surface	800 L T X
Name of Reg. Waste Hauler Atlas Disposal Options, Inc.	NJDEP Waste Hauler ID # 50452	Cubic Yards of Waste 30	Name of Reg. Landfill Grand Central Sanitation 1963 en Argyl Road
City, State 311 East Blackwell Street, Dover, NJ 07801	Disp. Date 06/09/2015	City, State Dover, PA 18072	Date 06/08/2015
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 06/08/2015



CK 1197

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

Date of Notification (1) <b>JUNE 18TH 2015</b>		Name of Building Owner/Operator (2) <b>MIKE REGINA</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>356 NORTH AVE.</b>	
		City, State, Zip Code <b>RAMSEY, NJ 07446</b>	
		Name of Contact <b>MIKE REGINA</b>	Telephone Number <b>-</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>HOME</b>		Type of Facility (4)	
Street Address <b>356 NORTH AVE.</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>RAMSEY, NJ 07446</b>		Square Feet <b>3271</b>	# of Floors <b>2 1/2</b>
County (6) <b>BERGEN COUNTY</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>1929-86YR</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>DIVINE ENVIRONMENTAL</b>		ASCM No. <b>146</b>	Name of Abatement Contractor (9) <b>GOLD COAST ABATEMENT &amp; DEMO</b>
Street Address <b>358 BROADWAY</b>		Street Address <b>25 CAMBRIDGE WAY</b>	
City, State, Zip Code <b>NEWARK, NJ 07104</b>		City, State, Zip Code <b>WEEHAWKEN, NJ 07086</b>	
Project Manager for Monitoring Firm <b>NKIRUKA ONWUKAIFE</b>		Telephone No. <b>973-483-3400</b>	License No. <b>01254</b>
Start Date (10) <b>JUNE 20TH 2015</b>	Scheduled Completion Date (11) <b>JUNE 24TH 2015</b>		Name of OSHA Monitor <b>ERICK BENAVIDE</b>
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:		<b>307 2TH STREET</b>	
		City, State, Zip Code <b>UNION CITY, NJ 07087</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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) In Facility (13) <b>BASEMENT</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	
		<b>X</b>	<b>PIPE INSULATION</b>
Name of Registered Waste Hauler <b>ATLANTIC CARTING</b>		NJDEP Waste Hauler ID No. <b>#26085</b>	Cubic Yards of Waste <b>10</b>
City, State <b>1141 ROUTE 23, WAYNE NJ 07470</b>		Disposal Date <b>6/21/2015</b>	Name of Registered Landfill <b>GRAND CENTRAL SANITARY LANDFILL</b>
Completed by <b>ANTHONY PANDESI</b>		Title <b>PRESIDENT</b>	Signature <i>[Signature]</i>
			Date <b>JUNE 18TH 2015</b>