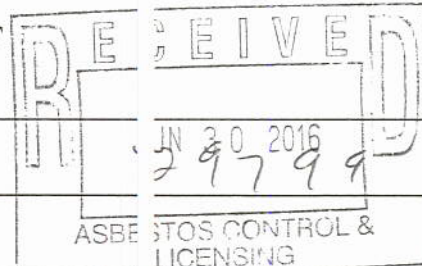


NOCK

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

Date of Notification (1) 6-24-16		Name of Building Owner/Operator (2) Egg Harbor Associates LLC								
Agencies Notified	Type Notification	Street Address 120 W. Germantown Pike, Suite 120								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2	City, State, Zip Code Plymouth Meeting PA 19462								
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Bill Dion								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Oak Tree Plaza		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 E Black Horse Pike and Fire Road		Square Feet 100,000+	# of Floors 3							
City (5) Egg Harbor Twp		Bldg. Age 50+								
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Offices								
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates		ASCM No.								
Street Address 1600 Manor Drive, Suite 220		Name of Abatement Contractor (9) ELCON Environmental Inc								
City, State, Zip Code Chalfont PA 18914		Street Address 150 Glenwood Drive								
Project Manager for Monitoring Firm Jeremy M. Hassett		Telephone No. 215-712-2700	Telephone No. 267-240-6356							
Start Date (10) 5/23/2016	Scheduled Completion Date (11) 7-1-2016	License No. 01215								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor same								
		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure								
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure								
		<input checked="" type="checkbox"/> Glovebag Procedure								
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Attached										
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises						
City, State New Castle DE		Disposal Date TBD		City, State Waynesburg, OH						
Completed by Elizabeth Gosek		Title President	Signature <i>[Signature]</i>		Date 6-24-16					

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



Date of Notification (1) June 24, 2016		Name of Building Owner/Operator (2) CNO Corp.	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address P O Box 936 City, State, Zip Code Point Pleasant, NJ 08742 Name of Contact Tom Ciano Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			Square feet 2000 sf # of Floor 1 Bldg. Age 80	
City Point Pleasant	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Union		
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00614	
Scheduled Start Date (10) 7/5/16	Scheduled Completion Date (11) 7/6/16	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <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-Frangible Procedure </div> </div>				

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 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 house		X		Asbestos siding	200 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 82	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 7/7/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 6/24/2016

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

CK1596

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

RECEIVED	
JUN 30 2016	
ASBESTOS CONTROL & CENSING	

Date of Notification (1) 6-23-16.		Name of Building Owner/Operator (2) Aurita Novett	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belmar NJ 07719	
		Name of Contact Aurita Novett	Telephone [REDACTED]

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 [REDACTED]		Square Feet	# of Floors
City (5) Belmar NJ 07719		Bldg. Age	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) JVO Enterprises Inc.	
Street Address		Street Address 28 Pina Lane	
City, State, Zip Code		City, State, Zip Code Pineclark Park NJ 07035	
Project Manager for Monitoring Firm		Telephone No. 973-9426924	License No. 01119
Start Date (10) 7-17-2016	Scheduled Completion Date (11) 7-20-2016	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable	

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-2nd Floor			X	White duct wrap	20 LF	X			
Basement Area			X	Thermal Systems insulation	40 LF	X			

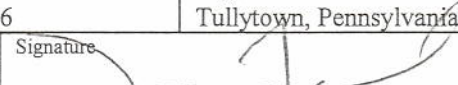
Name of Registered Waste Hauler JVO Enterprises Inc.		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 10cy	Name of Registered Landfill Waste Management
City, State Pineclark Park NJ 07035		Disposal Date	City, State Tullytown PA	
Completed by William Campio	Title Manager	Signature [Signature]	Date 6-23-16	

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 27, 2016</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Lil John's, LLC</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<div style="text-align: center;">24 Gravelly Point Road</div>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<div style="text-align: center;">Highlands, NJ 07732</div>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<div style="text-align: center;">John Caruso</div>	<div style="text-align: center;">ASE</div>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)	
Street Address			<input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter S (other than k-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors
<div style="text-align: center;">Highlands</div>	<div style="text-align: center;">Monmouth</div>		<div style="text-align: center;">1500</div>	<div style="text-align: center;">2</div>
			Bldg. Age <div style="text-align: center;">80</div>	
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9)	
Street Address			<div style="text-align: center;">Guardian Contracting, Inc.</div>	
City, State, Zip Code			<div style="text-align: center;">1889 Route 9, Unit 61 Toms River, New Jersey 08755-1271</div>	
Project Manager for Monitoring Firm	Telephone Number		Telephone Number	Licenses Number
			<div style="text-align: center;">732-349-9932</div>	<div style="text-align: center;">00024</div>
Scheduled Start Date (10) <div style="text-align: center;">6/28/16</div>	Scheduled Completion Date (11) <div style="text-align: center;">6/29/16</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>	
Occupancy Status During Abatement (Check only one)			Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<div style="text-align: center;">1056 Stelton Road</div>	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code	
<input type="checkbox"/> Other - Describe _____			<div style="text-align: center;">Piscataway, New Jersey 08854</div>	
Scope of Work (Check all that apply)				
<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-Pressure Procedure				
<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				

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos roof	325 sf	x			
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">6/30/16</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;">6/27/2016</div>			

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

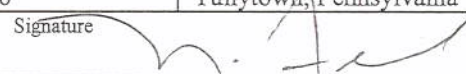
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) June 27, 2016		Name of Building Owner/Operator (2) Green Life Energy Solutions	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 6754 Washington Avenue City, State, Zip Code Egg Harbor Twp., NJ 08234 Name of Contact Gemma Bunting	
		Telephone Number ASBESTOS	

29802
RECEIVED
 JUN 30 2016
 LICENSING

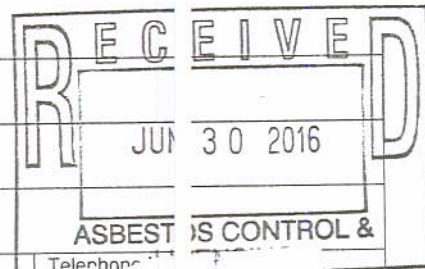
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) [] School (k-12) [] Subchapter (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square feet 1500 sf	
City Kearny	County (6) Hudson	County Code (7) (STATE USE ONLY)	# of Floors 2
		Bldg. Age 80	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-349-9932	Telephone Number 732-349-9932	Licenses Number 0064
Scheduled Start Date (10) 7/11/16	Scheduled Completion Date (11) 7/12/16	Name of OSHA Monitor E.M.S.L. Analytic	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply) [x] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf		[] Full Containment with Negative Pressure [] Mini-Enclosure [x] Glovebag Procedure [] Non-Exempted (*) and Non-Friable Procedure	
[x] Renovation [] Demolition			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify or LF)
	YES	NO	N/A		
Basement		X		Asbestos pipe insulation	81 lf

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 7/13/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 6/27/2016

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

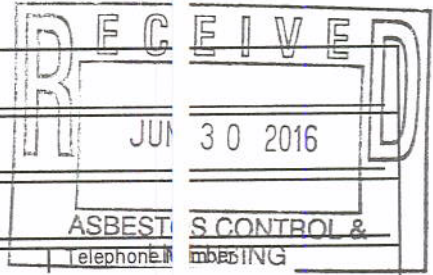
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 06/24/16		Name of Building Owner/Operator (2) CRYSTAL LAKE HEALTHCARE	
Agencies Notified	Type Notification	Street Address 395 LAKESIDE BOULEVARD	
<input 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 BAYVILLE, NJ 08721	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact JOSEPH BRAUN	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CRYSTAL LAKE		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 395 LAKESIDE BLVD.		Square Feet	# of Floors
City (5) BAYVILLE, NJ		Bldg. Age	
County (6) OCEAN COUNTY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) NURSING HOME	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 06/27/16	Scheduled Completion Date (11) 06/28/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
BOILER ROOM			BOILER INSULATION
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1 YARD
City, State NEWARK, NJ		Disposal Date 06/28/16	Name of Registered Landfill IESI
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature
			Date 6/24/16

1691

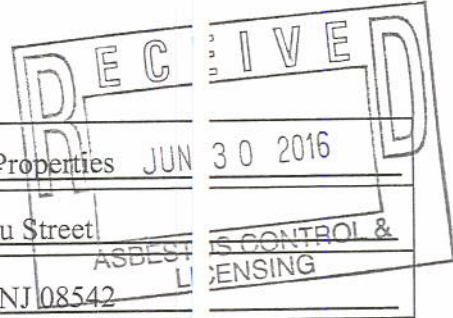
State of New Jersey
NOTIFICATION ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>6/24/16</u>		Name of Building Owner/Operator (2) <u>Mike Dennis</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>Brooklawn, NJ</u>	
		Name of Contact <u>Mike Dennis</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than -12) <input checked="" type="checkbox"/> Other (i.e., private 8 comm homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1700 SF</u>	# of Floors <u>2</u>
City (s) <u>Brooklawn, NJ</u>		Bldg. Age <u>50 yrs</u>	
County (6) <u>Camden</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>
Street Address		Street Address <u>361 E. Fleming Pike</u>	
City, State, Zip Code		City, State, Zip Code <u>Hammonton, NJ 08037</u>	
Project Manager for Monitoring Firm		Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>
Start Date (10) <u>7/3/16</u>	Scheduled Completion Date (11) <u>7/10/16</u>	Name of OSHA Monitor <u>AEi2, LLC</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>361 E. Fleming Pike</u>	
		City, State, Zip Code <u>Hammonton, NJ 08037</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		
	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>Duct Insulation</u>		
Basement			Amount (Specify SF or LF) <u>125 LF</u>
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>2</u>
City, State <u>Hammonton, NJ</u>		Disposal Date <u>TBD</u>	Name of Registered Landfill <u>TBD</u>
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature <i>[Signature]</i>	Date <u>6/24/16</u>

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

C K# 25197



Date of Notification (1) <u>6/23/16</u>		Name of Building Owner/Operator (2) <u>Chamber Properties</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>20 Nassau Street</u> City, State, Zip Code <u>Princeton, NJ 08542</u>
	Name of Contact <u>Jeremiah Obert</u>		Telephone Number _____
	FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) <u>Office Suite 103/104</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>20 Nassau Street</u>		Square Feet <u>15000</u>	# of Floors <u>4</u>
City (5) <u>Princeton, NJ 08542</u>		Bldg. Age <u>90+/-</u>	
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>4 Berkeley Place</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Allentown, NJ 0850</u>	
Project Manager for Monitoring Firm <u>Dave Bunocore</u>		Telephone No. <u>(732) 740-8408</u>	License Number <u>00493</u>
Start Date (10) <u>6/24/16</u>		Scheduled Completion Date (11) <u>6/28/16</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>DB Environmental</u>	
Street Address <u>4 Berkeley Place</u>		City, State, Zip Code <u>Freehold, NJ 07728</u>	
Scope of Work (Check all that apply) <input 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 IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Amount (Specify SF or LF)		
<u>Suite 103/104</u>	<input checked="" type="checkbox"/>		<u>Acoustical Ceiling</u> <u>144 sf</u>
<u>Suite 103/104</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u> <u>40 lf</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/28/16</u>	Name of Registered Landfill <u>GROWS</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature
Date <u>6/24/16</u>		Date <u>6/24/16</u>	

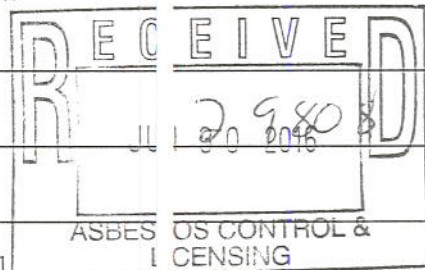
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

IA FAX
Ch#3651

Date of Notification (1) 6/20/16		Name of Building Owner/Operator (2) CITY OF ELIZABETH							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	50 WINFIELD STREET City, State, Zip Code ELIZABETH N.J. 07201 Name of Contact RAYWANT SARRAN							
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S <input checked="" type="checkbox"/> Other (i.e. private, etc.)							
City (5) ELIZABETH N.J. 07201		Square Feet 2,800	# of Floors 2						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) HOUSE	Bldg. Age 25						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			NOVATECH INC						
City, State, Zip Code		Street Address							
		P.O. Box 81							
Project Manager for Monitoring Firm		City, State, Zip Code							
		010 BRIDGE N.J. 08857							
Telephone No.		Telephone No.	License No.						
		732 238-7501	00806						
Start Date (10) 6/22/16	Scheduled Completion Date (11) 7/22/16	Name of OSHA Monitor NOVATECH							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		P.O. Box 81							
		City, State, Zip Code 010 BRIDGE N.J. 08857							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted							
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	Other
BASEMENT			X	PIPE INSULATION	< 100 LF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
NOVATECH INC		18501	3	G.R.C. COS.					
City, State		Disposal Date	City, State						
010 BRIDGE N.J. 08857		7/25/16	PAH						
Completed by	Title	Signature		Date					
CARLOS AMEIDA	PRESIDENT	Carb		6/20/16					

CK 29808

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



Date of Notification (1) June 27, 2016		Name of Building Owner/Operator (2) ARM Construction	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 711 Park Avenue City, State, Zip Code Lakewood, NJ 08701	Name of Contact Batsheva Telephone Number

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			Square feet 1000 sf	# of Floor 1
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61		
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	Licenses Number 0064	
Scheduled Start Date (10) 7/8/16	Scheduled Completion Date (11) 7/12/16	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____		Street Address 1056 Stelton Road		
		City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Frangible Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify or LF)
Exterior		X		Asbestos siding	1000 sf
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 7/13/16		City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 	
				Date 6/27/2016	

Abatement Type			
R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
X			

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

CK 29807


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

Date of Notification (1) June 27, 2016		Name of Building Owner/Operator (2) ARM Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 711 Park Avenue	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 30 2016 ASBESTOS CONTROL & </div>
		City, State, Zip Code Lakewood, NJ 08701	
		Name of Contact Batsheva	

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 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1500 sf	# of Floors 1
			Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address			Street Address 1889 Route 9, Unit 61	
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932	Lic. Number 0064
Scheduled Start Date (10) 7/8/16		Scheduled Completion Date (11) 7/12/16	Name of OSHA Monitor E.M.S.L. Analytic	
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 1056 Stelton Road	
			City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply)				
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 or LF)	Abatement Type			
	YES	NO	N/A			R	R	E	E
Exterior		X		Asbestos siding	1400 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 7/13/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	
		Date 6/27/2016	

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

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

Date of Notification (1) 6/24/16		Name of Building Owner/Operator (2) Greater Egg Harbor Regional Schools District	
Agencies Notified	Type Notification	Street Address 1824 Dr. Dennis Foreman Drive	
<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 Mays Landing NJ 08330	
		Name of Contact Thomas Grossi	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Oakcrest 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 1824 Dr. Dennis Foreman Drive		Square Feet 1000+	# of Floors 1+
City (5) Mays Landing NJ 08330		Bldg. Age 35+	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance LLC		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address PO Box 167		Street Address PO Box 329	
City, State, Zip Code Hammonton NJ 08037		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 856-753-9800	License No. 0727
Start Date (10) 6/25/16	Scheduled Completion Date (11) 6/27/16	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 checked="" type="checkbox"/> Other - Describe: weekend		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>		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) <input checked="" type="checkbox"/> Wet Wrap & Cut <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
		Amount (Specify SF or LF)	Abatement Type
200 wing		45 elt	Removal Repair Encapsulate Enclosure
300 Wing		46 elt	
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Name of Registered Landfill ACUA
City, State West Berlin NJ		Disposal Date 6/28/16	City, State Egg Harbor TW NJ 08234
Completed by Anthony T Perna	Title President	Signature 	Date 6/24/16


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

Date of Notification (1) 6-24-16		Name of Building Owner/Operator (2) HALLIDAY & LORRARD	
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 700 HAVEN DRIVE City, State, Zip Code OCEAN CITY NJ 08226 Name of Contact SAUE	
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 [REDACTED]		Square Feet 1000	# of Floors 1
City (5) SEA ISLE CITY		Bldg. Age 50+	
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLEIMCO INC.
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	Licens. No. 00444
Start Date (10) 7-5-16	Scheduled Completion Date (11) 7-12-16	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 <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Material	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SIDING			TRANSITE
Name of Registered Waste Hauler KLEIMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3
City, State MAPLE SHADE N.J.		Disposal Date	Name of Registered Landfill C.M.C. N.J. U.A.
Completed By MICHAEL KLEIM		Title SUP.	Signature <i>[Signature]</i>
			Date 6-24-16

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

check

15279

Date of Notification (1) 6/27/16		Name of Building Owner/Operator (2) Jan Middleton							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mendham, NJ 07945							
		Name of Contact Jan Middleton							
<div style="float: right; border: 2px solid black; padding: 5px; transform: rotate(-5deg); font-weight: bold; font-size: 1.2em;">RECEIVED</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Mendham		Square Feet 2200	# of Floors 2						
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. 973-583-8500	Lic. No. 703						
Start Date (10) 6/29/16	Scheduled Completion Date (11) 7/29/16	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: <u>attic</u>		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-Variable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) attic	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
			x	vermiculite insulation	1000 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill		City, State Birdsboro, PA			
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A Scott Higgins		Title President	Signature 		Date 6/27/16				

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

Check 15283

Date of Notification (1) 6/27/16		Name of Building Owner/Operator (2) Union Congregational Church							
Agencies Notified	Type Notification	Street Address 176 Cooper 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Ann Ayre							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church		Type of Facility (4)							
Street Address 176 Cooper 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) Montclair		Square Feet 3200	# of Floors 2						
County (6) Essex		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.	Telephone No. 973-583-8500						
Start Date (10) 7/7/16		Scheduled Completion Date (11) 8/7/16	Licenses No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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: boiler room		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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Viable 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 boiler room			x	pipe insulation	8 LF		x		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date	City, State						
Completed by A Scott Higgins		Title President	Signature		Date 6/27/16				

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

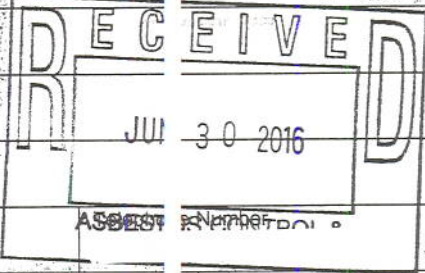
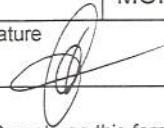
VIA FAX
Ch# 3650

Date of Notification (1) 6/21/16		Name of Building Owner/Operator (2) CITY OF ELIZABETH	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	50 WINFIELD STREET	
		City, State, Zip Code ELIZABETH N.J. 07201	
		Name of Contact MR RAYWANT SARRAN	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (Residential, commercial buildings, etc.)	
City (5) ELIZABETH N.J. 07201		Square Feet 2,800	# of Floors 2
County (6)		County Code (7) (STATE USE ONLY)	Current Use (P) or if being demolished HOUSE
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)
Street Address			NOVATECH INC
City, State, Zip Code			Street Address P.O. Box 81
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code OLD BRIDGE N.J. 08857
Start Date (10) 6/23/16		Scheduled Completion Date (11) 7/23/16	Telephone No. 732 238x7
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor NOVATECH 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 P.O. Box 81	
		City, State, Zip Code OLD BRIDGE N.J. 08857	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempt	
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED In Facility	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
	Yes No N/A		
BASEMENT		X PIPE INSULATION	
Name of Registered Waste Hauler NOVATECH INC	NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 2	Name of Registered Landfill G.R. S.W.S.
City, State OLD BRIDGE N.J. 08857		Disposal Date 7/28/16	City, State PA
Completed by CARLOS ALMEIDA	Title PRESIDENT	Signature [Signature]	Date 6/21/16

RECEIVED		
Telephone Number		
ASBESTOS CONTROL & LICENSING		
# of Floors 2	Bldg. Age 85	
or if being demolished HOUSE		
Contractor (9) NOVATECH INC		
City, State, Zip Code OLD BRIDGE N.J. 08857		
Telephone No. 732 238x7		
License No. 00 00806		
Amount (Specify SF or LF) < 100 LF		
Abatement Type		
Removal	Repair	Encapsulate
Name of Registered Landfill G.R. S.W.S.		
City, State PA		
Date 6/21/16		

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

CH 5450

Date of Notification (1) 6/23/2016		Name of Building Owner/Operator (2) Paterson Public Schools						
Agencies Notified	Type Notification	Street Address 200 Sheridan Avenue, 2nd Floor						
<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 Paterson, NJ 07502 Name of Contact Rodney Williams						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Public School 3			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 448 Main Street			Square Feet 80000+					
City (5) Paterson			# of Floors 4					
County (6) Passaic			Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____			Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No. 0003		Name of Abatement Contractor (9) HAZMAT DIAGNOSTIC LLC				
Street Address 1253 North Church Street		Street Address 16 GLENWILD AVE						
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BLOOMINGDALE, NJ 07403						
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 856 840 8800		Telephone No. 973 928 3995				
Start Date (10) 06/24/2016		Scheduled Completion Date (11) 06/26/2016		License No. 01 81				
Name of OSHA Monitor HAZMAT DIAGNOSTIC LLC								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 0400 pm - 1200am			Street Address 16 GLENWILD AVE					
			City, State, Zip Code BLOOMINGDALE, NJ 07403					
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L ²)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Classroom 209 Closet		x	Ceiling Plaster	20 SF	x			
Name of Registered Waste Hauler HAZMAT DIAGNOSTIC LLC		NJDEP Waste Hauler ID No. 0035440		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S.		
City, State BLOOMINGDALE, NJ 07403		Disposal Date TBD		City, State MORRISVILLE, NJ				
Completed by Tatiana Rotaru		Title Clerk		Signature 		Date 6/23/2016		

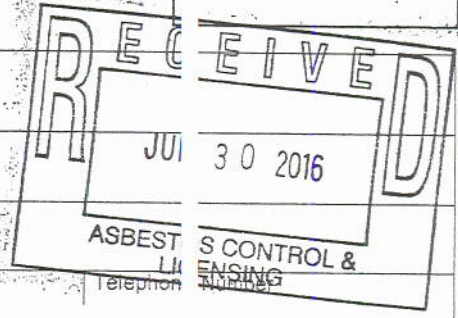
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 5444

Date of Notification (1) 6/27/2016		Name of Building Owner/Operator (2) Montclair Child Development Centers, Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Fulton Street	
		City, State, Zip Code Montclair, NJ, 07042	
		Name of Contact Mielan Dobesh	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mia's 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.)	
Street Address 272 Baldwin Avenue		Square Feet 50,000	# of Floors 2
City (5) Glen Ridge	County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No. 118	Name of Abatement Contractor (9) HAZMAT DIAGNOSTIC LLC
Street Address 464 Valley Brook Road		Street Address 16 GLENWILD AVE	
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code BLOOMINGDALE, NJ 0740	
Project Manager for Monitoring Firm Matthew Smith		Telephone No. 201 438 4839	Telephone No. 973 928 3995
Start Date (10) 07/06/2016	Scheduled Completion Date (11) 08/05/2016	Name of OSHA Monitor HAZMAT DIAGNOSTIC 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: Normal hours		Street Address 16 GLENWILD AVE	
		City, State, Zip Code BLOOMINGDALE, NJ 0740	
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 NFPA-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Crawlspace and Basement Hallway			Pipe Insulation & Decontamination
Name of Registered Waste Hauler HAZMAT DIAGNOSTIC LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD
City, State BLOOMINGDALE, NJ 07403		Disposal Date TBD	Name of Registered Waste Hauler G.R.O.W.S.
Completed by Tatiana Rotaru		Title Clerk	Signature <i>Tatiana Rotaru</i>
			Date 6/27/2016

MO#23456171755

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



Date of Notification (1) 06 / 27 / 16		Name of Building Owner/Operator (2) Kalpesh Patel							
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 <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Bergenfield, NJ 07621 Name of Contact Kalpesh Patel							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet	# of Floors						
City (5) Bergenfield, NJ 07621		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470						
Start Date (10) 07 / 06 / 16	Scheduled Completion Date (11) 07 / 07 / 16	Telephone No. 973-638-1777	License No. 01127						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec / SIF or %)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite insulation	20 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 06/27/2016			

ASB-41

MAY 11

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

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

Date of Notification (1) 6/27/16		Name of Building Owner/Operator (2) John Barbagallo Private Home		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 30 2016 ASBESTOS </div>	
Agencies Notified	Type Notification	Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor 08050 Name of Contact John			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) John Barbagallo Private Home				Type of Facility (4)	
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Little Egg Harbor 08050				Square Feet 1000+	# of Floors 1
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address				Street Address PO Box 329	
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	Licenses No. 0727
Start Date (10) 7/6/16		Scheduled Completion Date (11) 7/11/16		Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and In-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)
	Yes	No	N/A		
Exterior Siding			x	Exterior Siding	1100 SF
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 7/11/16		City, State Morrisville PA 1067	
Completed by Anthony T Perna		Title President		Signature	Date 6/27/16

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

(check # 9688

Open Window Time Frame

Date of Notification (1) 6-27-16		Name of Building Owner/Operator (2) ExxonMobil Chemical								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2195 Route 27	City, State, Zip Code Edison NJ 08818							
		Name of Contact Gary Parker	Telephone Number 1088							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) ExxonMobil Chemical		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 2195 Route 27		Square Feet	# of Floors 2							
City (5) Edison NJ 08818	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	Telephone No. 609 758-3365							
Start Date (10) 7-7-16	Scheduled Completion Date (11) 7-15-16	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 In-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	
Bldg #5, Bathroom		X		Pipe Insulation	100 LF	X				
Name of Registered Waste Hauler Staying on Site		N.J. DEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill						
City, State		Disposal Date		City, State						
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 6-27-16					

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

Check#2536

Date of Notification (1) 06 / 27 / 16		Name of Building Owner/Operator (2) Leah Kaplan	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Fair Lawn, NJ 07410	
Name of Contact Dennis Chinaea		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Fair Lawn, NJ 07410		# of Floors	
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Gr Tech LLC	
City, State, Zip Code				Street Address 576 Valley Rd #283	
				City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No.		License No.	
				973-638-1777 01127	

Start Date (10) 07 / 07 / 16		Scheduled Completion Date (11) 07 / 08 / 16		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 20-21 Wagaraw Road, Bldg. # 35E	
				City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Clean up and decontamination with negative pressure	
<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"/> Tent with Negative Pressure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable F 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	330 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>		Date 06/27/2016	