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

Check # 9726

Date of Notification (1) June 18, 2015 April 17, 2015		Name of Building Owner / Operator (2) Frank Sarno	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Cancellation	305 North Cambridge Avenue City, State & Zip Code Ventnor, NJ 08406 Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 305 North Cambridge Avenue		Square Feet 1,900	# of Floors 2
City (5) Ventnor		Bldg. Age 58 years	
County (6) Atlantic		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) June 25, 2015	Scheduled Completion Date (11) July 15, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input 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"/> 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 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
Second Floor		X		Drywall	1,500 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ		Disposal Date July 16, 2015	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date June 18, 2015 April 17, 2015

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

Check # 9726

Date of Notification (1) May 15, 2015 April 17, 2015		Name of Building Owner / Operator (2) Frank Sarno	
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	ON HOLD <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	305 North Cambridge Avenue City, State & Zip Code Ventnor, NJ 08406 Name of Contact _____ Telephone Number _____	


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 305 North Cambridge Avenue		Square Feet 1,900	# of Floors 2
City (5) Ventnor		Bldg. Age 58 years	
County (6) Atlantic		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) TBD	Scheduled Completion Date (11) June 30, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input 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"/> 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 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
Second Floor		X		Drywall	1,500 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ		Disposal Date June 19, 2015		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date May 15, 2015 April 17, 2015	

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

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

Check # 9726

Date of Notification (1) May 7, 2015 April 17, 2015		Name of Building Owner / Operator (2) Frank Sarno	
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 checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	Street Address 305 North Cambridge Avenue	
		City, State & Zip Code Ventnor, NJ 08406	
		Name of Contact	Telephone Number

2015 JUN 22 AM 2:33
ASBESTOS CONTROL
& LICENSING

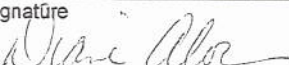
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 305 North Cambridge Avenue		Square Feet 1,900	# of Floors 2
City (5) Ventnor		Bldg. Age 58 years	
County (6) Atlantic		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) May 18, 2015	Scheduled Completion Date (11) June 18, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input 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"/> 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 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
Second Floor		X		Drywall	1,500 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ		Disposal Date June 19, 2015		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date May 18, 2015 April 17, 2015	

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

Check # 972635

Date of Notification (1) April 27, 2015 April 17, 2015		Name of Building Owner / Operator (2) Frank Sarno	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	305 North Cambridge Avenue City, State & Zip Code Ventnor, NJ 08406 Name of Contact _____ Telephone Number _____	

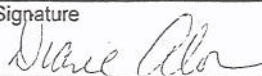
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 305 North Cambridge Avenue		Square Feet 1,900	# of Floors 2
City (5) Ventnor		Bldg. Age 58 years	
County (6) Atlantic		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) May 12, 2015	Scheduled Completion Date (11) June 11, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥ 50 lf	<input 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"/> 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 SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Second Floor		X		Drywall	1,500 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ		Disposal Date June 12, 2015		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date April 27, 2015 April 17, 2015	

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

Check # 9726

Date of Notification (1) April 17, 2015		Name of Building Owner / Operator (2) Frank Sarno	
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	305 North Cambridge Avenue City, State & Zip Code Ventnor, NJ 08406	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 305 North Cambridge Avenue		Square Feet 1,900	# of Floors 2
City (5) Ventnor		Bldg. Age 58 years	
County (6) Atlantic		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) May 5, 2015	Scheduled Completion Date (11) June 4, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input 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"/> 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 SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Second Floor		X		Drywall	1,500 SF	X			


Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ		Disposal Date June 5, 2015		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date April 17, 2015	

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

NO CK

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


Check # 9873

Date of Notification (1) June 18, 2015 June 10, 2015		Name of Building Owner / Operator (2) Bank of America							
Agencies Notified	Type Notification	Street Address 4005 Highway 9 North @ Aldrich Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	City, State & Zip Code Howell, NJ 07731							
		Name of Contact Jim Kalafsky	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)							
Street Address 4005 Highway 9 North @ Aldrich Road		Square Feet 1,500	# of Floors 1						
City (5) Howell		Bldg. Age 60							
County (6) Monmouth		Current Use (Prior if being demolished) Bank							
County Code (7) USE ONLY									
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.						
Street Address 413 North Black Horse Pike		Street Address 829 Radio Road							
City, State & Zip Code Runnemede, NJ 08078		City, State & Zip Code Little Egg Harbor, NJ 08087							
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817						
Scheduled Start Date (10) June 22, 2015	Scheduled Completion Date (11) July 31, 2015	Name of OSHA Monitor Synatech, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road							
		City, State & Zip Code Little Egg Harbor, NJ 08087							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) 100 LF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Window Assemblies			X	ACM Caulk	100 LF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 10	Name of Registered Landfill Grows Landfill					
City, State Little Egg Harbor, NJ 08087		Disposal Date August 3, 2015		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature 			Date June 18, 2015 June 10, 2015				

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

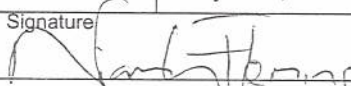
Check # 9873

Date of Notification (1) June 10, 2015		Name of Building Owner / Operator (2) Bank of America	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #____ <input type="checkbox"/> Cancellation	Street Address 4005 Highway 9 North @ Aldrich Road	
		City, State & Zip Code Howell, NJ 07731	
		Name of Contact Jim Kalafsky	
		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 4005 Highway 9 North @ Aldrich Road		Square Feet 1,500	# of Floors 1
City (5) Howell		Bldg. Age 60	
County (6) Monmouth		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 413 North Black Horse Pike		Street Address 829 Radio Road	
City, State & Zip Code Runnemede, NJ 08078		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) June 20, 2015	Scheduled Completion Date (11) July 31, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥ 50 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
Exterior Window Assemblies			ACM Caulk
			100 LF
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 10
City, State Little Egg Harbor, NJ 08087		Name of Registered Landfill Grows Landfill	
Disposal Date August 3, 2015		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date June 10, 2015

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

CHECK # 21983

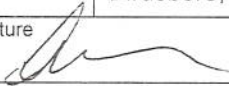
Date of Notification (1) 06-15-15		Name of Building Owner/Operator (2) Ashland School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 60 Park Place							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Amy Blake	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Apartment Building		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 418-422 South Orange Avenue		Square Feet 18,000	# of Floors 4						
City (5) Newark		Bldg. Age 65+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) WCD Group LLC		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 23 Route 31 North, Suite B26		Street Address 200 Broad Street							
City, State, Zip Code Pennington, NJ 08534		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Mike Garambone		Telephone No. (212) 631-8065	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 06-15-15	Scheduled Completion Date (11) 07-15-15	Name of OSHA Monitor Even-Air 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: Area isolated during abatement		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Controlled Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Demolition
Roof			x	Membrane	4,500SF				x
Roof			x	Flashing	600SF				x
Throughout Hallways			x	Flooring	1,200SF				x
Basement			x	Flue Packing	25SF				x
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 18693		Cubic Yards of Waste 100	Name of Registered Landfill TRRF				
City, State Freehold, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Niamh Fleming		Title Office Manager		Signature 		Date 06-15-15			

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

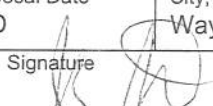
NO CK

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

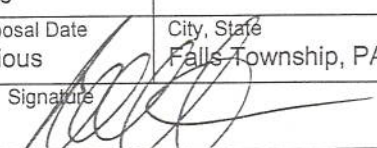
check 1-3930
2015 JUN 22 AM 2:28
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/16/15		Name of Building Owner/Operator (2) Mrs. Lamphier							
Agencies Notified	Type Notification	Street Address 5 Goodwin Terrace							
<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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood, NJ							
		Name of Contact Mrs. Lamphier	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 5 Goodwin Terrace		<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) Westwood		Square Feet 2000	# of Floors 2						
		Bldg. Age 56							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 6/23/15	Scheduled Completion Date (11) 7/23/15	Name of OSHA Monitor							
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: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	100 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	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 6/16/15		

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

Date of Notification (1) 06-16-15		Name of Building Owner/Operator (2) Township of Livingston							
Agencies Notified	Type Notification	Street Address 81 Naylon Avenue							
<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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact Joseph Greco	Telephone Number 732-734-1111						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 81 Naylon 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) Livingston		Square Feet 500SF	# of Floors 1						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 40 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) H2M Associates		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 119 Cherry Hill Road		Street Address 200 Broad Street							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Steven Hearl		Telephone No. (862) 207-5900	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 06-29-15	Scheduled Completion Date (11) 12-31-15	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<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 Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Digester / Heat Exchange (Grnd Fl.)			x	Pipe Insulation	2LF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Joseph Patrick		Title Project Manager	Signature 	Date 06-16-15					

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

Date of Notification (1) 6/14/15		Name of Building Owner/Operator (2) ARD Hamilton LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1536 Warren Avenue							
		City, State, Zip Code Meadowbrook, PA 19046							
		Name of Contact Peter Abrams	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hamilton Square		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 1700 Nottingham Way		Square Feet 195,000	# of Floors 1						
City (5) Hamilton		Bldg. Age 40							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.						
Street Address 617 Stokes Rd.		Street Address 550 East Union St.							
City, State, Zip Code Medford NJ 08055		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 888-715-2211	Telephone No. 610-701-9000						
		License No. 00508							
Start Date (10) 3/23/15	Scheduled Completion Date (11) 7/15/15	Name of OSHA Monitor Finog Environmental							
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 617 Stokes Rd.							
		City, State, Zip Code Medford, NJ 08055							
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 Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			X	Built up roofing	195,000 SF	X			
Roof deemed unsafe to work on by engineering company				See attached					
				Building will be demolished without removing roof first					
Name of Registered Waste Hauler Waste Management of Camden		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 1000	Name of Registered Landfill Grows Landfill					
City, State Camden, NJ		Disposal Date Various		City, State Falls Township, PA					
Completed by Robert M. Casciato		Title President		Signature 		Date 6/13/15			

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

CHECK # 8777

Date of Notification (1) 6/18/15		Name of Building Owner/Operator (2) MR. WHITEMAN							
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 32 EUGENE ROAD City, State, Zip Code HOPATCONG NJ Name of Contact JOHN L Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WHITEMAN		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 32 EUGENE ROAD		Square Feet 1650	# of Floors 2						
City (5) HOPATCONG		Bldg. Age 55							
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES.							
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. 201-262-5841	License No. 00156						
Start Date (10) 6/29/15	Scheduled Completion Date (11) 7/13/15	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
1ST AND 2ND FLOOR			X	JOINT COMPOUND	4900 SF	X			
KITCHEN			X	VAT	110 SF	X			
FAMILY ROOM			X	VAT / MASTIC	250 SF	X			
BEDROOM			X	VAT / MASTIC	190 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State, Zip Code Newark, NJ 07105		Disposal Date 6/29/15		City, State, Zip Code Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature R. McDonald			Date 6/18/15			

Jun 18 2015 09:00am

P001/001

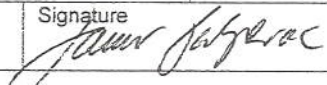
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 8777


Date of Notification (1) 6/18/15		Name of Building Owner/Operator (2) GOLDBERG REALTY		APPROVED NJ Dept. of Health & Senior Services (Signature) Date: 6/18/15 Time: 9:00	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 33 CLINTON ROAD City, State, Zip Code WEST CALDWELL NJ 07006 Name of Contact KELLY SCOTT Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BOULEVARD GARDENS			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 1 PAMRAPPO COURT			Square Feet 7000		
City (5) BAYONNE			# of Floors 3		
County (6) HUNSON			Bldg. Age 2012		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) APTS		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave.		City, State, Zip Code Midland Park, NJ 07432	
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.	
Start Date (10) 6/18/15		Scheduled Completion/Date (11) 6/20/15		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
CRAWL SPACE LEFT		X		PIPE 120 LF	
CRAWL SPACE RIGHT		X		PIPE 140 LF	
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 1	
City, State, Zip Code Newark, NJ 07105		Disposal Date 6/18/15 on		Name of Registered Landfill IESI PA Bethlehem Landfill Corp. City, State, Zip Code Bethlehem, PA 18015	
Completed by R. McDonald		Title President		Signature R. McDonald Date 6/18/15	

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

RECEIVED

Date of Notification (1) 06/16/2015		Name of Building Owner/Operator (2) Monroe Township Schools		2015 JUN 22 AM 3:25				
Agencies Notified		Type Notification		Street Address 423 Buckelew Avenue				
<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"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Monroe Township, NJ 08831 Name of Contact Jerry Tague				
				Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Monroe Middle School				Type of Facility (4)				
Street Address 1629 Perrineville 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) Monroe Township				Square Feet 80000	# of Floors 2			
				Bldg. Age 50+				
County (6) Middlesex County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior, if being demolished) Middle School				
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No. 00118		Name of Abatement Contractor (9) Bako Construction & Restoration, Inc				
Street Address 464 Valley Brook Avenue		Street Address 265A Route 46 Suite 3D						
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm John Chiaviello		Telephone No. 201-438-4839		Telephone No. 973-256-7010	License No. 0666			
Start Date (10) 06/27/2015		Scheduled Completion Date (11) 06/28/2015		Name of OSHA Monitor Bako Construction & Restoration, Inc				
Occupancy Status During Abatement (Check Only One)				Street Address 265A Route 46 Suite 3D				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Totowa, NJ 07512				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Room 100		X	Pipe Elbows	8 LF	X			
Exterior		X	3 Fascia Panels	27 SF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S			
City, State Totowa, NJ		Disposal Date 06/29/2015		City, State Morrisville, PA				
Completed by Damir Valjevack		Title Project Manager		Signature 		Date 06/16/2015		

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

Date of Notification (1) June 17, 2015		Name of Building Owner/Operator (2) Jennifer Renna		Check # 2171	
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 36 Salem Lane	
		City, State, Zip Code Little Silver, NJ 07739			
		Name of Contact Jennifer Renna		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 36 Salem Lane					
City (5) Little Silver				Square Feet 1,418	# of Floors 3
				Bldg. Age 80	
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341				Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842
Start Date (10) July 7, 2015		Scheduled Completion Date (11) July 11, 2015		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 200 Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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		
2nd Floor		XXX		Insulation	465 SF
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 15	Name of Registered Landfill Cumberland County Landfill
City, State Freehold, NJ		Disposal Date 7/11/2015		City, State Newburg, PA	
Completed by Christina Lynch		Title Operations Manager		Signature 	Date 6/17/2015

OK 20510

Print Form

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

Date of Notification (1) 6/16/2015		Name of Building Owner/Operator (2) ESTATE OF MARCEL BORGES C/O ALBERTO RODRIGUEZ							
Agencies Notified	Type Notification	Street Address 4501 DELL AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NORTH BERGEN, NJ 07047							
		Name of Contact ALBERTO RODRIGUEZ	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 59TH STREET		Square Feet	# of Floors						
City (5) WEST NEW YORK		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No. 00494						
Start Date (10) 6/27/2015	Scheduled Completion Date (11) 7/1/2016	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	150 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 4	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 7/1/2015		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>			Date 6/16/2015		

CK 20513


Print Form

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

RECEIVED
2015 JUN 22 AM 2:16
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 6/18/2015		Name of Building Owner/Operator (2) CLIFTON PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 745 CLIFTON 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 CLIFTON, NJ 07013							
		Name of Contact KAREN L. PERKINS	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) SCHOOL #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 136 VALLEY ROAD		Square Feet	# of Floors						
City (5) CLIFTON		Bldg. Age							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ELEMENTARY SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address PO BOX 385		Street Address 11 VREELAND AVENUE							
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm DONNA D'ERRICO		Telephone No. 609-652-1833	Telephone No. 973-956-8700						
License No. 00494									
Start Date (10) 6/29/2015	Scheduled Completion Date (11) 7/17/2015	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: UNOCCUPIED; MON - SAT, 6:00 AM - 2:30 PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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			BOILER RIBS	120 SF	X			
				BOILER ROPE	100 LF	X			
				BRICK	80 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 6	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 7/17/2015		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 6/18/2015					

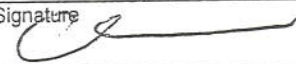
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 6/18/15		Name of Building Owner/Operator (2) Woodbury Heights Board of Ed							
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 100 Academy Ave.							
		City, State, Zip Code Woodbury Heights NJ 08097							
		Name of Contact Lance	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodbury Heights Elm School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 100 Academy Ave.		Square Feet 1000+	# of Floors 1						
City (5) Woodbury Heights NJ 08097		Bldg. Age 35+							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 7/1/15	Scheduled Completion Date (11) 7/6/15	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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 103			x	floor Tile / mastic	900 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 7/3/15		City, State Morrisville NJ 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 6/18/15		

Emergency

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

CK-4923

Date of Notification (1) 6/18/15		Name of Building Owner/Operator (2) Amanda Jenkins Private Home							
Agencies Notified	Type Notification	Street Address 379 Cleveland Ave							
<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 West Berlin NJ 08091							
		Name of Contact Amanda	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Amanda Jenkins 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 379 Cleveland Ave		Square Feet 1000+	# of Floors 2						
City (5) West Berlin NJ 08091		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 6/19/15	Scheduled Completion Date (11) 6/20/15	Name of OSHA Monitor same							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Home owner will be home		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	floor Tile / mastic	300 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 6/22/15	City, State Morrisville NJ 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 6/18/15			

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

Date of Notification (1) 6-17-15		Name of Building Owner/Operator (2) Janie Wright & John Ranson	
Agencies Notified	Type Notification	Street Address 438 Chapman Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Irvington, NJ, 07111	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Janie Wright & John Ranson	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number ---	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371	
Scheduled Start Date (10) 6-26-15 Month Day Year	Sched. Completion Date (11) 6-29-15 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

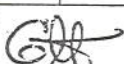
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement 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			X	Pipe Insulation	115 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 6-30-15	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>	Date 6-17-15		

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


REC 3

CH# 3666

Date of Notification (1) 06/18/2015		Name of Building Owner/Operator (2) New Providence Board of Education							
Agencies Notified	Type Notification	Street Address 356 Elkwood Ave							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Providence, NJ 07974							
		Name of Contact James Trench	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Middle/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 35 Pioneer Drive		Square Feet	# of Floors						
City (5) New Providence		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 555 Broad Street		Street Address 606 McBride Ave							
City, State, Zip Code Glen Rock, NJ 07452		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Bruce Wolf		Telephone No. 201-652-1119	License No. 01104						
Start Date (10) 06/29/2015	Scheduled Completion Date (11) 06/30/2015	Name of OSHA Monitor J&S Environmental Laboratories							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 route 22 west							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> WRAP <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
front&rear attic			x	pipe elbows(wrap)	8sf		x		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	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 06/18/2015		

Ch#3664

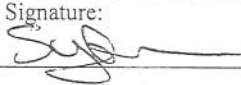
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 06/17/2015		Name of Building Owner/Operator (2) Delran Twp. Board of Education							
Agencies Notified	Type Notification	Street Address 52 Hartford Road							
<input 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	City, State, Zip Code Delran, NJ 08075							
		Name of Contact Christopher Russo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Delran Middle school		Type of Facility (4)							
Street Address 905 South Chester Ave		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Delran		Square Feet	# of Floors						
County (6) Burlington		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 307 N. Walnut Street		Street Address 606 McBride Ave							
City, State, Zip Code West Chester, PA 09380		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Paul McCaa		Telephone No. 610-431-7545	License No. 01104						
Start Date (10) 06-29-2015	Scheduled Completion Date (11) 07-12-2015	Name of OSHA Monitor J&S Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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 Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor			x	roof drain	18 LF	x			
1st floor			x	roof drain	6 LF glovebag	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 06/17/2015			

MO 22748560290

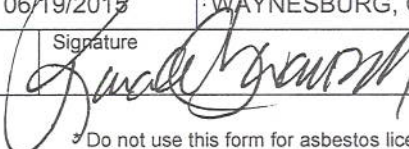
State of New Jersey

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

Date of Notification (1): 06/15/2015		Name of Building Owner/Operator (2) Englewood Public School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 12 Tenaflly Road							
	City, State, Zip Code: Englewood, NJ 07631								
	Name of Contact: Michael Hunken		Telephone Number:						
FACILITY INFORMATION									
Name of Facility Englewood High School			Type of Facility (4): <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
276 Knickerbocker Road			Square Feet: _____ # of Floors: _____						
City/ (5) Englewood	County (6): Bergen	County Code (7): 07631	Bldg. Age _____ Current Use : School						
Name of Monitoring Firm Hired by Building Owner: Westchester Environmental		ASCM No.: 00127	Name of Abatement Contractor (9): Apex Development, Inc.						
Street Address: 307 North Walnut Street			Street Address: 658 Rutgers Place						
City, State, Zip Code: West Chester, PA 19380			City, State, Zip Code: Paramus, NJ 07652						
Project Manager for Monitoring Firm: Mathew Abraham		Telephone No.: 610-431-7545	Telephone No.: (973) 350-0101	License No.: 01215					
Start Date (10): 06/20/15	Scheduled Completion Date (11): 07/31/15		Name of OSHA Monitor: Metro Analytical Laboratories						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____			Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018						
Scope of Work (Check all that apply): <input type="checkbox"/> > 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
CRAWL SPACE		X		ELBOW & FITTING INSULATION	200 LF	*			
MECHANICAL ROOM		X		ELBOW & FITTING INSULATION	40 LF	*			
TONNEL CRAWL SPACE		X		PIPE INSULATION	40 LF	*			
Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste Hauler ID No.:		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:			City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam		Title: President		Signature: 		Date: 06/15/2015			

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

Check # 1606

Date of Notification (1) 06/16/2015		Name of Building Owner/Operator (2) BRIAN SHANNON							
Agencies Notified	Type Notification	Street Address 110 3RD AVE.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HADDON HEIGHTS NJ 08035							
		Name of Contact BRIAN	Telephone Number 7						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		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 110 3RD AVE.		Square Feet 2276	# of Floors 2						
City (5) HADDON HEIGHTS		Bldg. Age 61							
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) CONNELL-GREENE		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 904 KINGS ARM DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code DOWNINGTON PA 19335		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm RICK PELLISER		Telephone No. 484-432-9363	License No. 01145						
Start Date (10) 06/18/2015	Scheduled Completion Date (11) 06/19/2015	Name of OSHA Monitor EMSL							
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: RESIDENTIAL-BASEMENT		Street Address 200 RT. 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 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			X	FLOOR TILE	396 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 06/19/2015	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GM	Signature 	Date 06/16/2015					

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 17, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Jerry Kozlowski</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;">202 Bay Blvd.</div>	
		City, State, Zip Code <div style="text-align: center;">Lavallette, NJ 08735</div>	
		Name of Contact <div style="text-align: center;">Frank Disantis</div>	Telephone Number <div style="text-align: center;">---</div>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</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;">121 Guyer Avenue</div>					
City <div style="text-align: center;">Lavallette</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">1500 sf</div>	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>
			Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>		
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number <div style="text-align: center;">732-349-9932</div>	License Number <div style="text-align: center;">00624</div>	
Scheduled Start Date (10) <div style="text-align: center;">6/18/15</div>	Scheduled Completion Date (11) <div style="text-align: center;">6/22/15</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 Stelton 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		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location 4ormally 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-front house		X		Asbestos siding	1400 sf	X			
Exterior back house		X		Asbestos siding	1000 sf	X			
								m	


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;">4</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;">6/23/14</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;">6/17/2015</div>

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

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

DCL - 10 DAY

1039

Date of Notification (1) June 12, 2015		Name of Building Owner/Operator (2) Paterson Habitat for Humanity					
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 PO Box 2685		City, State, Zip Code Paterson, NJ 07509					
Name of Contact Project Manager		Telephone Number is					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Paterson Habitat for Humanity		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 113 N. 3rd St.		Square Feet 					
City (5) Paterson, NJ		# of Floors 					
County (6) Passaic		Bldg. Age 					
County Code (7) Passaic		Current Use (Prior if being demolished) empty					
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021					
Street Address 222 Church Road		Name of Abatement Contractor (9) The MACK Group, LLC.					
City, State, Zip Code Bridgewater, NJ 08807		Street Address 1500 Kings HWY N, STE 209					
Project Manager for Monitoring Firm Eric Houseknecht		City, State, Zip Code Cherry Hill, NJ 08034					
Start Date (10) 6/15/15		Telephone No. 908-296-1132					
Scheduled Completion Date (11) 7/31/15		Telephone No. (877) 759 - MACK					
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:		License No. 00781					
Name of OSHA Monitor The MACK Group, LLC.		Street Address 1500 Kings HWY N, STE 209					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Cherry Hill, NJ 08034					
Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
siding		transite siding	3500 s/f	<input checked="" type="checkbox"/>			
roof	<input checked="" type="checkbox"/>	roof flashing	400 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Neward / Freehold Carting		NJ DEP Waste Hauler ID No. 15939					
City, State Newark / Freehold, NJ		Cubic Yards of Waste 39					
Disposal Date 7/31/15		Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF					
Completed by Mike Cooper		City, State Newburg / Imperial / Morrisville, PA					
Title President		Signature 					
		Date 6/12/15					

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

Check
9346

Date of Notification (1) 6-18-15		Name of Building Owner/Operator (2) Rick Marino							
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 103 Juniper Street							
		City, State, Zip Code Burlington NJ 08016							
		Name of Contact Rick Marino Telephone Number 201 241 7172							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 103 Juniper Street		Square Feet	# of Floors 2 Bldg. Age 90+						
City (5) Burlington NJ 08016		Current Use (Prior if being demolished)							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) June 29, 2015	Scheduled Completion Date (11) June 29, 2015	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			TSI Paper	130 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 6-30-15	City, State Morrisville PA						
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 6-18-15						

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

Check # 9347

Date of Notification (1) 6-18-15		Name of Building Owner/Operator (2) Matt Connelly							
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 1793 West 4th Street							
		City, State, Zip Code Piscataway NJ 08854							
		Name of Contact Matt Connelly							
		Telephone Number 201-241-1000							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		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 1793 West 4th Street		Square Feet	# of Floors 1						
City (5) Piscataway NJ 08854		Bldg. Age 75+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 6-30-15	Scheduled Completion Date (11) 6-30-15		Name of OSHA Monitor EPC Technologies 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 P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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
Crawlspace	<input checked="" type="checkbox"/>			Pipe Insulation	100 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 7-1-15	City, State Morrisville PA						
Completed by Steve Schenker		Title President	Signature <i>Steve Schenker</i>				Date 6-18-15		

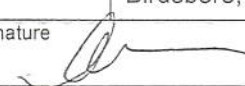
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Check
9348

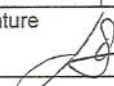
Date of Notification (1) 6-18-15		Name of Building Owner/Operator (2) Frank Sousa							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Wickett AVE							
		City, State, Zip Code Green Brook, NJ 08812							
		Name of Contact Frank Sousa							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 1 Wickett AVE		Square Feet 228	# of Floors 2						
City (5) Green Brook NJ 08812		Bldg. Age 60+							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) July 1 2015	Scheduled Completion Date (11) July 1, 2015	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Furnace + Utility Rm.	X			Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 7-2-15		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker			Date 6-18-15		

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

Work 13998
2015 JUN 22 AM 2:28
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6/17/15		Name of Building Owner/Operator (2) Delbarton School							
Agencies Notified	Type Notification	Street Address 230 Mendham Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Morristown, NJ							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact M. Rimpel	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Room 333		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 230 Mendham Road		Square Feet 1000	# of Floors 2						
City (5) Morristown		Bldg. Age 66							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/17/15	Scheduled Completion Date (11) 8/31/15	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"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 333			x	ceiling plaster	531 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 10	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 6/17/15			

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) Walt F. Mueller							
Agencies Notified	Type Notification	Street Address 235 Moore St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input 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 Hackensack NJ 07601							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Walt F. Mueller	Telephone Number -9						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		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 180 Brighton Rd.									
City (5) Clifton	Square Feet	# of Floors	Bldg. Age						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
			License No. 01206						
Start Date (10) 06-12-15	Scheduled Completion Date (11) 06-16-15	Name of OSHA Monitor Delfa Contracting LLC							
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: 7:00 AM- 5:00 PM		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full 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
1st floor		x		Pipe Insulation	400 LF	x			
1st floor		x		Pipe Insulation (Wrap-cut)	350 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 12	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City NJ		Disposal Date 06-17-15		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 06-10-15		

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

Project #

Check # 2975-*W*

Date of Notification (1) 06/15/2015		Name of Building Owner/Operator (2) High Point regional School District							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 299 Pigeon Rd		City, State, Zip Code Sussex, NJ 07461							
Name of Contact Michael Parigi		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) High Point Regional 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 299 Pidgeon Hill Rd		Square Feet	# of Floors						
City (5) Sussex, NJ		Bldg. Age							
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address 275 Rt 10 East		Street Address 72 Brookside Rd							
City, State, Zip Code Succassuna, NJ 07876		City, State, Zip Code Randolph, NJ 07869							
Project Manager for Monitoring Firm Michael Berta		Telephone No. 973-920-9061	License No. 973933-2550						
Start Date (10) 06/27/2015	Scheduled Completion Date (11) 07/03/2015	Name of OSHA Monitor J & S Environmental							
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>3pm</u>		Street Address 2333 Rt 22 West							
		City, State, Zip Code Union, NJ 07083							
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 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
Room 315				Transite materials	23 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>			Date 06/15/2015			

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

RT-CE #2828

Date of Notification (1) 2/9/15		Name of Building Owner / Operator (2) Willingboro Twp Public Schools							
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 checked="" type="checkbox"/> Amended R#3-6/18/15 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 440 Beverly Rancocas Rd City, State & Zip Code Willingboro, NJ 08046							
	Name of Contact Kelvin Smith		Telephone Number 						
	<p style="text-align: center;">FACILITY INFORMATION</p>								
	Name of Facility Where Abatement is Taking Place (3) Levitt Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 50 Rev. Dr. MLK Jr. Drive		Square Feet 150,000							
City (5) Willingboro	County (6) Burlington	County Code (7) 	# of Floors 1						
		Bldg. Age 40+							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc		ASCM No. 	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 36 North Quail Hill Blvd		Street Address 1123 Beaver Street							
City, State & Zip Code Galloway, NJ 08205		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Eric Clarkson		Telephone Number 609-652-1833	License Number 00509						
Scheduled Start Date (10) 6/22/15	Scheduled Completion Date (11) 6/26/15	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			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 Window Caulk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	7000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Doors (Wrap & Cut)	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation (Wrap & Cut)	30 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 Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 8 Cu Yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 3/27/15	City, State Morrisville, PA						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni/jl</i>				Date 6/18/15		

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

CL # 2827
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Date of Notification (1) 6/5/15		Name of Building Owner / Operator (2) Haddon Twp School District	
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 checked="" type="checkbox"/> Amended R#1-6/18/15 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 500 Rhoads Ave City, State & Zip Code Westmont, NJ 08108 Name of Contact C/O Robert Dlan	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Van Sciver ES			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB-CHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 625 Rhoads Avenue			Square Feet 60,000		
City (5) Haddonfield	County (6) Camden	County Code (7)	# of Floors 1	Bldg. Age 40+	
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 1930 Brown Road			Street Address 1123 Beaver Street		
City, State & Zip Code Newfield, NJ 08344			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm James Eberts		Telephone Number 856-205-1077	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 6/25/15		Scheduled Completion Date (11) 6/25/15		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			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 Doorways	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Door Caulk	144 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE	Disposal Date	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 6/5/15

CK006033

D&S Proj. #: 2015-200

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

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2015 JUN 22 AM 3:26

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Date of Notification (1) 10/11/12/15		Name of Building Owner/Operator (2) ARNOLD SERETTE	
Agencies Notified	Type Notification	Street Address 52 MONTCLAIR AVENUE	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code MONTCLAIR, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ARNOLD SERETTE	
<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) ARNOLD SERETTE			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 52 MONTCLAIR AVENUE			Square Feet # of Floors Bldg. Age		
City (5) MONTCLAIR	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 06/24/15	Sched. Completion Date (11) 07/08/15	Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

Scope of Work (check all that apply)

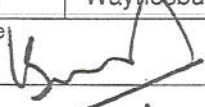
☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☐ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER ROOM		<input checked="" type="checkbox"/>		PIPE INSULATION	40 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT recreation room		<input checked="" type="checkbox"/>		PIPE INSULATION	27 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement bathroom		<input checked="" type="checkbox"/>		PIPE INSULATION	3 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement storage room		<input checked="" type="checkbox"/>		PIPE INSULATION	6 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement FAMILY/STORAGE RM		<input checked="" type="checkbox"/>		PIPE INSULATION	91 L FT	<input checked="" 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 06/25/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/12/2015

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

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Date of Notification (1) 6/17/2015		Name of Building Owner/Operator (2) Daniel Garcia							
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 42 Rutgers Avenue		City, State, Zip Code Jersey City, NJ 07305							
Name of Contact Daniel Garcia		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 42 Rutgers Avenue		Square Feet 2000							
City (5) Jersey City		# of Floors 3	Bldg. Age 80+						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) DIA General Construction, Inc.							
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 06/27/2015		Scheduled Completion Date (11) 06/28/2015							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor DIA General Construction, Inc.							
Street Address 1360 Clifton Avenue, PMB Suite 218		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe/elbow Insulation	50 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 4	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 06/28/2015		City, State Waynesburg, OH					
Completed by Krutarth Jagad		Title President		Signature 		Date 06/17/2015			

CK 004035

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

D&S Proj. #: 2015-202

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Date of Notification (1) 06/15/15		Name of Building Owner/Operator (2) LEYTON MURRAY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 420 ST. MARKS AVENUE	
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 WESTFIELD, NJ 07090	
		Name of Contact LEYTON MURRAY	Telephone Number

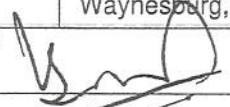
FACILITY INFORMATION

Name of facility where abatement is taking place (3) LEYTON MURRAY			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 420 ST. MARKS AVENUE			Square Feet # of Floors Bldg. Age		
City (5) WESTFIELD	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 06/25/15		Sched. Completion Date (11) 07/15/15	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT BOILER & REC RMS		<input checked="" type="checkbox"/>		PIPE INSULATION	131 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<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 06/25/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 06/15/2015


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

Date of Notification (1) 6/17/2015		Name of Building Owner/Operator (2) Tom Lardner							
Agencies Notified	Type Notification	Street Address 23 Fairmont Avenue							
<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"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somerville, NJ							
		Name of Contact Tom Lardner	Telephone Number 201-201-1201						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 23 Fairmont 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) Somerville		Square Feet 2000	# of Floors 3						
County (6) Somerset		County Code (7) (STATE USE ONLY) _____	Bldg. Age 80+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-389-0089						
Start Date (10) 06/27/2015		Scheduled Completion Date (11) 06/28/2015	License No. 00693						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe/elbow Insulation	90 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 06/28/2015		City, State Waynesburg, OH					
Completed by Krutarth Jagad		Title President	Signature 			Date 06/17/2015			

PK 3410

Print Form

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

Date of Notification (1) 06/17/2015		Name of Building Owner/Operator (2) South Orange/Maplewood Board of Education							
Agencies Notified	Type Notification	Street Address 525 Academy 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 Maplewood, NJ 07040							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Cheryl Schneider	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Columbia 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 525 Academy Street									
City (5) Maplewood		Square Feet 120,000	# of Floors 3						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50 years						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) Savic Construction Corp						
Street Address PO Box 385		Street Address 205 Route 46 Suite 15							
City, State, Zip Code Oceanville, NJ, 08231-0385		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Domenic D'Errico		Telephone No. 609-652-1833	License No. 01034						
Start Date (10) 06/29/2015	Scheduled Completion Date (11) 07/31/2015	Name of OSHA Monitor Savic Construction Corp							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied building from 6am to 2:30pm		Street Address 205 Route 46 Suite 15							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
See Attached 2 sheets		X		Well/Ceiling Plaster	161 SF	x		x	
See Attached 2 sheets		X		TSI	382.5 LF	x		X	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark NJ		Disposal Date 07/31/2015		City, State Morrisville, PA					
Completed by Milos Savic		Title Project Manager		Signature 		Date 06/17/2015			

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2015 JUN 22 AM 3: 31

Columbia High School

AREA	ITEM	Amount	AMOUNT / % TYPE	TYPE OF ABATEMENT
1st Floor Level				
Main Office Suite - Copy Room A103C	Wall plaster	2 SF	2% Chrysotile	Full Containment
Main Office Suite - Book Keeper Room A103D	Wall plaster/ TSI	2 SF / 24 LF	2-14% Chrysotile	Full Containment
Main Office Suite - Asst. Principal's Office A103E	Wall plaster	2 SF	2% Chrysotile	Full Containment
Main Office Suite A103	Wall plaster	2 SF	2% Chrysotile	Full Containment
Main Office Suite - Asst. Principal's Office A103F	Wall plaster/ TSI	2 SF / 12 LF	2-14% Chrysotile	Full Containment
Main Office Suite - Secretary's Office A103G	Wall plaster	2 SF	2% Chrysotile	Full Containment
Main Office Suite - Principal's Office A105	Wall plaster	2 SF	2% Chrysotile	Full Containment
Main Office Suite - Principal's Office A105 Toilet	Wall plaster	1 SF	2% Chrysotile	Full Containment
Office A102A	Wall plaster/ TSI	1 SF / 10 LF	2-14% Chrysotile	Full Containment
Art Gallery A104	Wall Plaster	2 SF	2% Chrysotile	Full Containment
Switch Board Office A106	Wall Plaster	1 SF	2% Chrysotile	Full Containment
Office A110B	Wall Plaster	1 SF	2% Chrysotile	Full Containment
Nurse Suite Toilet A112E	Wall Plaster	2 SF	2% Chrysotile	Full Containment
Nurse Suite Resting Room A112D	Wall Plaster	2 SF / 50 LF	2-14% Chrysotile	Full Containment
Nurse Suite Resting Room A112C	Wall Plaster	2 SF / 15	2-14% Chrysotile	Full Containment
Nurse Suite Toilet A112B	Wall Plaster	2 SF / 15	2-14% Chrysotile	Full Containment
Nurse Suite Office A112F	Wall Plaster	2 SF / 15	2-14% Chrysotile	Full Containment
Stage Dressing Room A114B	Wall Plaster	2 SF / 15	2-14% Chrysotile	Full Containment
Old Stage Toilet A114A	Wall Plaster	1 SF	2% Chrysotile	Full Containment
2nd Floor Level				
Classroom A203	Wall plaster/ TSI	1 SF / 48 LF	2-14% Chrysotile	Full Containment
Classroom A205	Wall Plaster	2 SF	2% Chrysotile	Full Containment
Classroom A207	Wall plaster/ TSI	1 SF / 26 LF	2-14% Chrysotile	Full Containment
Classroom A209	TSI	24 LF	14% Chrysotile	Limited Containment Glove Bag
Classroom A204	Wall plaster/ TSI	1 SF / 12 LF	2-14% Chrysotile	Full Containment
Classroom A206	Wall plaster/ TSI	2 SF / 12 LF	2-14% Chrysotile	Full Containment
Classroom A208	Wall plaster/ TSI	1 SF / 6 LF	2-14% Chrysotile	Full Containment
Office B203	TSI	10 LF	14% Chrysotile	Limited Containment Glove Bag
Classroom A216	Wall plaster/ TSI	1 SF / 12 LF	2-14% Chrysotile	Full Containment
Classroom A218	Wall plaster/ TSI	1 SF / 30 LF	2-14% Chrysotile	Full Containment
Classroom A220 / A222	Wall plaster/ TSI	1 SF / 36 LF	2-14% Chrysotile	Full Containment

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2015 JUN 22 AM 3: 51

AREA	ITEM	Amount	AMOUNT / % TYPE	TYPE OF ABATEMENT
2nd Floor Level				
Classroom 221 (Match penetration elevation of A219)	Wall plaster	1 SF	2% Chrysotile	Full Containment
Book Storage Room A215 - A219	TSI	70.5 LF	14% Chrysotile	Full Containment
3rd Floor Level				
Classroom A301 (2 ea. wall penetrations 36" from door opening at ceiling height)	Ceiling /Wall plaster	6 SF / 2 SF	2% Chrysotile	Full Containment
Classroom A303 (Wall penetrations at ceiling height)	Ceiling /Wall plaster	6 SF / 2 SF	2% Chrysotile	Full Containment
Office A305 (1 ea. wall penetration at ceiling height & 1 ea. at floor elevation)	Wall plaster	2 SF	2% Chrysotile	Full Containment
Dept. Office A307	Wall plaster	1 SF	2% Chrysotile	Full Containment
Classroom Science Lab A300/ Prep Room A302	Ceiling /Wall plaster	6 SF / 2 SF	2% Chrysotile	Full Containment
Classroom Science Lab A306/ Prep Room A304	Ceiling /Wall plaster	6 SF / 1 SF	2% Chrysotile	Full Containment
Classroom B340	Wall plaster	1 SF	2% Chrysotile	Full Containment
Classroom B338	Wall plaster	2 SF	2% Chrysotile	Full Containment
Classroom B336	Wall plaster	1 SF	2% Chrysotile	Full Containment
Classroom A312	Wall plaster	1 SF	2% Chrysotile	Full Containment
Classroom A314	Wall plaster	2 SF	2% Chrysotile	Full Containment
Classroom A316	Wall plaster	2 SF	2% Chrysotile	Full Containment
Classroom A318	Wall plaster	3 SF	2% Chrysotile	Full Containment
Classroom A317	Wall plaster	1 SF	2% Chrysotile	Full Containment
Classroom A315	Wall plaster	2 SF	2% Chrysotile	Full Containment
Classroom A313	Wall plaster	2 SF	2% Chrysotile	Full Containment
Classroom A311	Wall plaster	2 SF	2% Chrysotile	Full Containment
Hallway B300D junction between A311/A335A	Wall plaster	2 SF	2% Chrysotile	Full Containment
Dept. Office A335A	Wall plaster	1 SF	2% Chrysotile	Full Containment

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 / 17 / 15</div>			Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction						
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 200 Elm Dr City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego		Telephone Number 			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University- Fine Hall				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 Washington Rd				Square Feet 					
City (5) Princeton				# of Floors 		Bldg. Age 			
County (6) MERCER		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		Telephone No. 215-788-6040		License No. 00509			
Start Date (10) <div style="text-align: center;">6 / 27 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">7 / 10 / 15</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / _____ PM-_____ AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Room 602	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 1208	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile	30 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro / jsl</i>		Date 6/17/15			

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