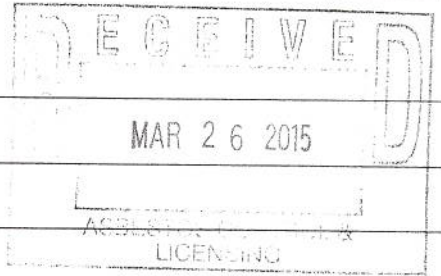


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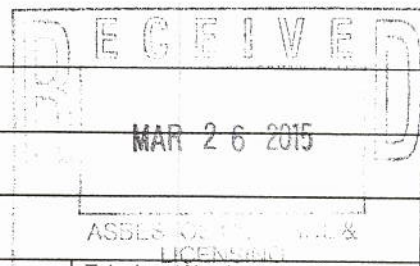
Print Form

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



Date of Notification (1) 3/23/15		Name of Building Owner/Operator (2) PSEG							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Rd							
		City, State, Zip Code South Plainfield NJ 07080							
		Name of Contact Joe Mannion							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Lumberton Substation		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 386 Main St. (RT 541)		Square Feet 500	# of Floors 1						
City (5) Lumberton NJ 08048		Bldg. Age 40 plus							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Control Room							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) WRS Environmental Services Inc.						
Street Address n/a		Street Address 17 Old Dock Rd							
City, State, Zip Code n/a		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01136						
Start Date (10) 2/10/15	Scheduled Completion Date (11) 2/13/15	Name of OSHA Monitor Michael J DiMaria							
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 same as above							
		City, State, Zip Code same as above							
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
Exterior Vent			x	Asbestos Caulking	6 LF	x			
Interior Door, Window			x	Asbestos Caulking	43 LF	x			
Interior Expansion Joint			x	Asbestos Caulking	24 LF	x			
Interior Ceiling			x	Asbestos Caulking	355 LF	x			
Name of Registered Waste Hauler Veolia ES Technical Solutions		NJDEP Waste Hauler ID No. 20071		Cubic Yards of Waste 1/4	Name of Registered Landfill Veolia ES Technical Solutions				
City, State 1 Eden Lane, Flanders NJ 07836				Disposal Date 3/20/15	City, State Flanders NJ 07836				
Completed by Michael J DiMaria		Title Proj Mgr/ Site Supervisor		Signature <i>Michael J DiMaria</i>	Date 3/23/15				

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



Date of Notification (1) 03-20-15		Name of Building Owner/Operator (2) Joseph Bowe							
Agencies Notified	Type Notification	Street Address 384 Parkview Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Scotch Plains, NJ 07076							
		Name of Contact Joseph Bowe							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)							
Street Address 384 Parkview Drive		<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) Scotch Plains		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC							
City, State, Zip Code		Street Address 522 7th Street							
Project Manager for Monitoring Firm		City, State, Zip Code Union City NJ 07087							
Telephone No.		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 03-30-15	Scheduled Completion Date (11) 04-01-15	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th Street							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
Firts Floor		x		VAT	400 SF	x			
Exterior		x		Siding	1300 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City NJ 07087			Disposal Date 03-20-15	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager	Signature 			Date 04-02-15			

OK 1127

Mar 23 2015 07:59am

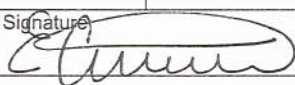
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) 3/20/15		Name of Building Owner/Operator (2) Strategic Properties		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Horn</i> (signature) Date: 3/23/15 Time: 7:45AM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 273 Palisade Ave City, State, Zip Code Cliffside Park, NJ 07010 Name of Contact Russ Porino Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential 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 189 Highwood Ave				Square Feet 2000	
City (5) Tenafly				# of Floors 2	
County (6) Bergen				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Residential House	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp	
Street Address n/a		Street Address 22 Troy Lane			
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035			
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 9737067950	
Start Date (10) 3/23/15		Scheduled Completion Date (11) 3/24/15		License No. 01193	
Name of OSHA Monitor Loznica Management Corp				Street Address 22 Troy Lane	
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 Lincoln Park NJ 07035	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> LINE DUMPSTERS & WET MATERIAL Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement			X	VAT	400 SF
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville PA 19067	
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>	Date 3/20/15


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

CK# 1128

Date of Notification (1) March 23, 2015		Name of Building Owner/Operator (2) Famco Construction							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	371 Elm Street							
		City, State, Zip Code Newark, NJ 07105							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 371 Elm Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 2000	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) April 3, 2015		Scheduled Completion Date (11) April 4, 2015							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Loznica Management Corp							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 4 pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Asbestos Pipe Insulation	140 LF	x			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by E. Cirovic		Title Secretary	Signature 			Date March 23, 2015			

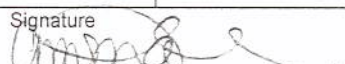
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) March 12, 2015		Name of Building Owner/Operator (2) Eagle Point Power Generation, LLC		Check #1989: 25					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1250 Crown Point Road					
				City, State, Zip Code Westville, NJ 08093					
		Name of Contact Jeff Zelik		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Eagle Point Power Generation				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 1250 Crown Point Road				Square Feet 30,000					
City (5) Westville				# of Floors 2					
				Bldg. Age 100					
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Refinery					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 411 Southgate Court, Suite E		Street Address 623 Cutler Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080		License No. 00842					
Start Date (10) April 6, 2015		Scheduled Completion Date (11) April 24, 2015		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Pole Shed		XXX		Transite Roofing and Siding	1,700 SF	X			
Carpentry Shop		XXX		Transite Roofing and Siding	5,000 SF	X			
Carpentry Shop		XXX		Pipe Insulation	50 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Freehold, NJ				Disposal Date 4/24/2015	City, State Morrisville, PA				
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 3/23/2015			

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

RECEIVED

Date of Notification (1) March 23, 2015		Name of Building Owner/Operator (2) Bayada Home Health Care		Check # 1950 2015 MAY 26 AM 12:25					
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 290 Chester Avenue City, State, Zip Code Moorestown, NJ 08057 Name of Contact Stephanie Smith Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bayada Home Health Care			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1 W. Main Street			Square Feet 5,000						
City (5) Moorestown			# of Floors 3		Bldg. Age 100				
County (6) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Health Care Facility					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No. _____		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052					
City, State, Zip Code Chesterfield, NJ 08515		Telephone No. 609-298-4070		License No. 00842					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 856-755-0099		Name of OSHA Monitor EMSL Laboratories					
Start Date (10) April 13, 2015		Scheduled Completion Date (11) April 17, 2015		Name of OSHA Monitor EMSL Laboratories					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Throughout 1st and 2nd Floors		XXX		Floor Tile and Mastic	1,490 SF	X			
Throughout 1st and 2nd Floors		XXX		Luan Underlayment	800 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill Western Berks Community Landfill				
City, State Freehold, NJ		Disposal Date 4/17/2015		City, State Birdsboro, PA					
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 3/23/2015			

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

RECEIVED

Date of Notification (1) 3/23/15		Name of Building Owner/Operator (2) Jade Hackettstown Associates, LLC		2015 MAR 26 PM 11:44					
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 1200 Sunnyview Oval City, State, Zip Code Keasbey, New Jersey 08832 Name of Contact Billy					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Bergen Machine and Tool Company				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 91 Main Street									
City (5) Hackettstown				Square Feet	# of Floors 2				
				Bldg. Age 100+					
County (6) Warren		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Tool Company					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.					
Street Address				Street Address 95 Montrose Road					
City, State, Zip Code				City, State, Zip Code Colts Neck, N.J. 07722					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-294-1757	License No. 00029				
Start Date (10) 3-23-15		Scheduled Completion Date (11) 4-15-15		Name of OSHA Monitor Mark Jovic					
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>7am-7pm</u>				Street Address 87 Main Street					
				City, State, Zip Code Lincoln Park, NJ 07035					
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
OUTDOORS			✓	ROOF	9000 SF	✓			
WINDOWS			✓	CAULK-G/LAZE	22	✓			
OUTDOORS			✓	METAL ROOF	5000 SF	✓			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 40	Name of Registered Landfill Chrins				
City, State Newark, New Jersey				Disposal Date 4-15-15	City, State Easton, PA				
Completed by George Wuest		Title President		Signature George Wuest		Date 3-23-15			


CK#2601

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

RECEIVED


Date of Notification (1) 3/18/15		Name of Building Owner/Operator (2) Dominick and Cheryl Piegaro		2015 MAR 26 PM 11:43	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 Cedar Street City, State, Zip Code Midland Park, NJ 07432 Name of Contact Doug	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Piegaro 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 219 Sampson Ave Block 48 lot 41 (tax location 221 Sampson Ave)			Square Feet 1600		
City (5) Seaside Heights			# of Floors 1		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)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address				Street Address 95 Montrose Road	
City, State, Zip Code				City, State, Zip Code Colts Neck, N.J. 07722	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-294-1757	
Start Date (10) 3/23/15		Scheduled Completion Date (11) 3/27/15		License No. 00029	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm			Name of OSHA Monitor * Street Address City, State, Zip Code		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
outdoors			x	siding	1600 sf
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 2	Name of Registered Landfill Chrins
City, State Colts Neck, New Jersey		Disposal Date 3/27/15		City, State Easton, PA	
Completed by Bree McGuire		Title Secretary Treasurer		Signature 	Date 3/18/15

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

Date of Notification (1) 3/24/15		Name of Building Owner/Operator (2) Jeff Hitter Private Home							
Agencies Notified	Type Notification	Street Address 143 S 24th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Jeff	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jeff Hitter Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 143 S 24th Street		Square Feet 1000+	# of Floors 2						
City (5) Ship Bottom NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/6/15	Scheduled Completion Date (11) 4/10/15	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
garage			x	Transite Board	500 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/10/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 3/24/15			


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

Check 13729

Date of Notification (1) 3/23/15		Name of Building Owner/Operator (2) Louis Hayek							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 702							
		City, State, Zip Code Indian Hills CO 80454							
		Name of Contact John Dowches	Telephone Number 5						
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 66 Water Street		Square Feet 2300	# of Floors 2						
City (5) Newton		Bldg. Age 65							
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-583-8500						
Start Date (10) 4/6/15		Scheduled Completion Date (11) 4/27/15	License No. 703						
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: _____		Name of OSHA Monitor *							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	75 LF	x			
garage			x	pipe insulation	45 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State Freehold, NJ			Disposal Date TBD	City, State					
Completed by A. Scott Higgins		Title President/Owner	Signature 	Date 3/23/15					

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

Check 13728

Date of Notification (1) 3/23/15		Name of Building Owner/Operator (2) Beth Hose							
Agencies Notified	Type Notification	Street Address 127 7th Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood NJ							
		Name of Contact Beth Hose	Telephone Number 201						
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 123 7th Avenue		Square Feet 2400	# of Floors 2						
City (5) Westwood		Bldg. Age 57							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 703						
Start Date (10) 4/1/15	Scheduled Completion Date (11) 4/22/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	90 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State Freehold, NJ			Disposal Date TBD	City, State					
Completed by A. Scott Higgins		Title President/Owner	Signature 	Date 3/23/15					

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

APPROVED: TOM VOORHEES,
NJ DOL

CR # 2781

Date of Notification (1) 3/20/2015		Name of Building Owner / Operator (2) State of NJ Department of Corrections	
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address PO Box 11401 City, State & Zip Code Yardville, NJ 08620 Name of Contact Joseph E. May Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Garden State Correctional			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 Highbridge Rd. (off RT 130)			Square Feet 100000		
City (5) Yardville, NJ		County (6) Mercer	County Code (7)	# of Floors 1	Bldg. Age 30+
Current Use (Prior if being demolished) Correctional					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 120 N. Warren St			Street Address 1123 Beaver Street		
City, State & Zip Code Trenton, NJ 08608			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 3/20/2015		Scheduled Completion Date (11) 3/20/2015		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 4 PM to 11:00PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Bristol Environmental, Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Bristol, PA		Disposal Date 3/20/2015		City, State Morrisville, PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 3/20/15

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

Date of Notification (1) 3-21-2015		Name of Building Owner/Operator (2) Karen Barker							
Agencies Notified	Type Notification	Street Address 732 Church Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pleasantville, NJ 08232							
		Name of Contact Karen Barker	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 & commercial buildings, homes, etc.)							
Street Address 732 Church Street		Square Feet 1272	# of Floors 2						
City (5) Pleasantville, NJ 08232		Bldg. Age 20+							
County (6) Atlantic	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 3-31-2015	Scheduled Completion Date (11) 3-31-2015	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
bedroom 1		X		linoleum floor	120 SF	X			
bedroom 2		X		linoleum floor	120 SF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. North landfill					
City, State Jersey City, NJ			Disposal Date 4-1-2015	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>			Date 3-21-2015		

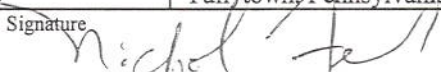
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) March 23, 2015		Name of Building Owner/Operator (2) T & H Homes	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 70 East Water Street Unit 5B City, State, Zip Code Toms River, New Jersey 08753 Name of Contact Bill Hoermann Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 433 Harding Avenue			Square feet 1000 sf		
City Ortley Beach	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 3/24/15		Scheduled Completion Date (11) 3/26/15		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			City, State, Zip Code Piscataway, New Jersey 08854		
[] Renovation [x] Demolition			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	800 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 3/27/15		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 3/23/2015		

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


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

Date of Notification (1) <div style="text-align: right;">3/23/2015</div>		Name of Building Owner/Operator (2) A to Z Site Contractors, Inc.	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 50 Houston Avenue, Suite 1 City, State, Zip Code Jackson, NJ 08527 Name of Contact Irving Perlstein	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1105 E County Line Road					
City Lakewood	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 1	Bldg. Age 60
			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 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 3/23/15	Scheduled Completion Date (11) 3/25/15		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM), <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior front house		X		Asbestos siding	2000 sf	X			
Exterior rear house		X		Asbestos siding	650 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 3/26/15	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/23/2015

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

NO CK

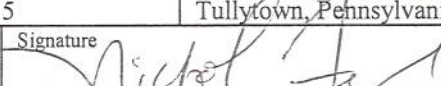
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) March 23, 2015		Name of Building Owner/Operator (2) DnA Demolition	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	2156 Camplain Road	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Hillsborough, NJ 08844	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Antonio Dimuzio	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (k-12)		
677 E Main Street			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Bridgewater	Somerset		2000 sf	1	60
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Current Use (Prior if being demolished) Residence		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
1889 Route 9, Unit 61			Street Address		
City, State, Zip Code			1889 Route 9, Unit 61		
Toms River, NJ 08755			City, State, Zip Code		
Project Manager for Monitoring Firm Nicholas Fernicola			Toms River, New Jersey 08755-1271		
Telephone Number 732-349-9932			Telephone Number 732-349-9932		
License Number 00624			Name of OSHA Monitor E.M.S.L. Analytical		
Scheduled Start Date (10) 3/20/15			Scheduled Completion Date (11) 3/23/15		
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> >3 sf or ≥3 lf			<input type="checkbox"/> Mini-Enclosure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Glovebag Procedure		
<input checked="" type="checkbox"/> Renovation			<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
<input type="checkbox"/> Demolition					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	140 lf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 3/24/15		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 3/23/2015		

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

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

REC'D CK # 2782

Date of Notification (1) 3/23/15		Name of Building Owner / Operator (2) Borough of Frenchtown	
Agencies Notified	Type Notification	Street Address	Telephone Number
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	29 Second Street City, State & Zip Code Frenchtown, NJ 08825	2115 MAR 26 AM 3:08 ASBESTOS CONTROL & LICENSING
		Name of Contact Brenda Shepherd	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Frenchtown Wastewater Treatment Plant			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address			Square Feet	# of Floors	Bldg. Age
			150,000	1	40+
City (5) Frenchtown	County (6) Hunterdon	County Code (7)	Current Use (Prior if being demolished) WWTP		
Name of Monitoring Firm Hired by Building Owner (8) Kleinfelder		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 321 Wall Street			Street Address 1123 Beaver Street		
City, State & Zip Code Princeton, NJ 08540			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Brian Friedlich		Telephone Number 609-924-8821	Telephone Number (215)788-6040	License Number 00509	
Scheduled Start Date (10) 4/2/15		Scheduled Completion Date (11) 4/2/15		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00 AM – 3:30 PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street		
			City, State & Zip Code Bristol, PA 19007		

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 3/27/15	City, State Waynesburg, OH		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 3/23/15

CX 14625

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)

RECEIVED

2015 MAR 26 AM 2:31

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/23/2015		Name of Building Owner/Operator (2) Great Meadows Regional School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 281 Route 46		City, State, Zip Code Great Meadows, NJ 07838	
Name of Contact Mr. Ron Marinelli		Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Central Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 281 Route 46			
City (5) Great Meadows	County (6) Warren	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental		ASCM No. 00127	
Street Address 307 N Walnut Street		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code West Chester, PA 19380		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Paul McCaa		City, State, Zip Code Paterson, NJ 07501	
Telephone Number 610-431-7545		Telephone Number 973 742 5030	License Number 00809
Scheduled Start Date (10) 4/06/2015		Scheduled Completion Date (11) 4/15/2015	
Name of OSHA Monitor MTM Metro Corporation			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____		Street Address 135-137 McBride Av	
		City, State, Zip Code Paterson, NJ 07501	
Source 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Boiler Room	<input checked="" type="checkbox"/>	Boiler Breaching	134SF
Boiler Room	<input checked="" type="checkbox"/>	TSI-pipe and fittings	30 LF
Boiler Room	<input checked="" type="checkbox"/>	Ht. Exch & EVP Tank-Shell Insulation	20 SF
Boiler Room	<input checked="" type="checkbox"/>	Rope insulation	144 LF
Abatement Type Rem. Rep. Encap Enclose			
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 20
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown	
Disp. Date 4/16/2015		City, State Tullytown, PA	
Completed by (Print or Type) Elizabeth Maslarkov		Title Business Administrator	Signature Elizabeth Maslarkov
		Date 3/23/2015	

ASB-41

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