

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


2013 MAY 20 AM 2:50

Date of Notification (1) <b>5/15/2013</b>		Name of Building Owner/Operator (2) <b>County of Passaic Public Buildings</b>	
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		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>317 Pennsylvania Avenue</b>		City, State, Zip Code <b>Paterson, NJ 07503</b>	
Name of Contact <b>Mr. Jack Nigro</b>		Tel. Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Passaic County Jail</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>11 Mashall Street</b>			
City (5) <b>Paterson</b>	County (6) <b>Passaic</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Langan Engineering &amp; Environmental</b>		ASCM No. <b>00099</b>	
Street Address <b>619 River Drive</b>		Name of Contractor (9) <b>MTM Metro Corporation</b>	
City, State, Zip Code <b>Elmwood Park, NJ 07407</b>		Street Address <b>135-137 McBride Ave</b>	
Project Manager for Monitoring Firm <b>Vijay Patel</b>		Telephone Number <b>201-794-6900</b>	License Number <b>00809</b>
Scheduled Start Date (10) <b>5/28/2013</b>		Scheduled Completion Date (11) <b>6/22/2013</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>occupied by other trades</b>		Name of OSHA Monitor <b>MTM Metro Corporation</b>	
		Street Address <b>135-137 McBride Ave</b>	
		City, State, Zip Code <b>Paterson, NJ 07501</b>	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Demolition <input checked="" 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)
2nd Floor	<input checked="" type="checkbox"/>	Pipe Insulation	318 LF
2nd Floor	<input checked="" type="checkbox"/>	Duct Floor Joint Caulk	1 SF
3rd Floor	<input checked="" type="checkbox"/>	Duct Floor Joint Caulk	1 SF
Roof	<input checked="" type="checkbox"/>	Mastic material on fiberglass duct insul.	3,090 SF
Name of Reg. Waste Hauler <b>MTM Metro Corporation</b>		NJDEP Waste Hauler ID # <b>26552</b>	Cubic Yards of Waste <b>30</b>
City, State <b>Paterson, NJ</b>		Name of Reg. Landfill <b>Tullytown</b>	
Disp. Date <b>6/22/2013</b>		City, State <b>Tullytown, PA</b>	
Completed by (Print or Type) <b>Elizabeth Maslarkov</b>		Title <b>Business Administrator</b>	Signature <i>Elizabeth Maslarkov</i>
		Date <b>5/15/2013</b>	

ASB-41

\* 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) 5/16/13		Name of Building Owner/Operator (2) Carmine & Kiersten Cucunato (Private Home)							
Agencies Notified	Type Notification	Street Address 49 West Anchor							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087							
		Name of Contact Carmine	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Carmine & Kiersten Cucunato (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 49 West Anchor		Square Feet 1000 +	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		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. _____	Telephone No. 856-753-9800						
Start Date (10) 5/29/13		Scheduled Completion Date (11) 6/5/13	License No. 00727						
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1100 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/5/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/16/13		




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


ck 3232 \*Emergency\*

1685 code

2013 MAY 20 AM 2:40

Date of Notification (1) 5/15/13 5/14/13		Name of Building Owner/Operator (2) Our Lady Star of The Sea Rectory							
Agencies Notified	Type Notification	Street Address 2651 Atlantic Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Atlantic City NJ 08401							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Lou	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Our Lady Star of The Sea Rectory		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 2651 Atlantic Avenue		Square Feet 1000 +	# of Floors 1+ Bldg. Age 35+						
City (5) Atlantic City NJ 08401		Current Use (Prior if being demolished)							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____								
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							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 5/15/13	Scheduled Completion Date (11) 5/17/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Basement Closed		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 Hallway			x	Floor Tile Only	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 5/17/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/14/13		

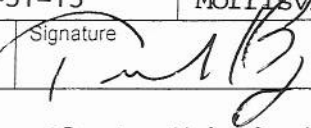
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/15/13		Name of Building Owner/Operator (2) Andrew & Kathleen Delaive (Private Home)							
Agencies Notified	Type Notification	Street Address 1402 Sunset Av							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008							
		Name of Contact Andrew	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Andrew & Kathleen Delaive (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 1402 Sunset Av		Square Feet 1000 +	# of Floors 2						
City (5) Surf City 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. _____	License No. 00727						
Start Date (10) 5/16/12	Scheduled Completion Date (11) 5/17/13	Name of OSHA Monitor _____							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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
Exterior Siding			x	Exterior Siding	600 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 5/17/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/15/13		



No check

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

Date of Notification (1) <b>5-15-13</b>		Name of Building Owner/Operator (2) <b>NJ American Water</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>3 Linden Avenue</b>							
		City, State, Zip Code <b>Gibbsboro, NJ 08026</b>							
		Name of Contact <b>c/o Gordon Dennis</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>NJ American Water</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>3 Linden Avenue</b>		Square Feet <b>7,200 SF</b>	# of Floors <b>1</b>						
City (5) <b>Gibbsboro</b>		Bldg. Age <b>43yrs.</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>water company service building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental, Inc.</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>411 Southgate Court, Suite E</b>		Street Address <b>923 Haws Avenue</b>							
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>856-224-0080</b>	Telephone No. <b>610-239-9920</b>						
License No. <b>00398</b>									
Start Date (10) <b>5-14-13</b>	Scheduled Completion Date (11) <b>5-31-13</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., 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 <input checked="" type="checkbox"/> Other - Describe: <u>work area isolated</u>		Street Address <b>923 Haws Avenue</b>							
		City, State, Zip Code <b>Norristown, PA 19401</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) 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
main building		x		muffler exhaust insulation	130 SF	x			
main building		x		breeching insulation	45 SF	x			
Name of Registered Waste Hauler <b>Robinson Waste</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>GROWS, Inc.</b>					
City, State <b>Bellmawr, NJ</b>		Disposal Date <b>5-31-13</b>		City, State <b>Morrisville, PA</b>					
Completed by <b>Timothy E. Bryan</b>		Title <b>Vice-President</b>		Signature 			Date <b>5-15-13</b>		

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

*Ch# 0152*

Date of Notification (1) 5-15-2013		Name of Building Owner/Operator (2) Festa Carpentry			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 118 St. Lawrence Blvd. City, State, Zip Code Brick, NJ Name of Contact David Telephone Number	
<b>FACILITY INFORMATION</b>					
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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 118 St. Lawrence Blvd.				Square Feet 1000	
City (5) Brick				# of Floors 1	
County (6) Ocean				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House			
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) Loznica Management Corporation	
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. 973-706-7950	
Start Date (10) 5-24-2013		Scheduled Completion Date (11) 5-25-2013		License No. 01193	
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 Loznica Management Corporation	
				Street Address 22 Troy Lane	
				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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Exterior of Home			X	Asbestos Siding	1,000 SF
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	
City, State Lincoln Park, NJ 07035		Disposal Date TBD		Name of Registered Landfill GROWS Landfill	
City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>	
				Date 5-15-2013	



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

Date of Notification (1) <b>5-15-2013</b>		Name of Building Owner/Operator (2) <b>Tony Cuzzo</b>	
Agencies Notified	Type Notification	Street Address <b>410 Valley Road</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Montclair, NJ, 07042</b>	
<input type="checkbox"/> DEP			
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> EMERGENCY		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact <b>Tony Cuzzo</b>	Telephone Number <b>973-744-8800</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</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			Square Feet <b>2800</b>	# of Floors <b>3</b>	Bldg. Age <b>93</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address				Street Address <b>86 Christopher St.</b>	
City, State, Zip Code				City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>		Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>5-29-2013</b> Month Day Year		Sched. Completion Date (11) <b>5-30-2013</b> Month Day Year		Name of OSHA Monitor <b>N/A</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 Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				Street Address	
				City, State, Zip Code	

Scope of Work (Check all that apply)

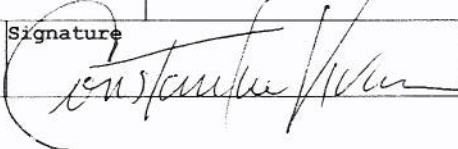
☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <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 E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Boiler	75 SF	X				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>		Cubic Yards of Waste 1		Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5-31-2013</b>		City, State <b>Morrisville, PA 19067</b>			

Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>5-15-2013</b>
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# EMERGENCY

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

May 10 2013 01:00AM

Check

F0017001

APPROVED  
NJ Dept. of Health & Senior Services  
(Signature)  
Date: 5/16/13 Time: 2:45

Date of Notification (1) <b>5-16-13</b>		Name of Building Owner/Operator (2) <b>Darryn Urszula K</b>						
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 of 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 <b>309 West Bayview Drive</b> City, State, Zip Code <b>Toms River, NJ 08753</b>						
Name of Contact <b>Darryn Urszula K</b>		Telephone Number <b>[REDACTED]</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</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>309 West Bayview Drive</b>		Square Feet <b>1</b>						
City (5) <b>Toms River NJ 08753</b>		# of Floors <b>1</b>						
County (6) <b>Ocean</b>		Bldg. Age <b>60+</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>Single family Dwelling</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>						
Street Address <b>P.O. Box 337</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		Street Address <b>P.O. Box 337</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b>						
Start Date (10) <b>5-22-13</b>		License No. <b>00394</b>						
Scheduled Completion Date (11) <b>5-23-13</b>		Name of OSHA Monitor <b>EPC Technologies Inc</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 Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>						
Scope of Work (Check All That Apply) <input type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> ≥180 sf or ≥280 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>New Egypt NJ 08533</b>						
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	Encapsulation
<b>Exterior Walls</b>			<b>X Siding Shingles</b>	<b>800 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>5-23-13</b>	City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>5-16-13</b>			



# NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) <div style="text-align: center;">May 15, 2013</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Bobby Bobcat Excavating</div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="text-align: center;">1409 Route 9</div>	
		City, State, Zip Code <div style="text-align: center;">Toms River, NJ 08753</div>	
		Name of Contact <div style="text-align: center;">Bob</div>	Telephone Number <div style="text-align: center;">_____</div>

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="text-align: center;">443 Eisenhower Avenue</div>			Square feet <div style="text-align: center;">1000 sf</div>		
City <div style="text-align: center;">Ortley Beach</div>	County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	# of Floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>	
Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>					
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>		ASCM No.	Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address <div style="text-align: center;">1889 Route 9, Unit 61</div>		
City, State, Zip Code			City, State, Zip Code <div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number <div style="text-align: center;">732-349-9932</div>	License Number <div style="text-align: center;">00624</div>	
Scheduled Start Date (10) <div style="text-align: center;">5/15/13</div>	Scheduled Completion Date (11) <div style="text-align: center;">5/16/13</div>		Name of OSHA Monitor <div style="text-align: center;">E.M.S.L. Analytical</div>		
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 <div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code <div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			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	675 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>	NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>	Cubic Yards of Waste <div style="text-align: center;">2</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>
City, State <div style="text-align: center;">Toms River, New Jersey</div>	Disposal Date <div style="text-align: center;">5/17/13</div>	City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>	
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>	Title <div style="text-align: center;">Project Manager</div>	Signature 	Date <div style="text-align: center;">5/15/13</div>

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

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

Date of Notification (1) <b>May 15, 2013</b>		Name of Building Owner/Operator (2) <b>Robert Amato</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 of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Street Address <b>33 Rustic Trail</b>	
		City, State, Zip Code <b>Flemington, NJ 08822</b>	
		Name of Contact <b>Robert Amato</b>	Telephone Number <b>1</b>

<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>101 Eisenhower Avenue</b>			
City <b>Ortley Beach</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Square feet <b>1500 sf</b> # of Floors <b>1</b> Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Current Use (Prior if being demolished) <b>Residence</b> Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>
Street Address		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>
Scheduled Start Date (10) <b>5/15/13</b>	Scheduled Completion Date (11) <b>5/16/13</b>	Name of OSHA Monitor <b>E.M.S.L. 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 Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> &gt;3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			

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	X	Asbestos siding	1350 sf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>T.R.R.F.</b>			
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>5/17/13</b>	City, State <b>Tullytown, Pennsylvania</b>		Date <b>5/15/13</b>		
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>	Signature <i>Nicholas Fernicola</i>				

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



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<u>Date of Notification (1)</u> <b>May 14, 2013</b>		<u>Name of Building Owner/Operator (2)</u> <b>The Village School</b>															
<u>Agencies Notified</u> X EPA x DCA x DOL x DEP x DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled															
<u>Street Address</u> <b>100 West Prospect Street</b>		<u>City, State, Zip Code</u> <b>Waldwick, NJ 07463</b>															
<u>Name of Contact</u> <b>Marilyn Larkin</b>		<u>Telephone Number</u> 															
FACILITY INFORMATION																	
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>The Village School</b>		<u>Type of Facility (4)</u> <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.)															
<u>Street Address</u> <b>100 West Prospect Street</b>		<u>Sq. Feet:</u> <b>Unknown</b> <u># of Floors:</u> <b>3</b> <u>Bldg. Age:</u> <b>50 years</b>															
<u>City (5)</u> <b>Waldwick</b>	<u>County (6)</u> <b>Bergen</b>	<u>County Code (7)</u> (State Use Only)															
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>EnviroVision Consultants inc.</b>		<u>ASCM No.</u> <b>00079</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>														
<u>Street Address</u> <b>20-21 Wagaraw Road, Bldg # 34A</b>		<u>Street Address</u> <b>268 MAIN STREET</b>															
<u>City, State, Zip Code</u> <b>Fairlawn, NJ 07410</b>		<u>City, State, Zip Code</u> <b>Butler, NJ 07405</b>															
<u>Project Manager for Monitoring Firm</u> <b>Fred Larson</b>	<u>Telephone Number</u> <b>973-636-9145</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>														
<u>Scheduled Start Date (10)</u> <b>June 22, 2013</b>	<u>Scheduled Completion Date (11)</u> <b>July 12, 2013</b>	<u>Name of OSHA Monitor</u> <b>EMSL inc.</b>															
<u>Occupancy Status During Abatement (Check only one)</u> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Vacant</b> <b>Sub Chapter 8 - Non-Occupied</b>		<u>Street Address</u> <b>1056 Stelton Road</b> <u>City, State, Zip Code</u> <b>Piscataway, NJ 08854</b>															
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260         </div> <div>           Renovation            Demolition         </div> <div>           x Full Containment with Negative Pressure            Mini-Enclosure            Glovebag Procedure            Non-Exempted (*) and Non-Friable Procedure         </div> </div>																	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>SW Corner Stairwell 1<sup>st</sup> &amp; 2<sup>nd</sup> Floors 1<sup>st</sup> Floor Hallway</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>Plaster</b> <b>Plaster</b>	<table border="1"> <thead> <tr> <th>Amount (Specify SF or LF)</th> <th>Abatement Type</th> </tr> <tr> <th>Remove</th> <th>Repair</th> <th>Encap</th> <th>Enclose</th> </tr> </thead> <tbody> <tr> <td>1,031 sf</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>2,850 sf</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	Amount (Specify SF or LF)	Abatement Type	Remove	Repair	Encap	Enclose	1,031 sf	<input checked="" type="checkbox"/>			2,850 sf	<input checked="" type="checkbox"/>		
Amount (Specify SF or LF)	Abatement Type																
Remove	Repair	Encap	Enclose														
1,031 sf	<input checked="" type="checkbox"/>																
2,850 sf	<input checked="" type="checkbox"/>																
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> <b>40</b>	<u>Name of Registered Landfill</u> <b>Meadowfill Landfill</b>														
<u>Hauler #1)</u> <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		<u>Disposal Date</u> <b>July 12, 2013</b>	<u>City, State</u> <b>Route 2, Box 68 Bridgeport, WVA 304-842-2784</b>														
<u>Hauler #2)</u> <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>																	
<u>Completed by (Print or Type)</u> <b>Marin Graure</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Marin Graure</i>	<u>Date</u> <b>May 14, 2013</b>														

GAC # 2013-384



# State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

<u>Date of Notification (1)</u> <b>May 13, 2013</b>			<u>Name of Building Owner/Operator (2)</u> <b>BES, Inc.</b>		
<u>Agencies Notified</u> EPA DCA X DOL X DEP X DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification x Emergency (including justification) <input type="checkbox"/> Cancelled		<u>Street Address</u> <b>64 East Midland Avenue</b> <u>City, State, Zip Code</u> <b>Paramus, New Jersey 07652</b>	
				<u>Name of Contact</u> <b>Mark Wagener</b>	<u>Telephone Number</u> 
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>Berkeley College- Bldgs 4 &amp; 5</b>			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> Unknown <u># of Floors:</u> <u>Bldg. Age:</u> 100 years		
<u>Street Address</u> <b>44 Rifle Camp Road</b>			<u>Current Use (prior if being demolished):</u>		
<u>City (5)</u> <b>Woodland Park</b>	<u>County (6)</u> <b>Passaic</b>	<u>County Code (7)</u> (State Use Only)			
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>EnviroVision Consultants inc.</b>		<u>ASCM No.</u> <b>00079</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
<u>Street Address</u> <b>20-21 Wagaraw Road, Bldg # 35E</b>			<u>Street Address</u> <b>268 MAIN STREET</b>		
<u>City, State, Zip Code</u> <b>Fairlawn, NJ 07410</b>			<u>City, State, Zip Code</u> <b>Butler, NJ 07405</b>		
<u>Project Manager for Monitoring Firm</u> <b>Fred Larson</b>		<u>Telephone Number</u> <b>973-636-9145</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>	
<u>Scheduled Start Date (10)</u> <b>May 16, 2013</b>		<u>Scheduled Completion Date (11)</u> <b>May 20, 2013</b>		<u>Name of OSHA Monitor</u> <b>EMSL inc.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Weekend Work</b>			<u>Street Address</u> <b>1056 Stelton Road</b> <u>City, State, Zip Code</u> <b>Piscataway, NJ 08854</b>		
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260         </div> <div>           Renovation            Demolition         </div> <div>           Full Containment with Negative Pressure            Mini-Enclosure with negative air            Glovebag Procedure            Non-Exempted (*) and Non-Friable Procedure            Wrap &amp; Cut         </div> </div>					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Remove Repair Encap Enclose	
<b>Cafeteria</b> <b>Old Security Rm &amp; Closet</b> <b>Community Room</b>		<input checked="" type="checkbox"/> VAT & Mastic <input checked="" type="checkbox"/> VAT & Mastic <input checked="" type="checkbox"/> VAT & Mastic	1,350 sf 500 sf 880 sf	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 15	<u>Name of Registered Landfill</u> <b>Meadowfill Landfill</b>	
<u>Hauler #1)</u> <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>			<u>Disposal Date</u> <b>May 20, 2013</b>	<u>City, State</u> Route 2, Box 68 Bridgeport, WVA 304-842-2784	
<u>Hauler #2)</u> <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>					
<u>Completed by (Print or Type)</u> <b>Marin Graure</b>		<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Marin Graure</i>		<u>Date</u> <b>May 13, 2013</b>

GAC # 2013-388



## State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

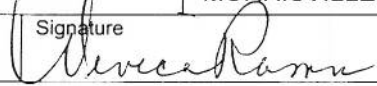
APPROVED NJ Dept. of Health & Senior Services (signature) Date: <u>5/13/2013</u> Time: <u>1:00 PM</u>
--

Date of Notification (1) <b>May 13, 2013</b>		Name of Building Owner/Operator (2) <b>BES, Inc.</b>	
Agencies Notified EPA DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) <b>Berkeley College- Bldgs 4 &amp; 5</b>		Street Address <b>64 East Midland Avenue</b>	
Street Address <b>44 Rifle Camp Road</b>		City, State, Zip Code <b>Paramus, New Jersey 07652</b>	
City (5) <b>Woodland Park</b>	County (6) <b>Passaic</b>	County Code (7) (State Use Only)	Name of Contact <b>Mark Wagener</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>EnviroVision Consultants inc.</b>		ASCM No. <b>00079</b>	Telephone Number
Street Address <b>20-21 Wagaraw Road, Bldg # 34A</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>Unknown</b> # of Floors: <b>3</b> Bldg. Age: <b>100</b> years	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		Current Use (prior if being demolished):	
Project Manager for Monitoring Firm <b>Fred Larson</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Telephone Number <b>973-636-9145</b>		Street Address <b>268 MAIN STREET</b>	
Scheduled Start Date (10) <b>May 16, 2013</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Scheduled Completion Date (11) <b>May 20, 2013</b>		Telephone Number <b>973-492-0477</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Weekend Work</b>		License Number <b>00840</b>	
Source of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$		Name of OSHA Monitor <b>EMSL Inc.</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Cafeteria Old Security Rm &amp; Closet Community Room</b>		Street Address <b>1056 Stelton Road</b>	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT &amp; Mastic VAT &amp; Mastic VAT &amp; Mastic</b>		Amount (Specify SF or LF) <b>1,350 sf 500 sf 880 sf</b>	
Abatement Type Remove Repair Encap Enclose <b>Remove Repair Encap Enclose</b>		Full Containment with Negative Pressure Mini-Enclosure with negative air Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Wrap & Cut	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561</b>		Cubic Yards of Waste: <b>15</b>	
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		Name of Registered Landfill <b>Meadowfill Landfill</b>	
Completed by (Print or Type) <b>Marin Graure</b>		Disposal Date <b>May 20, 2013</b>	
Title <b>SENIOR PROJECT MANAGER</b>		City, State <b>Route 2, Box 68 Bridgeport, WVA 304-842-2764</b>	
Signature <b>Marin Graure</b>		Date <b>May 13, 2013</b>	

GAC # 2013-388

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

CK 17934

Date of Notification (1) 5/14/2013		Name of Building Owner/Operator (2) ROBERT BAUMEISTER							
Agencies Notified	Type Notification	Street Address 118 COLUMBIA ROAD							
<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 MORRISTOWN, NJ 07960							
		Name of Contact ROBERT BAUMEISTER	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 118 COLUMBIA ROAD		Square Feet	# of Floors						
City (5) MORRISTOWN		Bldg. Age							
County (6) MORRIS	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-956-8700						
			License No. 00494						
Start Date (10) 5/24/2013	Scheduled Completion Date (11) 5/29/2013	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CRAWLSPACE		X		TILE ONLY	500 SF	X			
BASEMENT		X		PIPE INSULATION	130 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 5	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 5/29/2018		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title SECRETARY		Signature 			Date 5/14/2013		

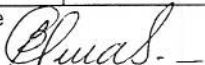


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

2013 MAY 20 4:20 PM  
PAGE#1

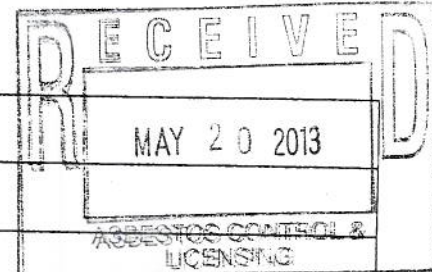
Date of Notification (1) 5/13/2013		Check#2416		Name of Building Owner/Operator (2) Church of Our Lady of Sorrows					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		217 Prospect Street					
				City, State, Zip Code South Orange, NJ 07079					
				Name of Contact Marvin Reyes	Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Sorrows- Rectory				Type of Facility (4)					
Street Address 217 Prospect 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) South Orange, NJ 07079				Square Feet 4,000	# of Floors 2				
County (6) ESSEX				County Code (7) (STATE USE ONLY)	Bldg. Age 60+				
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.	Name of Abatement Contractor (9) EA Services Corporation				
Street Address				Street Address 426- 69th Street					
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm				Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 5/29/13		Scheduled Completion Date (11) 5/30/2013		Name of OSHA Monitor Same as above					
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 checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laundry Room		x		Pipe ins	7 LF		x		
Bathroom		x		Pipe ins	1 LF		x		
Conference Room		x		Pipe ins	15 LF		x		
Food Pantry		x		Pipe ins	20 LF		x		
Name of Registered Waste Hauler FREEHOLD CARTING			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management				
City, State PO Box 5010				Disposal Date tbd	City, State Tullytown Landfill				
Completed by Gina Salvador			Title Office Manager	Signature <i>B. Quas</i>	Date 5/13/13				

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

Date of Notification (1) 5/13/2013		Check#2416		Name of Building Owner/Operator (2) Church of Our Lady of Sorrows		PAGE#2			
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		217 Prospect Street					
				City, State, Zip Code					
				South Orange, NJ 07079					
				Name of Contact		Telephone Number			
				Marvin Reyes					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Sorrows- Rectory						Type of Facility (4)			
Street Address						<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
217 Prospect Street									
City (5) South Orange, NJ 07079						Square Feet 4,000	# of Floors 2		
						Bldg. Age 60+			
County (6) ESSEX				County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Office-Rectory			
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.		Name of Abatement Contractor (9) EA Services Corporation			
Street Address				Street Address		426- 69th Street			
City, State, Zip Code				City, State, Zip Code		Guttenberg, NJ 07093			
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 201-295-1700	License No. 01074		
Start Date (10) 5/29/13		Scheduled Completion Date (11) 5/30/2013		Name of OSHA Monitor Same as above					
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 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
Boiler Room		x		Pipe ins	20 LF		x		
Under Stairs		x		Pipe ins	3 LF		x		
Garage		x		Pipe ins	20 LF		x		
Boiler Room/Garage		x		Elbows	4 LF / 1 LF	x			
Name of Registered Waste Hauler FREEHOLD CARTING		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Waste Management				
City, State PO Box 5010		Disposal Date tbd		City, State Tullytown Landfill					
Completed by Gina Salvador		Title Office Manager		Signature 		Date 5/13/13			



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



Date of Notification (1) 05/08/13 Check #2624		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<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 South Plainfield, New Jersey 07080							
		Name of Contact Tim McGuire	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 84 Runyon Road		<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) Clifton, New Jersey 07013		Square Feet 2000	# of Floors 2						
County (6) Passaic		Bldg. Age 55+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address		Street Address 606 McBride Avenue							
City, State, Zip Code		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-225-8400						
Start Date (10) 05/20/13		Scheduled Completion Date (11) 05/27/13	License No. 01104						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J & S Environmental Laboratories Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
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 checked="" 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
House Exterior			X	Transite Siding	1250 SF	X			
Kitchen&BasemntStaircaseLanding			X	BrownLinoleum&Adhesive	150 SF	X			
Basement			X	Floor Tile & Mastic	660 SF	X			
Basement			X	Transite Exhaust Pipe	1 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey		Disposal Date 05/28/13		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 05/08/13			



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 Sq Ft or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Exterior Window Glaze	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Interior Window Glaze	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RECEIVED**  
 MAY 2 2013  
 ASBESTOS CONTROL & LICENSING



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

RECEIVED	Form
MAY 20 2013	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 05/08/13 Check #2624		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<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 South Plainfield, New Jersey 07080							
		Name of Contact Tim McGuire	Telephone Number						
Name of Facility Where Abatement is Taking Place (3) Residence									
Street Address 84 Runyon Road		Type of Facility (4)							
City (5) Clifton, New Jersey 07013		<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.)							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Square Feet 2000	# of Floors 2						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Bldg. Age 55+							
Street Address		Current Use (Prior if being demolished) Residence							
City, State, Zip Code		Name of Abatement Contractor (9) Lilich Corporation							
Project Manager for Monitoring Firm		Street Address 606 McBride Avenue							
Telephone No.		City, State, Zip Code Woodland Park, New Jersey 07424							
Start Date (10)	Scheduled Completion Date (11)	Telephone No. 973-225-8400	License No. 01104						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J & S Environmental Laboratories Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
Scope of Work (Check All That Apply)		City, State, Zip Code Union, New Jersey 07083							
<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-Frable 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
House Exterior			X	Transite Siding	1250 SF	X			
Kitchen&BasemntStaircaseLanding			X	BrownLinoleum&Adhesive	150 SF	X			
Basement			X	Floor Tile & Mastic	660 SF	X			
Basement			X	Transite Exhaust Pipe	1 LF	X			
Name of Registered Waste Hauler ilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey		Disposal Date 05/28/13		City, State Morrisville, Pennsylvania					
Completed by atijana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>			Date 05/08/13			

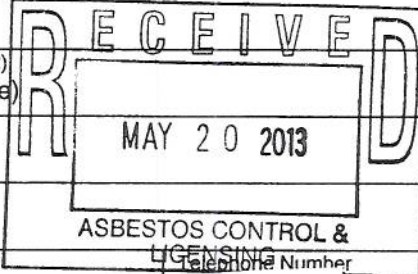


RECEIVED  
MAY 20 2018  
ASBESTOS CONTROL  
LICENSING

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	Encapsulation	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Exterior Window Glaze	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Interior Window Glaze	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)




Date of Notification (1) 5/16/13		Name of Building Owner/Operator (2) Tony Zaffarese (private Home)							
Agencies Notified	Type Notification	Street Address 55 Ralph							
<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 Manahawkin NJ 08050							
		Name of Contact Tony							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Tony Zaffarese (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 55 Ralph		Square Feet 1000+	# of Floors 1						
City (5) Manahawkin NJ 08050		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) 5/27/13	Scheduled Completion Date (11) 6/2/13	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
Exterior Siding			X	Exterior Siding	1000 Sf	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 6/3/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/16/13		

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

CH 3234

Date of Notification (1) 5/16/13		Name of Building Owner/Operator (2) Tom & AnnaMaria Reilly (Private Home)	
Agencies Notified	Type Notification	Street Address 1505 Barnegat Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008	
		Name of Contact Tom	

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ASBESTOS CONTROL &

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tom & AnnaMaria Reilly (Private Home)		Type of Facility (4)							
Street Address 1505 Barnegat 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) Ship Bottom NJ 08008	Square Feet 1000 +	# of Floors 1	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		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) 5/29/13	Scheduled Completion Date (11) 6/5/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1300 SF	x			
Name of Registered Waste Hauler United Containers	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.						
City, State Elm NJ	Disposal Date 6/5/13	City, State Morrisville PA 19067							
Completed by Anthony T Perna	Title President	Signature 	Date 5/16/13						



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

Date of Notification (1) 05/14/13 Ck: 2632 \$200		Name of Building Owner/Operator (2) PSE&G		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  MAY 20 2013  ASBESTOS CONTROL &amp; TESTING </div>	
Agencies Notified	Type Notification	Street Address 4000 Hadley Road			
<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 #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, New Jersey 07080			
		Name of Contact Tim McGuire		Telephone Number _____	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 84 Runyon Road			Square Feet 2000	# of Floors 2	Bldg. Age 55+
City (5) Clifton, New Jersey 07013			Current Use (Prior if being demolished) Residence		
County (6) Passaic		County Code (7) (STATE USE ONLY) _____			
Name of Monitoring Firm Hired by Building Owner (8) AECOM		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 30 Knightsbridge Road, Suite 520		Street Address 606 McBride Avenue			
City, State, Zip Code Piscataway, New Jersey 08854		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm Mark Connors, CMI		Telephone No. 732-564-3606	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 05/29/13		Scheduled Completion Date (11) 06/08/13		Name of OSHA Monitor J&S Environmental Laboratories 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 2333 Route 22 West		
			City, State, Zip Code Union, New Jersey 07083		
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>					

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
House Exterior			X	Transite Siding	1250 SF	X			
Kitchen&BasemntStaircaseLanding			X	BrownLinoleum&Adhesive	150 SF	X			
Basement			X	Floor Tile & Mastic	660 SF	X			
Basement			X	Transite Exhaust Pipe	1 LF	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424		Disposal Date 06/10/13		City, State Morrisville, Pennsylvania	
Completed by Tatiana Kalenikova		Title Vice President	Signature <i>Tatiana Kalenikova</i>		Date 05/14/13

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



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Abatement Type  
 Removal ☒ Repair ☐ Encapsulate ☐ Enclosure ☐

MAY 20 2013

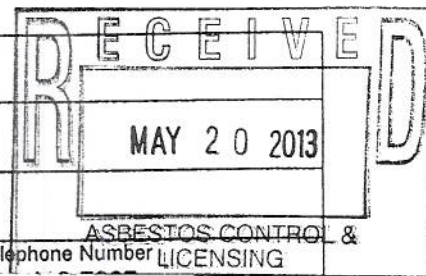
ASBESTOS CONTROL & LICENSING

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						
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Exterior Window Glaze	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Interior Window Glaze	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

Date of Notification (1) 05/08/13 Check #2624		Name of Building Owner/Operator (2) PSE&G	
Agencies Notified	Type Notification	Street Address 4000 Hadley Road	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code South Plainfield, New Jersey 07080	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Name of Contact Tim McGuire	Telephone Number _____



Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 84 Runyon Road				Square Feet 2000					
City (5) Clifton, New Jersey 07013				# of Floors 2		Bldg. Age 55+			
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation				
Street Address				Street Address 606 McBride Avenue					
City, State, Zip Code				City, State, Zip Code Woodland Park, New Jersey 07424					
Project Manager for Monitoring Firm			Telephone No. _____		Telephone No. 973-225-8400		License No. 01104		
Start Date (10) 05/20/13		Scheduled Completion Date (11) 05/27/13		Name of OSHA Monitor J & S Environmental Laboratories 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 2333 Route 22 West					
				City, State, Zip Code Union, New Jersey 07083					
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
House Exterior			X	Transite Siding	1250 SF	X			
Kitchen&BasemntStaircaseLanding			X	BrownLinoleum&Adhesive	150 SF	X			
Basement			X	Floor Tile & Mastic	660 SF	X			
Basement			X	Transite Exhaust Pipe	1 LF	X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 15		Name of Registered Landfill G.R.O.W.S Landfill		
City, State Woodland Park, New Jersey					Disposal Date 05/28/13		City, State Morrisville, Pennsylvania		
Completed by Tatiana Kalenikova			Title Vice President		Signature <i>Tatiana Kalenikova</i>			Date 05/08/13	



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Abatement Type  
☐ Removal  
☒ Repair  
☐ Encapsulate  
☐ Enclosure

MAY 10 2013

ASBESTOS CONTROL &

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Exterior Window Glaze	72 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Interior Window Glaze	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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