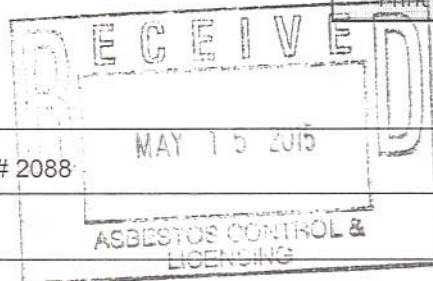
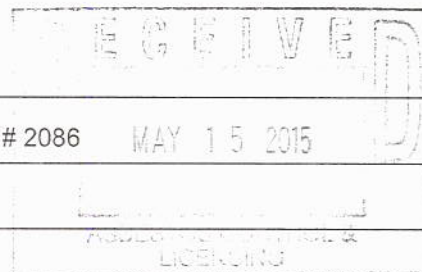


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) May 12, 2015		Name of Building Owner/Operator (2) Chris Myers		Check # 2088					
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 124 Cleveland Road City, State, Zip Code Princeton, NJ 08540 Name of Contact Chris Myers Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Myers 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 124 Cleveland Road				Square Feet 2,000 # of Floors 2 Bldg. Age 100					
City (5) Princeton		County (6) Mercer		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 1000 Maplewood Drive, Suite 207		City, State, Zip Code Maple Shade, NJ 08052		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) June 4, 2015		Scheduled Completion Date (11) June 6, 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
Basement		XXX		Cement Board	600 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 10		Name of Registered Landfill Western Berks Community Landfill			
City, State Freehold, NJ				Disposal Date 6/6/2015		City, State Birdsboro, PA			
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 5/12/2015			

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




Date of Notification (1) May 12, 2015		Name of Building Owner/Operator (2) Robert Grapes		Check # 2086		MAY 15 2015			
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		205 Schooley Street					
				City, State, Zip Code Moorestown, NJ 08057					
				Name of Contact Robert Grapes		Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Grapes Residence				Type of Facility (4)					
Street Address 205 Schooley Street				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Moorestown				Square Feet 2,000		# of Floors 2			
						Bldg. Age 100			
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services			ASCN No.		Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address PO Box 341					Street Address 623 Cutler Avenue				
City, State, Zip Code Chesterfield, NJ 08515					City, State, Zip Code Maple Shade, NJ 08052				
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099		License No. 00842			
Start Date (10) May 30, 2015		Scheduled Completion Date (11) June 2, 2015		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 200 Route 130 North					
<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 Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</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
Dining Room and Basement		XXX		Mud Packing	15 LF	X			
Basement		XXX		Paper on Round Ducts	10 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 2		Name of Registered Landfill Western Berks Community Landfill			
City, State Freehold, NJ				Disposal Date 6/2/2015		City, State Birdsboro, PA			
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 5/12/2015			

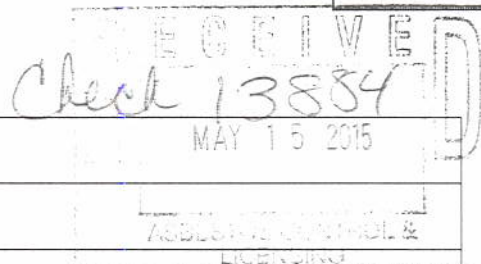


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

*Check 13882*  
MAY 15 2015

Date of Notification (1) 5/15/15		Name of Building Owner/Operator (2) Cyzner Properties							
Agencies Notified	Type Notification	Street Address 192 US Highway 22							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Green Brook, NJ 08812							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Eric Cyzner	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1072 Route 46		<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) Parsippany		Square Feet	# of Floors 2						
County (6) Morris		Bldg. Age 60							
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) 5/25/15		Scheduled Completion Date (11) 6/15/15	License No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Second floor			x	set back roof tar/chimney mastic	20 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	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 5/15/15			

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



Date of Notification (1) 5/12/15		Name of Building Owner/Operator (2) Andrew Cruz							
Agencies Notified	Type Notification	Street Address 1395 Pleasant Parkway							
<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 Union, NJ 07083							
		Name of Contact Andrew Cruz	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 1395 Pleasant Parkway		<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) Union		Square Feet 2200	# of Floors 2						
		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)		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						
		License No. 703							
Start Date (10) 5/23/15	Scheduled Completion Date (11) 6/15/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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 closets & vent areas			x	pipe insulation	18 LF		x		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed by A. Scott Higgins		Title President		Signature 			Date 5/12/15		



CK 1930

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

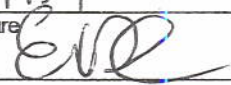
Date of Notification (1) <b>5/12/15</b>		Name of Building Owner/Operator (2) <b>Chris Rohlf</b>	
Agencies Notified	Type Notification	Street Address <b>27 Oak St.</b>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Lincroft, NJ 07738</b>	
		Name of Contact <b>Eric Plackis</b>	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address <b>27 Oak Street</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Lincroft</b>	Square Feet <b>4000</b>	# of Floors <b>2</b>	Bldg. Age <b>60</b>
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Home</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) <b>5/13/15</b>		Scheduled Completion Date (11) <b>5/15/15</b>	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				<b>pipe insulation</b>	<b>3 LF</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Brick Industries Inc.</b>	NJDEP Waste Hauler ID No. <b>21602</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Brick, New Jersey</b>		Disposal Date <b>5/18/15</b>	City, State <b>PA</b>
Completed by <b>Eric Plackis</b>	Title <b>President</b>	Signature 	Date <b>5/12/15</b>

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

RECEIVED

Ch # 7814

Date of Notification (1) 4/22/15		Name of Building Owner/Operator (2) Ramapo College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 505 Ramapo Valley Road	
		City, State, Zip Code Mahwah, NJ 07430	
		Name of Contact Gregory Romero Jr.	Telephone Number


## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Holly Dorm, Ramapo College			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 505 Ramapo Valley Road			Square Feet 70000		
City (5) Mahwah			County (6) Bergen	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age ~40		
Name of Monitoring Firm Hired by Building Owner USA Environm. Management, Inc.			ASCM No. 00112		
Street Address 344 West State St.			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
City, State, Zip Code Trenton, NJ			Street Address 323 Changebridge Road, Suite 100		
Project Manager for Monitoring Firm William Weisgarber			Telephone Number 609-656-8101		
Scheduled Start Date (10) 5/20/15			Sched. Completion Date (11) 7/10/15		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input type="checkbox"/> Other – Describe: <u>partially vacant</u>			Telephone Number 973-575-8700		
			License Number 00852		
			Name of OSHA Monitor J & S Environmental Laboratories, LLC		
			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

## Scope of Work (Check all that apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Demolition                    | <input type="checkbox"/> Renovation | <input checked="" 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 type="checkbox"/> Glovebag Procedure                                 |
|  |                                     | <input type="checkbox"/> Non – Friable Procedure                            |

Location of Asbestos – Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Entire building		x		Drywall and joint compound, stud adhesive	29000 SF	x			
Entire building		x		VAT	3900 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 80	Name of Registered Landfill Minerva Landfill	
City, State Pine Brook, NJ		Disposal Date 7/9/15 approx.		City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		Date 4/22/15



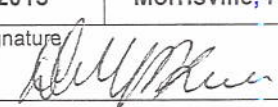
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

*Cheryl*  
*1722*  
**RECEIVED**  
**2015 MAY 15 AM 12:49**  
**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) <b>5/4/2015</b>		Name of Building Owner / Operator (2) <b>Steven Peterson</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>24 Blue Ridge Road</b> City, State & Zip Code <b>Titusville, NJ 08560</b> Name of Contact <b>Steven Peterson</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>24 Blue Ridge Road</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>
City (5) <b>Titusville</b>	County (6) <b>Mercer</b>	Bldg. Age <b>80+</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>ALPHA ENVIRONMENTAL</b>	
Street Address		Street Address <b>PO BOX 8297</b>	
City, State & Zip Code		City, State & Zip Code <b>Trenton NJ</b>	
Project Manager for Monitoring Firm		Telephone Number <b>609-847-2956</b>	License Number <b>01222</b>
Scheduled Start Date (10) <b>5/13/2015</b>	Scheduled Completion Date (11) <b>5/14/2015</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>107 Haddon Avenue</b>	
		City, State & Zip Code <b>Westmont, NJ 08108</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Pipe Insulation</b>
			<b>94lf</b>
		Amount (Specify SF or LF)	Abatement Type
			Removal
			Repair
			Encapsulate
			Enclosure
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>0033330</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Trenton, NJ</b>		Cubic Yards of Waste <b>1cubic</b>	City, State <b>Morrisville, PA</b>
Disposal Date <b>Various</b>			
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>PM</b>	Signature <i>Rod Richardson</i>
		Date <b>5/4/2015</b>	

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

RECEIVED

Date of Notification (1) 5 / 08 / 15		Name of Building Owner/Operator (2) Johnson & Johnson							
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 501 George Street							
		City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact Nandita Kamdar	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kilmer Museum		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 501 George Street									
City (5) New Brunswick		Square Feet 9500	# of Floors 2						
		Bldg. Age +/- 70							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc.		Name of Abatement Contractor (9) USA Environmental Management, Inc.							
Street Address 655 West Shore Trail		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm William Kerbel		Telephone No. 973-729-5649	License No. 1156						
Start Date (10) 5 / 18 / 15	Scheduled Completion Date (11) 5 / 21 / 15	Name of OSHA Monitor USA Environmental Management, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 4:00 PM - 11:00 PM AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	6 EA	<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 USA Environmental Mgmt., Inc.		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill					
City, State Philadelphia, PA		Disposal Date 5/21/2015		City, State Morrisville, PA					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 			Date 5/8/15		



05/11/2015 18:35

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PAGE 02/04

CIL 5607

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

DOL - 10 DAY

Date of Notification (1) <b>5/11/15</b>		Name of Building Owner/Operator (2) <b>MS. SHAHIDA TONSUL</b>					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 <b>1223 GLENN AVE</b>	City, State, Zip Code <b>UNION, NJ 07083</b>				
		Name of Contact <b>MR. TONSUL</b>	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>MS. TONSUL</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Older than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>1223 GLENN AVE</b>		Square Feet <b>2007</b>	# of Floors <b>2</b>				
City (5) <b>UNION</b>		Bldg. Age <b>65 years</b>					
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>REBIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address			Street Address <b>450 South River St</b>				
City, State, Zip Code			City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>201-329-7444</b>				
Start Date (10) <b>5/15/15</b>		Scheduled Completion Date (11) <b>5/16/15</b>	License No. <b>00388</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>20M to 5PM</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 ft or 23 ft <input checked="" type="checkbox"/> 23 ft or 23 ft		Street Address <b>280 Huyler St</b>					
		City, State, Zip Code <b>Hackensack, N.J. 07601</b>					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Other Procedure <input type="checkbox"/> Non-Exempted (*) and Not-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> (IN Facility) (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, roofing, VST, or other miscellaneous)	Amount (Specify SF or LF) <b>20 LF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>	Yes No N/A	<b>THERMAC SYSTEM INSULATION</b>	<b>20 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2.7</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>5/16/15</b>	City, State <b>Waynesburg, Oh 44688</b>				
Completed by <b>J. Majorano</b>		Title <b>Estimator</b>	Signature <b>J. Majorano</b>		Date <b>5/11/15</b>		

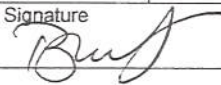
ASB-41

Do not use this form for asbestos removal or abatement.

ck# 2653

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

RECEIVED  
2015 MAY 15 AM 12:45  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/12/15		Name of Building Owner/Operator (2) Jim Mobley							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 229 Linden Ave							
		City, State, Zip Code Pine Beach, New Jersey							
		Name of Contact George	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mobley Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 229 Linden Ave		Square Feet 850	# of Floors 1						
City (5) Pine Beach		Bldg. Age 60+							
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. 732-294-1757	License No. 00029						
Start Date (10) 5/21/15	Scheduled Completion Date (11) 5/26/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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
outdoor			X	siding	400sf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey			Disposal Date 5/26/15	City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer	Signature 			Date 5/12/15			



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

*X* 5/12/15  
1st check - #2646  
2nd check - Amendment #1 #2652

**RECEIVED**  
2015 MAY 15 AM 12:44  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/12/15		Name of Building Owner/Operator (2) Arthor Caldwell							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	802 S Green Street	Tuckerton, New Jersey						
		Name of Contact	Telephone Number						
		Ralph							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacated Lot		Type of Facility (4)							
Street Address 802 S Green St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 1 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Tuckerton		Square Feet	# of Floors						
		-	-						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacated lot							
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.	License No.						
		732-294-1757	00029						
Start Date (10) 5/9/15	Scheduled Completion Date (11) 5/25/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
outdoor slab			x	floor tile	150-sf	x			
				and mastic	150sf	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Ace Insulation Co., Inc.		12086	1	Chrins					
City, State			Disposal Date	City, State					
Colts Neck, New Jersey			5/25/15	Easton, PA					
Completed by		Title	Signature	Date					
Bree McGuire		Secretary Treasurer	<i>Bree McGuire</i>	5/12/15					

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

Date of Notification (1) 5/11/2015		Name of Building Owner/Operator (2) Broadway 26, 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 111	
		City, State, Zip Code Ridgewood, NJ 07451	
		Name of Contact Mr. Ralph Peters	Telephone Number

*Check # 1589*

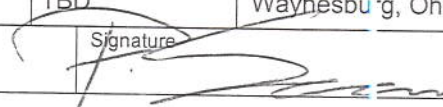
*2015 MAY 15 AM 12:43*

*ALICE TOSCANI*

*2 LICENSING*

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 & commercial buildings, homes, etc.)	
Street Address 26-13 Broadway		Square Feet 4,000	# of Floors 1
City (5) Fair Lawn		Bldg. Age 70	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Retail - Commercial	
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC
Street Address		Street Address 1385 Valley Road, Suite K	
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. (973) 928-5040	License No. 00874
Start Date (10) 5/21/2015	Scheduled Completion Date (11) 5/31/2015	Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1385 Valley Road, Suite K	
		City, State, Zip Code Wayne, New Jersey 07470	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation & Fittings	50 LF	x			
Basement		x		Floor Tiles	2,000 SF	x			

Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD	City, State Waynesburg, Ohio		
Completed by Predrag Sarcev	Title Vice President	Signature 	Date 5/11/2015		



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

Date of Notification (1) 05/12/15		Name of Building Owner/Operator (2) U.S. Army Corps of Engineers (New York District)							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<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	26 Federal Plaza	New York, NY 10275						
		Name of Contact	Telephone Number						
		Mr. Eric Hall							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Caven Point Marine Terminal		Type of Facility (4)							
Street Address 3 Chapel Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 40,000	# of Floors 1						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 500 Horizon Drive, Suite 540		Street Address 1141 Route 23							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Julien Fernandez-Obregon		Telephone No. 609-890-7277	Telephone No. 973-628-9200						
Start Date (10) 05/26/15		Scheduled Completion Date (11) 06/30/15	License No. 00408						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Enviro Vision Consultants, Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Hours: Mon - Fri - 7:00 a.m. - 3:30 p.m.		Street Address 20-21 Wagaraw Road, Bldg. #34A							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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
Administration Area - A			X	Transite Panels	3,500 SF	X			
Administration Area - B			X	Transite Panels	1,600 SF	X			
Tool Shop Rm 109/Storage Rm 110			X	Transite Panels	1,200 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Penn Argyl Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature		Date 05/12/15			

*Check # 11432*  
STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT


Date of Notification (1) <b>05/07/2015</b>			Name of Building Owner/Operator (2) <b>Western Monmouth Utilities Authority</b>		
Agencies Notified ( ) EPA (X) NJDEP (X) NJ DOL (X) DOH ( ) DCA		Type of Notification (X) Initial Notification ( ) Amended Amendment # _____ (X) Emergency (including justification) ( ) Cancellation		Street Address <b>103 Pension Road</b> City, State, Zip Code <b>Manalapan, NJ</b> Name of Contact Robert J. Smith Jr. Tel. Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Western Monmouth Utilities Authority</b> Street Address <b>103 Pension Road</b> City (5) <b>Manalapan, NJ</b> County (6) <b>Monmouth</b> County Code (7) (State Use Only)			Type of Facility (4) ( ) School (K-12) (X) Subchapter 8 (other than K-12) ( ) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet: <b>10,000</b> + # of Floors <b>5</b> Bldg. Age <b>55+</b> Current Use (if being demolished):		
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates Street Address 11 Tindall Road City, State, Zip Code Middletown, NJ 07748		ASCM No. 0145		Name of Contractor (9) <b>Industrial Safety &amp; Environmental Solutions, Inc.</b> Street Address 3300 Hudson Avenue City, State, Zip Code Union City, NJ 07087 Telephone Number (201)325-0055 License Number 01124	
Project Manager for Monitoring Firm Kevin Burns Telephone Number 732 676-1725		Name of OSHA Monitor ISES, Inc.			
Scheduled Start Date (10) 05/11/2015		Scheduled Completion Date (11) 05/20/2015		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:	
Source of Work (Check all that apply) ( ) Minor Project (< 25 SF or < 10 LF ACM) ( ) Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Large Project (>160 SF or > 260 LF ACM)		( ) Demolition (X) Renovation (X) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glove-bag 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 or Custodial Staff? (12) YES NO N/A		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.) Amount (Specify SF or LF) Abatement Type Removal Repair Encapsulate Enclosure	
Boiler Room 2 Plant Operations Building		X		Interior boiler refractory rib paste, gasketing and /or interior fire bricks and packing ~ 1/2 cubic yard X	
Name of Reg. Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID # 04509		Cubic Yards of Waste 1 cubic yard	
City, State 369 Raymond Blvd., Newark, NJ 07105		Disp. Date 05/20/2015		Name of Reg. Landfill BETHLEHEM LANDFILL	
Completed by (Print or Type) David Camacho		Title Project Supervisor		Signature <i>David Camacho</i> Date 05/07/2015	



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT BY ASCM FIRM**  
(Pursuant to N.J.A.C. 5:23-8.11(c)3.viii)

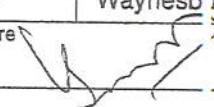
2015 MAY 15 AM 4:01

ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>May 4, 2015</b>		Name of Building Owner / Operator (2) <b>Western Monmouth Utilities Authority</b>	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address <b>103 Pension Road</b>		Telephone Number
	City, State & Zip Code <b>Manalapan, New Jersey 07726</b>		
	Name of Contact <b>Mr. Robert J. Smith Jr.</b>		
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Western Monmouth Utilities Authority – Plant Ops Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12)	
Street Address <b>103 Pension Road</b>		Square Feet <b>10,000+</b>	# of Floors <b>55+</b>
City (5) <b>Manalapan</b>	County (6) <b>Monmouth</b>	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) <b>Operation Building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>T&amp;M Associates</b>		ASCM No. <b>0145</b>	Name of Abatement Contractor (9) <b>ISES</b>
Street Address <b>11 Tindall Road</b>		Street Address <b>3300 Hudson Avenue</b>	
City, State & Zip Code <b>Middletown, New Jersey 07748</b>		City, State & Zip Code <b>Union City, New Jersey 07087</b>	
Project Manager for Monitoring Firm <b>Kevin Burns</b>		Telephone Number <b>732-676-1725</b>	License Number <b>01124</b>
Scheduled Start Date (10) <b>5/11/15</b>	Scheduled Completion Date (11) <b>5/20/15</b>	Name of OSHA Monitor <b>NA</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address <b>NA</b>	
		City, State & Zip Code <b>NA</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> O&M Glove Bag/Non-Friable/Exterior Removal			
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)	Enter only Square Footage or Cubic Yard
Plant Operations Building – Boiler Room – 2 Boiler Units	Yes	Interior boiler refractory, rib paste, gasketing and/or interior fire bricks and packing	1/2 cubic cy yard
			If
			If
<b>TOTALS</b>			1/2 cubic CY yard LF
Completed By (Print or Type) <b>Kevin Burns</b>	Title <b>Supervising Environmental Scientist</b>	Signature 	Date <b>5/4/15</b>

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

RECEIVED

Date of Notification (1) 5/11/2015		Name of Building Owner/Operator (2) Brookchester Apartments							
Agencies Notified	Type Notification	Street Address 847 Berkley 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 New Milford, NJ 07646							
		Name of Contact Nancy Bates	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Brookchester Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 280-282 Faller Drive		Square Feet 2,000	# of Floors 2						
City (5) New Milford		Bldg. Age 65+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address		Street Address 1360 Clifton Avenue PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 5/22/2015	Scheduled Completion Date (11) 5/26/2015	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Avenue PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (I) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Pipe/elbow insulation	120 LF	X			
Electric Room	X			Pipe/elbow insulation	105 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720			Disposal Date 5/26/2015	City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager	Signature 			Date 5/11/2015			

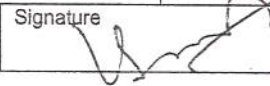


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/11/2015		Name of Building Owner/Operator (2) Brookchester Apartments		<div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">2015 MAY 15 AM 3:52</div> <div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">ASBESTOS CONTROL &amp; LICENSING</div>	
Agencies Notified	Type Notification	Street Address 847 Berkley 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 New Milford, NJ 07646			
		Name of Contact Nancy Bates		Telephone Number	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Brookchester Apartments			Type of Facility (4)		
Street Address 855 Boulevard			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter E (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) New Milford			Square Feet 2,000	# of Floors 2	Bldg. Age 65+
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc.		
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218			
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-389-0089	License No. 00693	
Start Date (10) 5/22/2015		Scheduled Completion Date (11) 5/26/2015		Name of OSHA Monitor DIA General Construction, Inc.	
Occupancy Status During Abatement (Check Only One)			Street Address 1360 Clifton Avenue, PMB Suite 218		
<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 Clifton, NJ 07012		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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			
						Removal	Repair	Encapsulate	Enclosure
Boiler Room # 84	X			Pipe/elbow insulation	63 LF	X			
Electric Room	X			Pipe/elbow insulation	90 LF	X			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 5/26/2015	City, State Waynesburg, OH 44688		
Completed by Krutarth Jagad	Title Project Manager	Signature 	Date 5/11/2015		

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


CHECK # 8747

RECEIVED

Date of Notification (1) 5/12/15		Name of Building Owner/Operator (2) JOHN COBY							
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 26 GROVE STREET City, State, Zip Code CRAWFORD NJ 07004 Name of Contact JOHN Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COBY		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 & commercial buildings, homes, etc.)							
Street Address 26 GROVE STREET		Square Feet 1500	# of Floors 2						
City (5) CRAWFORD		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)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc.						
Street Address		Street Address 185 Vreeland Ave.							
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 5/21/15	Scheduled Completion Date (11) 5/25/15	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASBAENT	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) VAT	Amount (Specify SF or LF) 220 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
			X			X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State, Zip Code Newark, NJ 07105		Disposal Date 5/21/15		City, State, Zip Code Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature R. McDonald			Date 5/12/15			




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

Date of Notification (1) <b>5 / 12 / 15</b>		Name of Building Owner/Operator (2) <b>Hackensack University Medical Center of Pascack Valley</b>							
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 # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>250 Old Hook Road</b>							
		City, State, Zip Code <b>Westwood, NJ 07675</b>							
		Name of Contact <b>Barry Mousa</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hackensack University Medical Center of Pascack Valley-Emergency Room</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>250 Old Hook Road</b>		Square Feet <b>423,240</b>	# of Floors <b>6</b>						
City (5) <b>Westwood</b>		Bldg. Age <b>51</b>							
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior or if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc</b>		ASCM No. <b>00102</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>515 Grove Street Suite 1B</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Alan Liyod</b>		Telephone No. <b>(856) 547-0505</b>	License No. <b>00411</b>						
Start Date (10) <b>04 / 15 / 15</b>	Scheduled Completion Date (11) <b>05 / 22 / 15</b>	Name of OSHA Monitor <b>Superior Abatement Inc</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM-3:30 PM</b> / ____ PM- ____ AM		Street Address <b>2 Henderson Drive</b>							
		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Emergency Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall/Joint Compound	38,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Emergency Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic on Cinder Block	2,100 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 <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>300</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>5/22/15</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 				Date <b>5-12-15</b>	

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

**RECEIVED**

Date of Notification (1) <b>5 / 07 / 15</b>		Name of Building Owner/Operator (2) <b>Hackensack University Medical Center of Pascack Valley</b>							
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 # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>250 Old Hook Road</b> City, State, Zip Code <b>Westwood, NJ 07675</b> Name of Contact <b>Barry Mousa</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hackensack University Medical Center of Pascack Valley-Emergency Room</b>		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 and commercial buildings, homes, etc.)							
Street Address <b>250 Old Hook Road</b>		Square Feet <b>423,240</b>	# of Floors <b>6</b>						
City (5) <b>Westwood</b>		Bldg. Age <b>51</b>							
County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (If being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc</b>	ASCM No. <b>00102</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>							
Street Address <b>515 Grove Street Suite 1B</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Alan Liyod</b>	Telephone No. <b>(856) 547-0505</b>	Telephone No. <b>(973) 808-1616</b>	License No. <b>00411</b>						
Start Date (10) <b>04 / 15 / 15</b>	Scheduled Completion Date (11) <b>05 / 13 / 15</b>	Name of OSHA Monitor <b>Superior Abatement Inc</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM-3:30PM</b> PM- AM		Street Address <b>2 Henderson Drive</b> City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
1st Floor Emergency Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall/Joint Compound	38,750 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 <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>300</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>5/13/15</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>	Signature 			Date <b>5-07-15</b>			



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

RECEIVED

Date of Notification (1) 4 / 13 / 15		Name of Building Owner/Operator (2) Hackensack University Medical Center of Pascack Valley							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Old Hook Road City, State, Zip Code Westwood, NJ 07675 Name of Contact Barry Mousa Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hackensack University Medical Center of Pascack Valley-Emergency Room		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 250 Old Hook Road		Square Feet 423,240	of Floors 6 Bldg. Age 51						
City (5) Westwood	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No. 00102	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 515 Grove Street Suite 1B		Street Address 2 Henderson Drive							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Alan Llyod		Telephone No. (856) 547-0505	Telephone No. (973) 808-1616 License No. 00411						
Start Date (10) 04 / 15 / 15	Scheduled Completion Date (11) 05 / 08 / 15	Name of OSHA Monitor Superior Abatement Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 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"/> ≥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-Fixable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st Floor Emergency Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall/Joint Compound	38,750 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 Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 300	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date 5/8/15		City, State Waynesburg, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 4/13/15			



From:

04/15/2015 11:25

#163 P.002/004

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

DUL - 10 DAY

Date of Notification (1) 4 / 13 / 15		Name of Building Owner/Operator (2) Hackensack University Medical Center of Passaic	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHS <input type="checkbox"/> DCA (NJAC 8:26-6)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 255 Old Hook Road		City, State, Zip Code Westwood, NJ 07675	
Name of Contact Barry Moses		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Hackensack University Medical Center of Passaic Valley-Emergency Room			
Street Address 255 Old Hook Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
City (5) Westwood	County (6) Bergen	Square Feet 433,246	# of Floors 6
County Code (7) (STATE USE ONLY)		Bldg. Age 51	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc		ASCM No. 00162	
Street Address 915 Grove Street Suite 1B		Name of Abatement Contractor (9) Superior Abatement Inc	
City, State, Zip Code Madden Heights, NJ 08055		Street Address 2 Henderson Drive	
Project Manager for Monitoring Firm Alan Lloyd		City, State, Zip Code West Caldwell, NJ 07086	
Telephone No. (862) 547-0505		Telephone No. (873) 898-1616	
Start Date (10) 04 / 15 / 15		Schedule Completion Date (11) 05 / 09 / 15	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 3:30 PM		Name of OSHA Monitor Superior Abatement Inc	
Scope of Work (Check all that apply) <input type="checkbox"/> 25 or less sq ft <input checked="" type="checkbox"/> 250 or less sq ft <input type="checkbox"/> 2500 or less sq ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedures	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN FACILITY (12)</b>	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)
1st Floor Emergency Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Drywall/Joint Compound	33,760 SF
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler Service Transport Group, Inc		NJ DEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 300
City, State New Castle, DE		Name of Registered Landfill Minerva Enterprises	City, State Waynesburg, OH
Completed By (Print or Type) Nick Petrovich		Title President	Signature <i>Nick Petrovich</i>

ASB-1  
MAY 11

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

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