



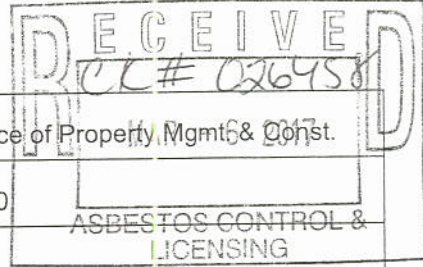
NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

NOCK

I. NOTIFICATION INFORMATION		
Date of Notification:	<u>3 / 2 / 2017</u>	
<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amended	<input type="checkbox"/> Cancellation
<input type="checkbox"/> Emergency (must include justification)		
Type of Work:	<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation	
II. BUILDING INFORMATION		
Name of Building Owner/Operator:	<u>Pennsauken Board of Education</u>	
Street Address:	<u>1695 Hylton Road</u>	City: <u>Pennsauken</u> State: <u>NJ</u> Zip: <u>08110</u>
Name of Contact:	<u>Jack Killion</u>	Telephone No. _____
III. FACILITY INFORMATION		
Name of Facility Where Work Activity is to Take Place:	<u>Pennsauken High School</u>	
Describe Facility Use:	<u>School</u>	
Street Address:	<u>800 Hylton Road</u>	City: <u>Pennsauken</u> State: <u>NJ</u> Zip: <u>08110</u>
County Name:	<u>Camden</u>	County Code (State Use Only): _____
Scheduled Start Date:	<u>3 / 17 / 2017</u>	Scheduled Completion Date: <u>3 / 19 / 2017</u>
Occupancy Status During Activity (check only one):		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity		
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____		
<input type="checkbox"/> Other—Describe: _____		
Scope of Work (check all that apply):		
<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>750 SF</u>	Percentage Asbestos: <u> </u> %
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>750 SF</u>	Percentage Asbestos: <u> </u> %
IV. CONTRACTOR INFORMATION		
Company Name:	<u>Shade Environmental, LLC</u>	Telephone No.: <u>853-755-0099</u>
Street Address:	<u>623 Cutler Avenue</u>	City: <u>Maple Shade</u> State: <u>NJ</u> Zip: <u>08052</u>
New Jersey Asbestos License Number (if applicable):	<u>00842</u>	
Monitoring Firm (if applicable):	<u>Arcadis U.S., Inc.</u>	Telephone No.: <u>267-685-1711</u>
V. SIGNATURE		
Completed By (type or print legibly):	<u>Christina Lynch</u>	Title: <u>Vice President of Operations</u>
Signature:		Date: <u>March 2 2017</u>

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



Date of Notification (1) 03/01/17		Name of Building Owner/Operator (2) NJ-Department of Human Services - Office of Property Mgmt & Const.	
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 222 South Warren Street - P.O. Box 700	
		City, State, Zip Code Trenton, NJ 08625-0700	
		Name of Contact Mr. Ted Wardencki	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ann Klein Forensic Center - Special Treatment Unit		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 15 Paddock Street		Square Feet 2,500 +	# of Floors 1
City (5) Woodbridge		Bldg. Age 50 +	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Mott MacDonald		ASCM No. 00140	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.
Street Address 111 Wood Avenue South		Street Address 1141 Route 23	
City, State, Zip Code Iselin, NJ 08830		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm Mr. Kevin Herrightly		Telephone No. 973-912-2480	Telephone No. 973-628-9200
			License No. 00408
Start Date (10) 03/13/17	Scheduled Completion Date (11) 03/15/17	Name of OSHA Monitor Enviro Vision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg. #35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check All That Apply)

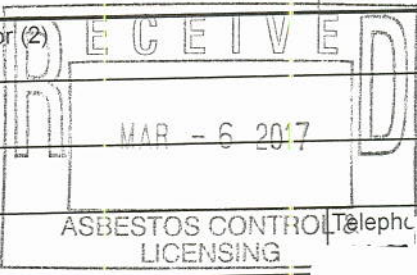
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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
Mechanical Room			X	Tank Insulation	11 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill	
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania	
Completed by Jerry Bijelonic		Title Project Manager	Signature		Date 03/01/17

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

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7507

Date of Notification 2/28/17		Name of Building Owner / Operator (2) Paestum, LLC	
Agencies Notified	Type of Notification	Street Address 171 Route 4 West	
EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	City, State & Zip Code Paramus, NJ 07652	
		Name of Contact Sal Ardizzone	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Store			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 164 Route 4 West			Square Feet 2,500	# of Floors 1	Bldg. Age 60
City (5) Paramus	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Commercial		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07716		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 3/10/17	Scheduled Completion Date (11) 3/15/17		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		

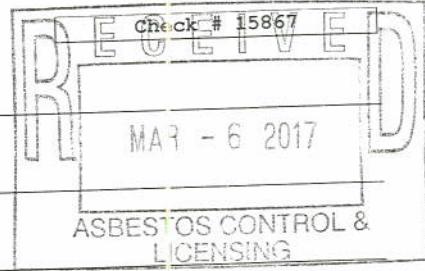
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> Large Project	<input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM	<input type="checkbox"/> Mini-Enclosure
<input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Other: Non-friable

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Building Roof	N/A	Roofing	1,500 SF	Removal

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 20	Name of Registered Landfill Cumberland County
City, State Freehold, NJ	Disposal Date 3/15/17	City, State Newburg, PA	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>	Date 2/28/17

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



Date of Notification (1)
3/1/2017

Agencies Notified

EPA
 DEP
 DOL
 DOH
 DCA

Type Notification

Initial Notification
 Amended Notification
 EMERGENCY
 Cancellation

Name of Building Owner/Operator (2)
Juliana MaGill

Street Address
[REDACTED]

City, State, Zip Code
Maplewood, NJ, 07040

Name of Contact
Juliana MaGill

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Juliana MaGill

Street Address
[REDACTED]

City (5)
Maplewood

County (6)
Essex

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
2000

of Floors
3

Bldg. Age
90

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)
N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number
N/A

ASCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Telephone Number
(973) 744-8800

License Number
00371

Scheduled Start Date (10)
03 10 2017
Month Day Year

Sched. Completion Date (11)
03 12 2017
Month Day Year

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»
 Other - Describe: «Other Occupancy Descript»

Name of OSHA Monitor
N/A

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
 Glove-bag 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, VAM, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	E	M	O	V	A			
Basement			X	Pipe Insulation	40 LF	X								

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.0

Name of Registered Landfill
Minerva Enterprise INC

City, State
Montclair, NJ 07042

Disposal Date
03/13/2017

City, State
Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian

Title
President

Signature
Constantine Vivian

Date
3/1/2017

CK# 4184

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

R E C E I V E
 MAR - 6 2017
 AIR QUALITY CONTROL & LICENSING

Date of Notification (1) 3/1/17		Name of Building Owner/Operator (2) Tom Welsh <u>BUILDER</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 661 POMONA AVE	
		City, State, Zip Code HADDONFIELD N.J 08033	
		Name of Contact Tom	Telephone Number

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]			City (5) AVALON		
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	Square Feet 1000	# of Floors 1	Bldg. Age 50+
Current Use (Prior to being demolished) VACANT					

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMCO 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.	Telephone No. 856-779-0472	License No. 00444

Start Date (10) 3-10-17	Scheduled Completion Date (11) 3-17-17	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 type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input 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
SIDING			X	TRANSITE	2250 SF	X		

Name of Registered Waste Hauler KLEMCO INC	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3	Name of Registered Landfill C.M.C.M.U.A
City, State MAPLE SHADE N.J		Disposal Date	City, State WOODBINE
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 3-1-17

CK # 4184

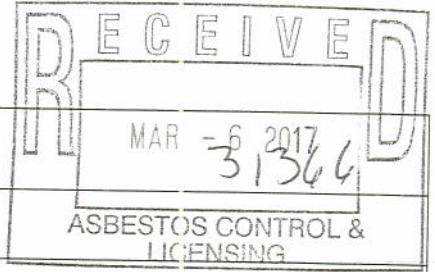
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED
 MAR - 6 2017

Date of Notification (1) <u>3-1-17</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST.</u>								
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>								
		Name of Contact <u>KORANIC</u>	Telephone Number							
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 K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>1</u>							
City (5) <u>SEA ISLE CITY</u>		Bldg. Age <u>50+</u>								
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>								
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>								
Street Address		Street Address <u>369 S. SPRUCE AVE</u>								
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>							
Start Date (10) <u>3-10-17</u>	Scheduled Completion Date (11) <u>3-17-17</u>	Name of OSHA Monitor <u>N/A</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								
		City, State, Zip Code								
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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	
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1500 SF</u>	<u>X</u>				
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A.</u>						
City, State <u>MAPLE SHADE N.J. 08052</u>		Disposal Date	City, State <u>WOODBRIE N.J.</u>							
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>3-1-17</u>							

* Do not use this form for asbestos licensure exempted activities

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



Date of Notification (1) <u>03</u> / <u>02</u> / <u>17</u>		Name of Building Owner/Operator (2) NJ Site & Utility Contractors, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Stephanie Court	
		City, State, Zip Code Jackson, NJ 08527	
		Name of Contact Bob	Telephone Number

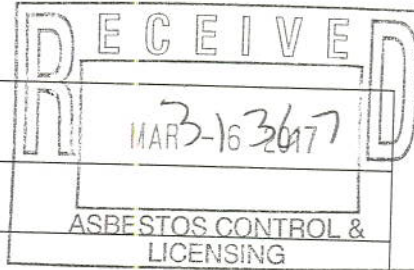
FACILITY INFORMATION

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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2500 sf	
City (5) Morganville		# of Floors 2	Bldg. Age 65
County (6) Ocean Monmouth	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, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) <u>03</u> / <u>14</u> / <u>17</u>	Scheduled Completion Date (11) <u>03</u> / <u>15</u> / <u>17</u>	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Piscataway, New Jersey 08854	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	3000 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 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 03/16/17	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/2/17

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



Date of Notification (1) 03 / 02 / 17		Name of Building Owner/Operator (2) NJ Site & Utility Contractors, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Stephanie Court	
		City, State, Zip Code Jackson, NJ 08527	
		Name of Contact Bob	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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1200 sf	# of Floors 1
City (5) Toms River		Bldg. Age 65	
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, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624

Start Date (10) 03 / 13 / 17	Scheduled Completion Date (11) 03 / 14 / 17	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

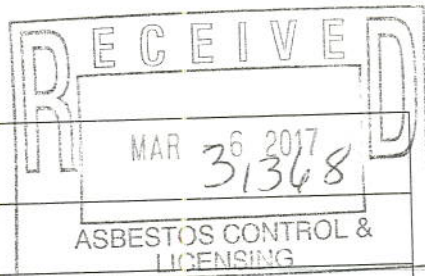
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-shed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	400 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 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 03/15/17	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/2/17

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



Date of Notification (1) <u>03</u> / <u>02</u> / <u>17</u>		Name of Building Owner/Operator (2) Jacobs Demolition	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 9	
		City, State, Zip Code Manasquan, NJ 08736	
		Name of Contact Linda	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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1600 sf	# of Floors 1
City (5) Point Pleasant		Bldg. Age 65	
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	

Name of Monitoring Firm (8) [REDACTED]		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		
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624	
Start Date (10) <u>03</u> / <u>15</u> / <u>17</u>	Scheduled Completion Date (11) <u>03</u> / <u>16</u> / <u>17</u>	Name of OSHA Monitor E.M.S.L. Analytical		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

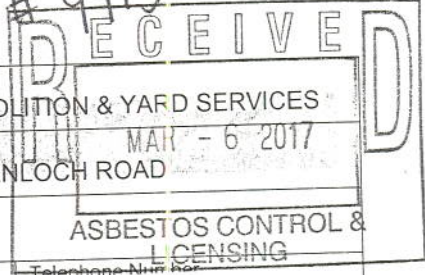
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1600 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 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 03/17/17	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/2/17		

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

Check # 9913



Date of Notification (1) MARCH 3, 2017		Name of Building Owner/Operator (2) MARK FRANCHI DEMOLITION & YARD SERVICES	
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 348 HURFFVILLE GRENLOCH ROAD
	City, State, Zip Code SEWELL, NJ 08080		Telephone Number
	Name of Contact MARK FRANCHI		

Name of Facility Where Abatement is Taking Place (3) SINGLE FAMILY DWELLING (VACANT) DEMO			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 589 CENTRAL AVENUE			Square Feet	# of Floors 2	Bldg. Age 75 +/-
City (5) HAMMONTON, NJ 08037			Current Use (Prior if being demolished)		
County (6) ATLANTIC		County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Street Address P.O. BOX 337		
Street Address		City, State, Zip Code NEW EGYPT, NJ 08533			
City, State, Zip Code		Telephone No. 609-758-3365	License No. 00394		
Project Manager for Monitoring Firm		Name of OSHA Monitor EPC TECHNOLOGIES, INC.			
Start Date (10) MARCH 15, 2017		Scheduled Completion Date (11) MARCH 4, 2017		Street Address P.O. BOX 337	
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: _____		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"/> Renovation	<input 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 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
EXTERIOR WALLS			X	SIDING SHINGLES	4000 SF	X			

Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 24	Name of Registered Landfill ATLANTIC COUNTY UTILITIES AUTH	
City, State NEW EGYPT, NJ 08533		Disposal Date VARIOUS	City, State EGG HARBOR TWP., NJ		
Completed by STEVE SCHENKER		Title PRESIDENT	Signature 	Date MARCH 3, 2017	

* 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)

RECEIVED
check # 9912
MAR - 6 2017

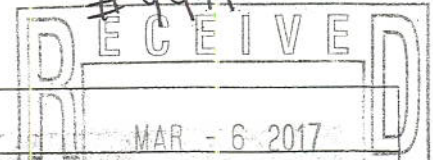
Date of Notification (1) 3-2-17		Name of Building Owner/Operator (2) Justin Spall							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]						
	City, State, Zip Code Hillside NJ 07205		Name of Contact Justin Spall						
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 [REDACTED]		Square Feet	# of Floors						
City (5) Hillside NJ 07205			Bldg. Age 80+						
County (6)		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						
License No. 00394		Start Date (10) 3-13-17							
Scheduled Completion Date (11) 3-13-17		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			Pipe Insulation	25 LF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
EPC Technologies		17000		1	Waste Management of PA				
City, State		Disposal Date		City, State					
New Egypt NJ		3-14-17		Morrisville PA					
Completed by		Title		Signature		Date			
Steve Schenker		President		Steve Schenker		3-2-17			

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

Check

9911



Date of Notification (1) 3-2-17		Name of Building Owner/Operator (2) Frank Alves	
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 Scotch Plains NJ 07076	
		Name of Contact Frank Alves	

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 [REDACTED]		Square Feet	# of Floors 2
City (5) Scotch Plains NJ 07076		Bldg. Age 60+-	
County (6) Union	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	License No. 00394

Start Date (10) March 14, 2017	Scheduled Completion Date (11) March 15, 2017	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)

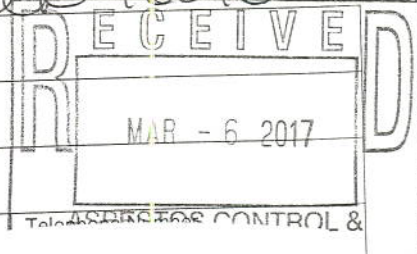
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-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 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 3-15-17	City, State Morrisville PA		
Completed by Steve Schenker		Title President	Signature Steve Schenker	Date 3-2-17	

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

Check 16210

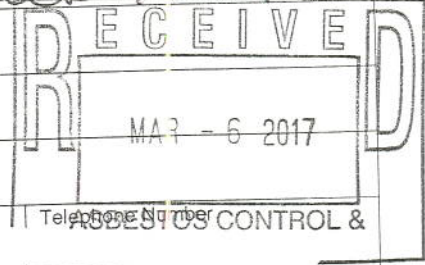


Date of Notification (1) 2/28/17		Name of Building Owner/Operator (2) Gail Bronaugh								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]							
	City, State, Zip Code Sparta, NJ 07871		Name of Contact Gail Bronaugh							
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet 2400	# of Floors 2							
City (5) Sparta		Bldg. Age 65								
County (6) Sussex		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) 3/10/17	Scheduled Completion Date (11) 4/10/17	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: <u>basement/garage</u>		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-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	30 LF	x				
basement/garage			x	duct insulation	30 SF	x				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill						
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA						
Completed by A. Scott Higgins		Title President	Signature 				Date 2/28/17			

* 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 110211



Date of Notification (1) 2/28/17		Name of Building Owner/Operator (2) Rachelle Dimenstein	
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 Teaneck, NJ 07666		Name of Contact Rachelle Dimenstein
			Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet 2200	# of Floors 2	Bldg. Age 67
City (5) Teaneck		Current Use (Prior if being demolished)		
County (6) Bergen	County Code (7) (STATE USE ONLY)			
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) 3/16/17	Scheduled Completion Date (11) 4/30/17	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: <u>basement</u>		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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 insulation	85 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ		Disposal Date TBD	City, State Birdsboro, PA		
Completed by A. Scott Higgins		Title President	Signature 		Date 2/28/17

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

NO CK

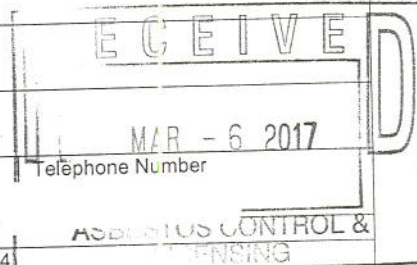
Check 16092

Date of Notification (1) 2/22/17		Name of Building Owner/Operator (2) JA Neary Excavating		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="text-align: center; margin-top: 5px;">MAR - 6 2017</div>					
Agencies Notified		Street Address 330 Lincoln Boulevard							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Middlesex, NJ 08846							
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Phil Sabatino							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1346 Route 23				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Wayne		Square Feet 3100		# of Floors 1	Bldg. Age 63				
County (6) Passaic		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. 973-764-2276	License No. 703					
Start Date (10) 2/6/17		Scheduled Completion Date (11) 4/1/17		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" 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: _____			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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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
main building			x	roofing	300 SF	x			
			x	floor tile	5000	x			
			x	mastic	5000	x			
Name of Registered Waste Hauler Tony's Cleanup & Hauling LLC		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrim Brothers Sanitary Landfill					
City, State Bridgewater, NJ		Disposal Date TBD	City, State Easton, PA						
Completed by A. Scott Higgins		Title President	Signature 		Date 2/22/17				

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

Check 16219

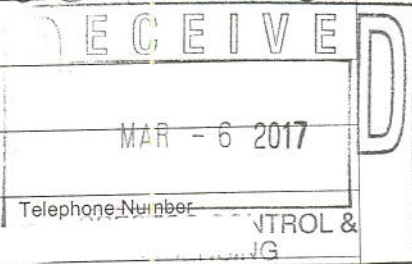
Date of Notification (1) 3/2/17		Name of Building Owner/Operator (2) Rubenstein Properties							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 East Main Street							
		City, State, Zip Code Little Falls NJ 07424							
		Name of Contact Will Cummings							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2400	# of Floors 2						
City (5) Fair Lawn		Bldg. Age 65							
County (6) Bergen		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) 3/14/17	Scheduled Completion Date (11) 4/30/17	Name of OSHA Moritor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	190 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 3/2/17			



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

Check 16218

Date of Notification (1) 3/2/17		Name of Building Owner/Operator (2) Larry Brady	
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 [REDACTED]
	City, State, Zip Code Harding, NJ 07920		Telephone Number
	Name of Contact Debbie Ross		CONTROL & IG



Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 2100	# of Floors 2	Bldg. Age 68
City (5) Harding		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
County (6) Morris		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. 973-764-2276	License No. 703
Start Date (10) 3/13/17		Scheduled Completion Date (11) 4/13/17		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address		
			City, State, Zip Code		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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 & crawl space			x	pipe insulation	150 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 3/2/17

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

Check 16200
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 MAR - 6 2017
 ASBESTOS CONTROL & G

Date of Notification (1) 3/2/17		Name of Building Owner/Operator (2) Rubenstein Properties	
Agencies Notified		Street Address 101 East Main Street	
Type Notification		City, State, Zip Code Little Falls NJ 07424	
<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	
		Name of Contact Will Cummings	

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 K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Fair Lawn		Square Feet 2400	# of Floors 2
County (6) Bergen		Bldg. Age 65	
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) 3/14/17	Scheduled Completion Date (11) 4/30/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> WRAP & CUT
<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

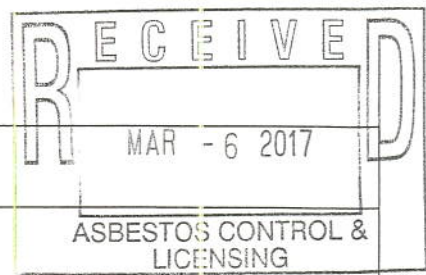
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	220 LF	x			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill	
City, State Freehold, NJ		Disposal Date TBD	City, State Birdsboro, PA		
Completed by A. Scott Higgins		Title President	Signature <i>[Signature]</i>		Date 3/2/17

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

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



Date of Notification (1) 03 / 03 / 17		Name of Building Owner/Operator (2) 540 Broad Street Owners, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1865 Palmer Avenue, Suite 203	
		City, State, Zip Code Larchmont, NY 10538	
		Name of Contact Patrick Dobbins	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial		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 540 Broad Street		Square Feet	# of Floors
City (5) Newark		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Whitman Environmental		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address 7 Pleasant Hill Road		Street Address 27 Outwater Lane		
City, State, Zip Code Cranbury, NJ		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Kevin Lovely	Telephone No. 732-390-5858	Telephone No. 973-928-4888	License No. 1188	
Start Date (10) 03 / 13 / 17	Scheduled Completion Date (11) 09 / 13 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM	Street Address 27 Outwater Lane
	City, State, Zip Code Garfield, NJ 07026

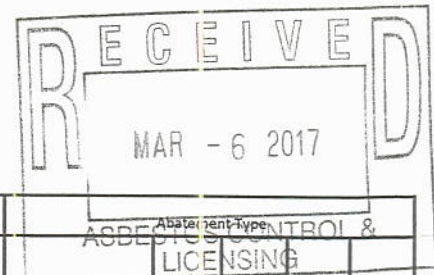
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Floors 18-20- Assoc. with radiators	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation incl. elbows & joints	2,705 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors 15-17- Assoc. with radiators	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation incl. elbows & joints	4,305 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Assoc. with radiators	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation incl. elbows & joints	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- above ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation incl. elbows & joints	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ATC	NJDEP Waste Hauler ID No. SW-24310	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY	Disposal Date TBD	City, State Waynesburg, OH	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 	Date 3/3/17

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



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	Enclose	
				319 Knickerbocker Avenue						
Old Kitchen above drop ceiling			X	White block and pipe insulation incl. elbows and joints	220 LF	X				
1st Fl.- Right Front Office Area			X	Pipe Insulation incl. elbows & joints	20 LF	X				
Penthouse Mech. Rms, 1st Fl. & Mech. Rms near theater, Office E & S, basement Mech. Rms & Boiler Rm.			X	Duct insulation pin mastic	14,000 SF	X				
Penthouse Mech. Rms, 1st Fl. & Mech. Rms near theater, Office E & S, basement Mech. Rms & Boiler Rm.			X	HVAC unit seam caulk	6,700 SF	X				
Fire Tower stairwell from floors 1-22			X	Window sill caulk	400 LF	X				
18th Fl. Behind wallboard			X	Black vapor barrier	500 LF	X				
Penthouse Mech. Room			X	VAT/Mastic	900 SF					
Penthouse & Basement elevator equipment room			X	VAT/Mastic	660 SF	X				
Penthouse Mech. Room			X	VAT/Mastic	1,724 SF	X				
Penthouse, Office E&S and Return Mixing Box			X	VAT/Mastic	20 SF	X				
5th Fl. Conf. Room Assoc. with ceiling tiles			X	Brown Glue Dots	240 SF	X				
1st Fl. Security Break Rm Inside of Closet			X	VAT	240 SF	X				
Basement BA Boiler Room			X	VAT/Mastic	60 SF	X				
Basement BA Boiler Rm. Near boilers			X	VAT/Mastic	4,200 SF	X				
Basement BB Kitchen			X	Black duct pin mastic	60 LF	X				
1st Fl. Telephone Equip. Rm. Off the small corridor			X	VAT/Mastic	88 SF	X				
1st Fl. Telephone Equip. Rm. Off the small corridor			X	VAT/Mastic	33 SF	X				
1st Fl. Telephone Equip. Rm. Off the small corridor			X	Pipe Insulation in pipe chases above drop ceiling	200 LF	X				
Throughout- Fire Doors			X	Fire Door Insulation	10 Doors- 280 SF	X				
Behind Pipe Chases behind plaster walls on all floors			X	Pipe Insulation incl. elbows & joints	24,000 SF	X				
Penthouse & Basement Mechanical Rooms			X	Vibration Collar	330 SF	X				
Theater Stage			X	Cloth wire assoc. with stage lights	100 LF	X				
Theater Stage			X	Stage Curtains	2,000 SF	X				

Completed by: (Print or type) Allen Monchik Title: Project Manager Signature:  Date: 3/3/17

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STATE OF NEW JERSEY
NOTIFICATION ASBESTOS ABATEMENT
(ASBESTOS CONTROL & LICENSING)

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ASBESTOS CONTROL & LICENSING	

3/03/17

DAVID VAN GEUZEL

Asbestos
 Lead
 Mold
 Radon
 PCBs
 Other

Ho Ho Kus, N.J. 07423

DAVID VAN GEUZEL

FACILITY INFORMATION

RESIDENCE

Ho Ho Kus

Bethel

4500 2 450

RESIDENTIAL

3/13/17

3/30/17

Family Contact
 Agency Contact
 Other

Name of Abatement Contractor
 AMAC Contracting, Inc.
 Street Address
 385 Tyler Street
 City/Town/Village
 Millard Park, NJ
 Phone No.
 (201) 282-5841
 Name of Lead Worker
 Omega Environmental Services
 Street Address
 200 Hylan St
 City/Town/Village
 Hackensack, NJ 07601

Asbestos
 Lead
 Mold
 Radon
 PCBs
 Other

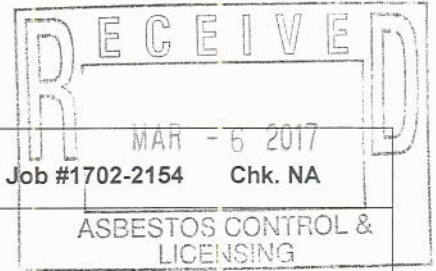
GARAGE
BASEMENT

VAT	881SE	✓
VAT	335SE	✓

Name of Registered Landfill
 BSI PA Bethlehem Landfill Corp
 City/Town/Village
 Bethlehem PA
 Date
 3/13/17
 Name of Registered Landfill
 J. Voralta
 Date
 3/03/17

no c/c

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



Date of Notification (1) <u>2</u> / <u>10</u> / <u>17</u>		Name of Building Owner/Operator (2) Atlantic Cape Community College		/ Job #1702-2154 Chk. NA	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5100 Blackhorse Pike			
		City, State, Zip Code Mays Landing, NJ 08330			
		Name of Contact Edward Perkins		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ACCC - Building C Theatre		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 5100 Blackhorse Pike		City (5) Mays Landing		Square Feet 30,702	# of Floors 1
City (5) Mays Landing		County (6) Atlantic		County Code (7) (STATE USE ONLY)	Bldg. Age 1967
County (6) Atlantic		Current Use (Prior if being demolished) Theatre			

Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.		
---	--	----------	--	--	--

Street Address 1805 Atlantic Avenue		Street Address 3859 Sylon Boulevard			
---	--	---	--	--	--

City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Hainesport, NJ 08036			
---	--	--	--	--	--

Project Manager for Monitoring Firm Gary Fleming		Telephone No. 732-223-2225	Telephone No. 609-702-0400	License No. 00862	
--	--	--------------------------------------	--------------------------------------	-----------------------------	--

Start Date (10) <u>2</u> / <u>20</u> / <u>17</u>	Scheduled Completion Date (11) <u>3</u> / <u>8</u> / <u>17</u>	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 - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 200 U.S. Route 130 North			
		City, State, Zip Code Cinnaminson, NJ 08077			

Scope of Work (Check all that apply)

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

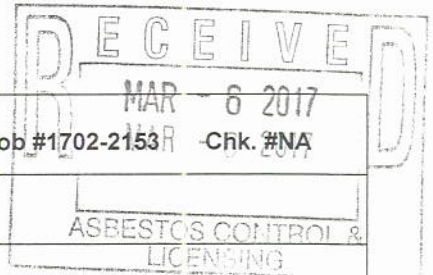
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Carpet & Mastic	4,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Textured Ceiling	<25 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 Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
--	--	---	----------------------------------	---	--

City, State Lafayette, NJ		Disposal Date 3/8/17	City, State Penn Argyle, PA		
-------------------------------------	--	--------------------------------	---------------------------------------	--	--

Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 3-3-17
--	------------------------------------	---------------	-----------------------

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



Date of Notification (1) <u>2</u> / <u>8</u> / <u>17</u>		Name of Building Owner/Operator (2) Jersey Central Power & Light Company / Job #1702-2153	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 Madison Avenue PO Box 1911	
	City, State, Zip Code Morristown, NJ 07692		
	Name of Contact Anna Sullivan	Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sea Isle City Former Manufactured Gas Plant Site		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 39th Street & Central Avenue		Square Feet NA	# of Floors NA
City (5) Sea Isle City, NJ		Bldg. Age approx. 75	
County (6) Cape May Count	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) NA	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		Street Address 3859 Sylon Boulevard		
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm David Flanigan	Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862	

Start Date (10) <u>2</u> / <u>23</u> / <u>17</u>	Scheduled Completion Date (11) <u>3</u> / <u>10</u> / <u>17</u>	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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 200 U.S. Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

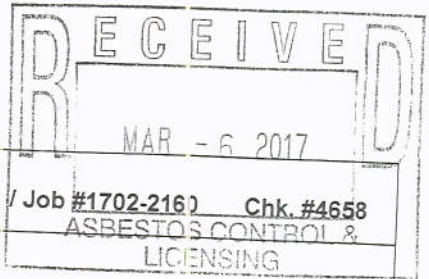
Scope of Work (Check all that apply)

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

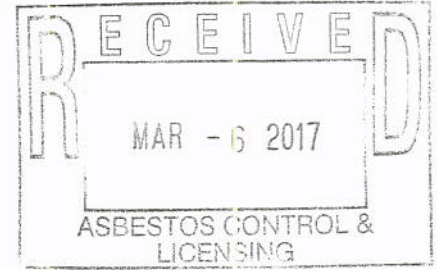
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	320 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 Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
City, State Lafayette, NJ		Disposal Date 3/10/2017	City, State Penn Argyle, PA		
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 3-3-17		

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



Date of Notification (1) 3 / 3 / 17		Name of Building Owner/Operator (2) WENY Pat, LLC c/o NAI Hanson Mgmt		Job #1702-216 Chk. #4658 ASBESTOS CONTROL & LICENSING							
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 235 Moore Street					
		City, State, Zip Code Hackensack, NJ 07601		Telephone Number							
		Name of Contact Daniela Bonanata									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Weny Pat, LLC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address 104 McLean Blvd.			Square Feet 2600		# of Floors 1						
City (5) Paterson			Bldg. Age 1950								
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.								
Street Address 3370 Progress Drive, Suite J		Street Address 3859 Sylon Boulevard									
City, State, Zip Code Bensalem, PA		City, State, Zip Code Hainesport, NJ 08036									
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00862							
Start Date (10) 3 / 13 / 17		Scheduled Completion Date (11) 3 / 24 / 17		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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address 200 U.S. Route 130 North								
			City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A						Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED SCOPE OF WORK		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				<input 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"/>	
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 3/24/17		City, State Penn Argyle, PA							
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 3-3-17				



PAGE 2 – SCOPE OF WORK

Job Number – 1702-2160, Check Number 4658

Initial Notification Date: 3.3.17

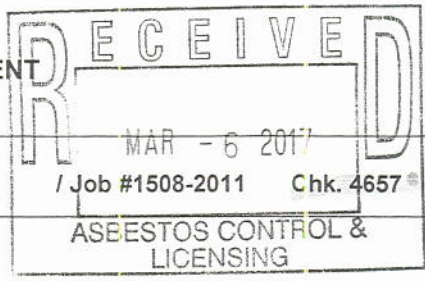
Weny Pat, LLC
Paterson, NJ

- Removal and disposal of approximately 240 SF of transite siding from the exterior east wall
- Removal and disposal of approximately 120 LF of window caulk from the exterior east wall windows
- Removal and disposal of approximately 100 SF of breeching within the basement
- Removal and disposal of approximately 50 LF of pipe insulation within the basement
- Removal and disposal of approximately 225 SF of floor tile in first floor office #2
- Removal and disposal of approximately 1,035 SF of floor tile and black mastic within the first floor office #7 and office #8
- Removal and disposal of approximately 400 SF of floor tile and black mastic within the first floor office #3
- Removal and disposal of approximately 220 SF of linoleum flooring within the first floor office #5
- Removal and disposal of approximately 280 SF of mastic under carpet within first floor office #6
- Removal and disposal of approximately 170 SF of cove base within the first floor office #1 and office #2
- Removal and disposal of approximately 170 SF of mastic associated with black cove base within the first floor office #1 and office #2
- Removal and disposal of approximately 25 SF of linoleum flooring within the first floor bathroom
- Removal and disposal of approximately 2,800 SF of roofing and flashing from exterior roof. Only includes small portion of overall roof, as instructed by AET during site visit.

X _____ 3-3-17

CK 4657

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



Date of Notification (1) <u>2</u> / <u>15</u> / <u>17</u>		Name of Building Owner/Operator (2) Dipesh 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 Davidson Avenue	
		City, State, Zip Code Somerset, NJ 08873	
		Name of Contact Tony Merrill	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Somerset/Bridgewater Hotel		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 110 Davidson Avenue		Square Feet 21,000	# of Floors 3
City (5) Somerset		Bldg. Age 37	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		Street Address 3859 Sylon Boulevard		
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036		
Project Manager for Monitoring Firm Dave Flanigan	Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862	
Start Date (10) <u>2</u> / <u>27</u> / <u>17</u>	Scheduled Completion Date (11) <u>3</u> / <u>31</u> / <u>17</u>	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 - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM	Street Address 200 U.S. Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

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

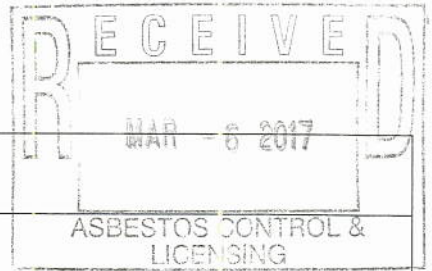
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Wing B - completed 2/27/17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	48 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tower - to start 3/13/17	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	7,040 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill	
City, State Freehold, NJ		Disposal Date 3/31/17	City, State Morrisville, PA 19067		
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 3-1-17		

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

CK 1926

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



Date of Notification (1) <u>03</u> / <u>02</u> / <u>17</u>		Name of Building Owner/Operator (2) Bob Marhold	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address	
		City, State, Zip Code Cranford, NJ	
		Name of Contact Bob Marhold	Telephone Number

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 and commercial buildings, homes, etc.)	
Street Address		Square Feet	# of Floors
City (5) Cranford, NJ		Bldg. Age	

County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
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Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
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Street Address P.O. Box 1224	Street Address 27 Outwater Lane
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City, State, Zip Code Union, NJ	City, State, Zip Code Garfield, NJ 07026
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Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188
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Start Date (10) <u>03</u> / <u>11</u> / <u>17</u>	Scheduled Completion Date (11) <u>04</u> / <u>14</u> / <u>17</u>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC
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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 27 Outwater Lane
	City, State, Zip Code Garfield, NJ 07026

Scope of Work (Check all that apply)

<input 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 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"/>

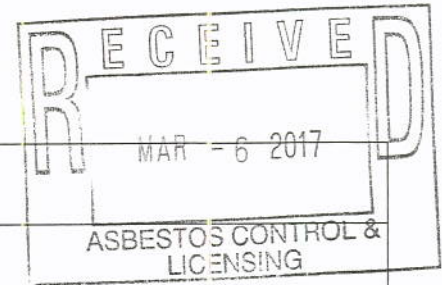
Name of Registered Waste Hauler ATC	NJDEP Waste Hauler ID No. SW-24310	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises
---	--	--	---

City, State Shirley, NY	Disposal Date TBD	City, State Waynesburg, OH
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Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 	Date 3/2/17
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CL 25705

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



Date of Notification (1) <u>03</u> / <u>03</u> / <u>17</u>		Name of Building Owner/Operator (2) General Electric Company	
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 # _____	Street Address	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Bergen, NJ 07047	
		Name of Contact Tiina Olsson	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former General Electric Facility	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	

City (5) North Bergen	Square Feet 127,000	# of Floors 2	Bldg. Age 61
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County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant
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Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc.	ASCM No. 00117	Name of Abatement Contractor (9) Superior Abatement Inc
--	--------------------------	---

Street Address PO Box 365	Street Address 2 Henderson Drive
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City, State, Zip Code Berlin, NJ 08009	City, State, Zip Code West Caldwell, NJ 07006
--	---

Project Manager for Monitoring Firm Jim Proctor	Telephone No. 856-452-1311	Telephone No. (973) 808-1616	License No. 00411
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Start Date (10) <u>3</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>4</u> / <u>14</u> / <u>17</u>	Name of OSHA Monitor Superior Abatement 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 2 Henderson Drive
	City, State, Zip Code West Caldwell, NJ 07006

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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
Manufacturing Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wood Block Floor and Mastic	55,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI Pipe Insulation	130 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"/>

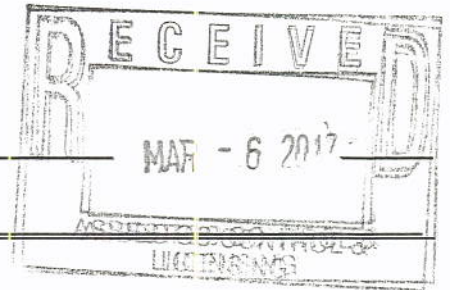
Name of Registered Waste Hauler Service Transport Group, Inc	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 800	Name of Registered Landfill Minerva Landfill
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City, State New Castle, DE	Disposal Date 4/11/17	City, State Waynesburgh, OH
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Completed By (Print or Type) Mary Petrovski	Title President	Signature <i>Mary Petrovski</i>	Date 3/3/17
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CK Leaver
 D&S Proj. #: 17-67

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



Date of Notification (1) 10/31/10/11/11/17		Name of Building Owner/Operator (2) jay borrero	
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 _____	
	City, State, Zip Code hawthorne, nj 07506		Name of Contact jay borrero

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jay borrero			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 _____			Square Feet	# of Floors	Bldg. Age
City (5) hawthorne	County (6) PASSAIC	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address _____		Street Address 20 California Ave.			
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm _____	Phone Number _____	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 03/10/17	Sched. Completion Date (11) 03/31/17	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			
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		City, State, Zip Code Paterson, NJ 07503			

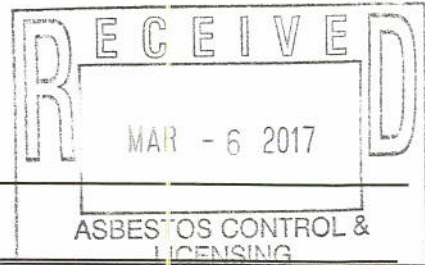
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	711 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	171 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 03/01/17	City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 03/01/2017		

CK Leavelle

D&S Proj. #: 17-66

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



Date of Notification (1) 03/10/17		Name of Building Owner/Operator (2) william yardley	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address	
	City, State, Zip Code MADISON, NJ 07940		Name of Contact william yardley
		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) william yardley			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			Square Feet	# of Floors	Bldg. Age
City (5) MADISON	County (6) Morris	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) 03/02/17	Sched. Completion Date (11) 03/24/17	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: <u>NORMAL HOURS</u>		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

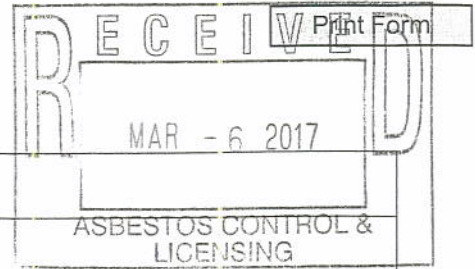
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/>		PIPE INSULATION	90 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		hot water pipe insulation	25 Lft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler 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 03/03/07	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/01/17

Nock

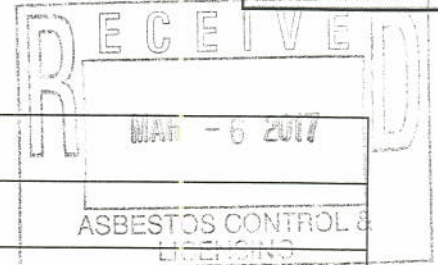
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 02/27/17		Name of Building Owner/Operator (2) 1828 Realty Associates LLC								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 Copper Road								
		City, State, Zip Code West Berlin, NJ 08091								
		Name of Contact Larry Gottlieb	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Kaplan		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address NE River Road & East State Street		Square Feet 135,000	# of Floors 1							
City (5) Camden, NJ 08105		Bldg. Age 88								
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned								
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants		ASCM No. n/a	Name of Abatement Contractor (9) Silt Asbestos Abatement LLC							
Street Address 413 N. Black Horse Pike		Street Address 1800 Federal Street								
City, State, Zip Code Runnemede, NJ 08078		City, State, Zip Code Camden, NJ 08105								
Project Manager for Monitoring Firm Howard Zenobi		Telephone No. 856 482 1311	Telephone No. 856 630 3288							
		License No. 01303								
Start Date (10) 01/14/17	Scheduled Completion Date (11) 04/01/17	Name of OSHA Monitor Self 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"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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	
Entire roof			x	Roofing material	135,000 SF	x				
Name of Registered Waste Hauler Voyager Trucking Corporation		NJDEP Waste Hauler ID No. 0033932	Cubic Yards of Waste 417	Name of Registered Landfill IESI PA Bethlehem Landfill Corp						
City, State Newark, NJ		Disposal Date Ongoing		City, State Bethlehem, PA						
Completed by Jeff Yekenchik		Title Owner		Signature 			Date 02/27/17			

CK 5184

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



Date of Notification (1) 3/3/17		Name of Building Owner/Operator (2) Township of Woolwich	
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 120 Village Green Drive City, State, Zip Code Woolwich, NJ 08085
	Name of Contact Jane Dibella		Telephone Number 1

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Nike PH-58		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 261 Paulsboro Road		Square Feet 100,000	# of Floors 1	Bldg. Age 75
City (5) Woolwich Twp	County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Missile Defense Site	
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC	
Street Address 700 Turner Way		Street Address 407 West Lincoln Highway, Suite 500		
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341		
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	Telephone No. 484-872-8884	License No. 01161
Start Date (10) 3/15/17	Scheduled Completion Date (11) 3/31/17		Name of OSHA Monitor EMSL	
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	
			City, State, Zip Code Cinnaminson, NJ	

Scope of Work (Check All That Apply)

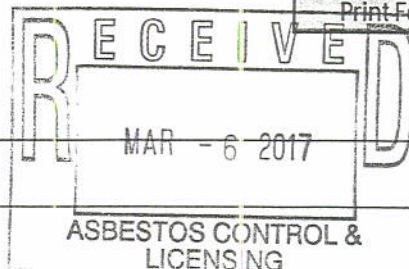
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<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	Enclosure
See Attached									

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 20	Name of Registered Landfill GROWS	
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Jack Bally	Title Sr. Project Manager	Signature <i>Jack Bally</i>		Date 3/3/17	

CK4039

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



Date of Notification (1) 2/28/17		Name of Building Owner/Operator (2) Mercer County Improvement Authority	
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 80 Hamilton Ave 2nd floor	
		City, State, Zip Code Trenton NJ 08611	
		Name of Contact Jacqueline Tolbert	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mercer County Improvement Authority Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 21 Clark St		Square Feet	# of Floors 1
City (5) Trenton NJ		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) MDG Environmental		ASCM No.	Name of Abatement Contractor (9) Active Environmental Technologies Inc	
Street Address 1000 Maplewood Dr		Street Address 203 Pine St		
City, State, Zip Code Maple Shade NJ 08052		City, State, Zip Code Mt Holly NJ 08060		
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-9300	Telephone No. 609-702-1500	License No. 01299

Start Date (10) 3/13/17	Scheduled Completion Date (11) 3/23/17	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address		
		City, State, Zip Code		

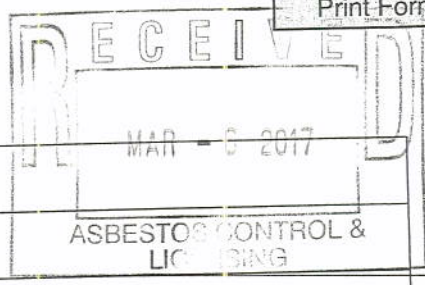
Scope of Work (Check All That Apply)

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

Name of Registered Waste Hauler R&B Debris		NJDEP Waste Hauler ID No. 29439	Cubic Yards of Waste 266	Name of Registered Landfill Grows North	
City, State Hainesport NJ		Disposal Date 3/13-3/17		City, State Morrisville PA	
Completed by WICK J. SMARRITO		Title Supervisor	Signature 	Date 2-28-17	

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



CK 5988

Date of Notification (1) 3/2/17		Name of Building Owner/Operator (2) City Of Sea Isle City								
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 233 JFK Blvd.								
		City, State, Zip Code Sea Isle City NJ 08243								
		Name of Contact Carmela Desiderio								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Vacant Old Fire House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 127 West Jersey Ave		Square Feet 1000+	# of Floors 2							
City (5) Sea Isle City NJ 08243		Bldg. Age 35+								
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Old Fire House								
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		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 Caty Ledden		Telephone No. 609-820-9312	Telephone No. 856-753-9800							
		License No. 00727								
Start Date (10) 3/15/17	Scheduled Completion Date (11) 3/24/17	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and 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	
Exterior siding			x	Exterior siding	2000 SF	x				
2nd Floor			x	Floor Tile	2000 SF	x				
2nd Floor rear of building			x	Wall Plaster	1550 SF					
Name of Registered Waste Hauler Earth Tech		NJDEP Waste Hauler ID No. 16429	Cubic Yards of Waste 40	Name of Registered Landfill Cape May County Landfill						
City, State Greenfield NJ		Disposal Date 3/24/17	City, State Woodbine NJ 08270							
Completed by Anthony T Perna		Title President	Signature 				Date 3/2/17			

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

NO CF

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



Date of Notification (1) November 28, 2016		Name of Building Owner/Operator (2) Ortho Clinical Diagnostics	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1001 Rt 202	
		City, State, Zip Code Raritan, NJ, 08869	
		Name of Contact Lead Engineer	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ortho Clinical Diagnostics		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 1001 Route 202		Square Feet	# of Floors 3	Bldg. Age
City (5) Raritan, NJ		Current Use (Prior if being demolished) Facility		
County (6) Somerset	County Code (7) (STATE USE ONLY)			

Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209		
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034		
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000	Licens# No. 00781

Start Date (10) 6/25/16	Scheduled Completion Date (11) 6/25/17	Name of OSHA Monitor The MACK Group, 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: _____		Street Address 1500 Kings HWY N, STE 209		
		City, State, Zip Code Cherry Hill, NJ 08034		

Scope of Work (Check All That Apply)

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

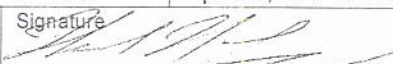
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OCD Building A-096		<input checked="" type="checkbox"/>		VAT/Mastic	117 s/f	<input checked="" type="checkbox"/>			
JCO OCD J-30		<input checked="" type="checkbox"/>		VAT/Mastic	495 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 6.1	Name of Registered Landfill BFI Imperial Landfill	
City, State Newark, NJ		Disposal Date 6/25/17		City, State Imperial, PA 15126	

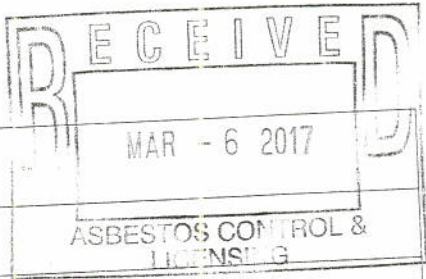
Completed by	Title	Signature	Date
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

1157

Date of Notification (1) March 02, 2017		Name of Building Owner/Operator (2) Ortho Clinical Diagnostics		MAR - 02 2017 ASBESTOS CONTROL LICENSING	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1001 Rt 202	
				City, State, Zip Code Raritan, NJ, 08869	
				Name of Contact Lead Engineer	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Ortho Clinical Diagnostics				Type of Facility (4)	
Street Address 1001 Route 202				<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) Raritan, NJ				Square Feet	# of Floors 3
County (6) Somerset				Bldg. Age	
County Code (7) <i>(STATE USE ONLY)</i>		Current Use (Prior if being demolished) Facility			
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.		Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 222 Church Road				Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807				City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108		Telephone No. (973) 759 - 5000	
Start Date (10) 6/25/16		Scheduled Completion Date (11) 6/25/17		License No. 00781	
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor The MACK Group, LLC.	
<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 1500 Kings HWY N, STE 209	
				City, State, Zip Code Cherry Hill, NJ 08034	
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 checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
OCD Building A-096				VAT/Mastic	
JCO OCD J-30				117 s/f	
OCD G129,143				VAT/Mastic	
				495 s/f	
				VAT & mastic	
				500 s/f	
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 11.1	
City, State Newark, NJ		Disposal Date 6/25/17		Name of Registered Landfill BFI Imperial Landfill	
Completed by Michael Cooper		Title President		City, State Imperial, PA 15126	
				Signature 	
				Date 3/2/17	

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



CK 3774

Date of Notification (1)
3 / 2 / 17

Name of Building Owner/Operator (2)
Diocese of Camden

Agencies Notified
 EPA
 DOLWD
 DOH
 DCA (NJAC 5:23-8)

Type Notification
 Initial
 Amended
Amendment # _____
 Emergency (including justification)
 Cancellation

Street Address
631 Market Street

City, State, Zip Code
Camden, NJ 08102

Name of Contact
Pat Williams

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Holy Cross Cemetery

Street Address
5061 Harding Highway and Route 40

City (5)
Mays Landing

County (6)
Atlantic

County Code (7) (STATE USE ONLY)

Type of Facility (4)
 School (K-12)
 Subchapter 8 (Other than K-12)
 Other (i.e., private and commercial buildings, homes, etc.)

Square Feet
5,000

of Floors
2

Bldg. Age
100

Current Use (Prior if being demolished)
Maintenance Building

Name of Monitoring Firm Hired by Building Owner (8)
MDG Environmental, LLC

ASCM No.

Name of Abatement Contractor (9)
Shade Environmental, LLC

Street Address
623 Cutler Avenue

City, State, Zip Code
Maple Shade, NJ 08052

Project Manager for Monitoring Firm
Chris Macri

Telephone No.
856-755-9300

Telephone No.
856-755-0099

License No.
00842

Start Date (10)
03 / 13 / 17

Scheduled Completion Date (11)
03 / 17 / 17

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM

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-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
Maintenance Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile Mastic	860 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cement Wall Board	768 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cloth Vibration Collar	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Shade Environmental, LLC

NJDEP Waste Hauler ID No.
32425

Cubic Yards of Waste
20

Name of Registered Landfill
Atlantic County Utilities Authority

City, State
Maple Shade, NJ

Disposal Date
03/17/2017

City, State
Egg Harbor Township, NJ

Completed By (Print or Type)
Christina Lynch

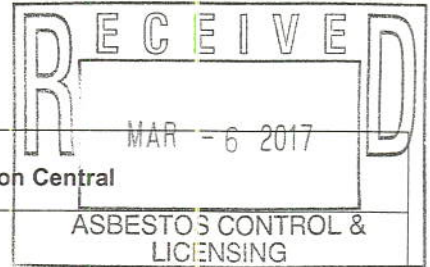
Title
Vice President of Operations

Signature

Date
3/2/17

no ck

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



Date of Notification (1) <u>3</u> / <u>1</u> / <u>17</u>		Name of Building Owner/Operator (2) New Jersey Department of Transportation Central	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave.	
		City, State, Zip Code Trenton NJ. 08625	
		Name of Contact Keith Lurty	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Abandoned 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 and commercial buildings, homes, etc.)	
Street Address 2 Beebetown Rd.		Square Feet 1000	# of Floors 1
City (5) Winslow Township		Bldg. Age +/- 70	
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	

Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.	
Street Address 286 Sunset Rd		Street Address 8436 Enterprise Avenue		
City, State, Zip Code Barrington NJ. 08007		City, State, Zip Code Philadelphia, PA 19153		
Project Manager for Monitoring Firm Gerard Hogan	Telephone No. 856-628-6020	Telephone No. 215-365-5810	License No. 1156	

Start Date (10) <u>3</u> / <u>6</u> / <u>17</u>	Scheduled Completion Date (11) <u>3</u> / <u>13</u> / <u>17</u>	Name of OSHA Monitor USA Environmental Management, 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: 7:00 AM-5:30PM / ___PM-___AM	Street Address 8436 Enterprise Avenue
	City, State, Zip Code Philadelphia, PA 19153

Scope of Work (Check all that apply)

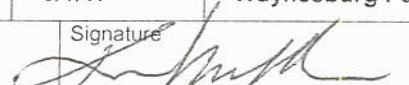
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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
Family Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 Floor Tile	280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic	510 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	4 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"/>

Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill	
City, State New Castle De.		Disposal Date 5/1/17	City, State Waynesburg Pa.		
Completed By (Print or Type) Kevin Meldrum	Title Project Manager	Signature 		Date 3-1-17	

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

**Previous Notification*

Date of Notification (1) <u>2/</u> / <u>16</u> / <u>17</u>		Name of Building Owner/Operator (2) New Jersey Department of Transportation Central		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR - 6 2017 ASBESTOS CONTROL & LICENSING </div>								
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 1035 Parkway Ave.				City, State, Zip Code Trenton NJ. 08625						
		Name of Contact Keith Lurty				Telephone Number						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Abandoned 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 and commercial buildings, homes, etc.)									
Street Address 2 Beebetown Rd.			Square Feet 1000	# of Floors 1	Bldg. Age +/- 70							
City (5) Winslow Township		County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Indoor Environmental Concepts		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.									
Street Address 286 Sunset Rd		Street Address 8436 Enterprise Avenue										
City, State, Zip Code Barrington NJ. 08007		City, State, Zip Code Philadelphia, PA 19153										
Project Manager for Monitoring Firm Gerard Hogan		Telephone No. 856-628-6020	Telephone No. 215-365-5810		License No. 1156							
Start Date (10) <u>3</u> / <u>6</u> / <u>17</u>	Scheduled Completion Date (11) <u>3</u> / <u>13</u> / <u>17</u>	Name of OSHA Monitor USA Environmental Management, 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: <u>7:00</u> AM- <u>5:30</u> PM/ ___ PM- ___ AM			Street Address 8436 Enterprise Avenue									
			City, State, Zip Code Philadelphia, PA 19153									
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure										
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input 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
North Side Abutment		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vapor/Moisture Barrier		50 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Side Abutment		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vapor/Moisture Barrier		50 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 Service Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill							
City, State New Castle De.		Disposal Date 5/1/17		City, State Waynesburg Pa.								
Completed By (Print or Type) Kevin Meldrum		Title Project Manager		Signature 		Date 2/16/17						