
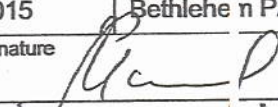


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/19/2015		Name of Building Owner/Operator (2) Mr. Vincent Maltese		2015 MAY 22	
Agencies Notified	Type Notification	Street Address 52 Creamery Road		ASBESTOS & LICEN	
<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 Colts Neck, NJ		H 3:44	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Vincent Maltese		Number	
		Telephone 73			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 52 Creamery 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) Colts Neck			Square Feet 2,000	# of Floors 2	Bldg. Age 70+
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) DIA General Construction, Inc.		
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218			
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-389-0089	Lic. No. 0063	
Start Date (10) 5/30/2015		Scheduled Completion Date (11) 5/31/2015		Name of OSHA Monitor DIA General Construction, Inc.	
Occupancy Status During Abatement (Check Only One)			Street Address 1360 Clifton Avenue, PMB Suite 218		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Clifton, NJ 07012		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours					
Other - Describe: _____					
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("and Non-liable Procedure"	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement and Crawlspace			X	Pipe/Elbow Insulation	230 LF
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 6	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 5/31/2015	City, State Waynesburg, OH 4688		
Completed by Krutarth Jagad		Title Project Manager	Signature 		Date 5/19/2015

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

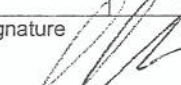
Date of Notification (1) 5/18/2015		Name of Building Owner/Operator (2) Matthew Berliner		2015 MAY 22 AM 2:43	
Agencies Notified	Type Notification	Street Address 77 Oakley Terrace		ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Nutley NJ 07110			
		Name of Contact Matthew Berliner			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private dwelling			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than residential buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 281 Altamont Place			Square Feet n/a	Number of Floors 1	Bldg. Age n/a
City (5) Somerville NJ 08876			County Code (7) (STATE USE ONLY) _____		
County (6) Somerset			Current Use (Prior if being demolished) private dwelling		
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Environmental Solutions		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting		
Street Address 1130 W Chestnut St		Street Address 24 Morley dr			
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-692-6298	Lic. No. 012	Exp. Date
Start Date (10) 5-20-2015		Scheduled Completion Date (11) 5-21-2015		Name of OSHA Monitor Amax Contracting	
Occupancy Status During Abatement (Check Only One)			Street Address 24 Morley Dr		
<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 Woodland Park NJ 07424		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("A" and "B") 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 L)
	Yes	No	N/A		
Basement			X	pipe insulation	180L
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3cy	Name of Registered Landfill IESI PA Bethlehem n Landfill Corp	
City, State Newark NJ		Disposal Date 5-21-2015	City, State Bethlehem PA		
Completed by Tome Maslarkov		Title Project Manager	Signature 		Date 5-18-2015



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

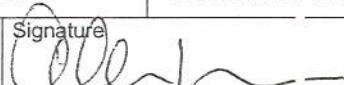
Date of Notification (1) 05/19/2015		Name of Building Owner/Operator (2) Michael Kay	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	26 Blackstone Drive	
		City, State, Zip Code Livingston, NJ 07039	
		Name of Contact Michael Kay	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) 26 Blackstone Drive		Type of Facility (4)	
Street Address 26 Blackstone Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Livingstone, NJ 07039		Square Feet	# of Floors
County (6)		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) Consulting Services of America, Inc.		ASCM No.	Name of Abatement Contractor (9) GMAC Contracting Corp
Street Address PO BOX 367		Street Address 102-22 87th ave	
City, State, Zip Code Belmar, NJ 07719		City, State, Zip Code Richmond Hill, NY 11418	
Project Manager for Monitoring Firm Michael Chain		Telephone No. 17329219233	Telephone No. 908-344-7029
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: M-F 8:00 AM - 5:00 PM		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and NFR-ifiable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Gargage		X	Duct Insulation
Name of Registered Waste Hauler SERVICE TRANSPORT GRP.		NJDEP Waste Hauler ID No. 20990	Name of Registered andfill MINERVA LANDFILL
City, State 58 PYLES LANE, NEW CASTLE, DE, 19720		Cubic Yards of Waste AS NEEDED	Disposal Date WAYNE SBURGH, OH, 44688
Completed by GEORGE MONCAYO		Title OWNER	Signature Date 05/19/2015

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

Date of Notification (1) <div style="text-align: center;">5 / 18 / 15</div>		Name of Building Owner/Operator (2) <b>Fairleigh Dickinson University</b>		<div style="text-align: right;">2015 MAY 2 AM 3:44</div>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>285 Madison Ave</b>		<div style="text-align: right;">ASBESTOS CONTROL LISING</div>						
		City, State, Zip Code <b>Madison, NJ 07940</b>								
		Name of Contact <b>Craig Gorczyca</b>		Telephone Number						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>FDU - Hennessey Hall (SNAXS)</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>285 Madison Ave</b>										
City (5) <b>Madison, NJ 07940</b>				Square Feet	# of Floors Bldg. Age					
County (6) <b>Morris</b>		County Code (7) (STATE USE ONLY)		Current Use (For if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>EWMA</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>100 Misty Lane</b>		Street Address <b>27 Outwater Lane</b>								
City, State, Zip Code <b>Parsippany, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>								
Project Manager for Monitoring Firm <b>Craig Gorczyca</b>		Telephone No. <b>973-703-6649</b>	Telephone No. <b>973-928-4888</b>	Licenses No. <b>11</b>						
Start Date (10) <div style="text-align: center;">5 / 20 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">9 / 15 / 15</div>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>6:00</u> AM - <u>4:30</u> PM			Street Address <b>27 Outwater Lane</b>							
			City, State, Zip Code <b>Garfield, NJ 07026</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 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 (SF)	Abatement Type					
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT &amp; Mastic</b>	<b>1,1</b>	<b>SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Caulking</b>	<b>3</b>	<b>SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>All Pro Management LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Landfill</b>						
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>						
Completed By (Print or Type) <b>Raymond Blum</b>		Title <b>Project Manager</b>		Signature 		Date <b>5-18-15</b>				

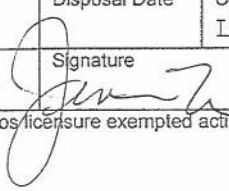


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 5 / 6 / 15		Name of Building Owner/Operator (2) Fairleigh Dickinson University		<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> RECEIVED  MAY 22 AM 3:44  ASBESTOS CONTROL  LICENSING </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 285 Madison Ave City, State, Zip Code Madison, NJ 07940 Name of Contact Craig Gorczyca	
						Telephone Number	
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) FDU - Hennessey Hall (SNAXS)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address 285 Madison Ave				Square Feet			
City (5) Madison, NJ 07940				# of Floors			
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Provide if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) EWMA		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC			
Street Address 100 Misty Lane				Street Address 27 Outwater Lane			
City, State, Zip Code Parsippany, NJ				City, State, Zip Code Garfield, NJ 07026			
Project Manager for Monitoring Firm Craig Gorczyca		Telephone No. 973-703-6649		Telephone No. 973-928-4888			
Start Date (10) 5 / 20 / 15		Scheduled Completion Date (11) 9 / 15 / 15		License No. 118			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/6:00PM-4:30AM				Name of OSHA Monitor ALL PRO MANAGEMENT LLC			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				Street Address 27 Outwater Lane			
				City, State, Zip Code Garfield, NJ 07026			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
						Amount (Specify SF or LF)	
Basement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		VAT & Mastic			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Name of Registered Waste Hauler All Pro Management LLC		NJDEP Waste Hauler ID No. 0034860		Cubic Yards of Waste As Needed			
City, State Garfield, NJ				Name of Registered Landfill IESI Landfill			
				Disposal Date TBD			
				City, State Bethlehem PA			
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 			
				Date 5/6/15			

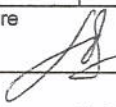
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5-20-14		Name of Building Owner/Operator (2) The Memorial Hospital of Salem County	
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 310 Woodstown Road  City, State, Zip Code Salem, NJ 08079  Name of Contact Kim Dooley Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) The Memorial Hospital of Salem County		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12 buildings, <input checked="" type="checkbox"/> Other (i.e. private & commercial homes, etc.)	
Street Address 310 Woodstown Road		Square Feet 200,000	# of Floors 4 Bldg. Age +/- 50
City (5) Salem		County Code (7) (STATE USE ONLY) Salem	
County (6) Salem		Current Use (Prior if being demolished) hospital	
Name of Monitoring Firm Hired by Building Owner (8) Quad 3 Group		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.
Street Address 72 Glenmaura National Blvd.		Street Address 2251 Fraley Street	
City, State, Zip Code Moosic, PA 18507		City, State, Zip Code Philadelphia, PA 19137	
Project Manager for Monitoring Firm Scott Jenkins		Telephone No. 570-406-6288	Telephone No. 215-533-5155 License No. 1166
Start Date (10) 6-1-15	Scheduled Completion Date (11) 6-12-15		Name of OSHA Monitor Quad 3 Group
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: occupied		Street Address 72 Glenmaura National Blvd. City, State, Zip Code Moosic, PA 18507	
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 Fiber			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
4 Bathrooms on 4th floor			9x9 floor tile and mastic
Name of Registered Waste Hauler Service Transport	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage
City, State Morrisville, PA		Disposal Date	City, State Libson, OH
Completed by Jennifer Niven	Title Dir. of Operations	Signature 	
		Date 5-20-15	



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

Date of Notification (1) 05-15-15		Name of Building Owner/Operator (2) Caravella Demolition	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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	40 Deforest Ave.	
		City, State, Zip Code East Hanover NJ 07936	
		Name of Contact Tom Bandelt	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)	
Street Address 128-132 South St.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) New Providence		Square Feet	# of Floors
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (If being demolished)
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 0708	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603
Start Date (10) 05-25-15	Scheduled Completion Date (11) 05-28-15	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 0708	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and N-riable 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)		Amount (Specify SF or LF)
	Yes	No	
(128) 1st & 2nd floor		x	Wall Plaster
(132) Basement		x	Pipe Insulation
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 8
City, State Union City NJ		Disposal Date 05-29-15	Name of Registered Waste Recovery Facility Tullytown Resource Recovery Facility
Completed by Jaime Delgado		Title Proj. Manager.	Signature 
		Date 05-15-15	

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

Print Form

1008

DOL

10 DAY

MAY 14 2015

APPROVED

Date of Notification (1) 05/14/15		Name of Building Owner/Operator (2) Gregory Egli	
Agencies Notified	Type Notification	Street Address 258 Broadway	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodcliff Lake, NJ 07677	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA		Name of Contact Gregory Egli	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, home, etc.)	
Street Address 258 Broadway		Square Feet 1075	# of Floors 2
City (5) Woodcliff Lake		Current Use (Prior if being demolished) Residence	
County (6) Bergen	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.
Street Address		Street Address 158 Maple Ave.	
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm		Telephone No. 973-408-7341	Lic. # No. 01117
Start Date (10) 05/18/15	Scheduled Completion Date (11) 05/18/15	Name of OSHA Monitor Leslaw Nalodka	
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 156 Maple Ave.	
		City, State, Zip Code Wallington, NJ 07057	

## 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"/> WRAP & CUT <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("C") and Non-Friable Procedure
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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)	Removal	Removal Type
	Yes	No	N/A				
1st. and 2nd. floor			*	pipe insulation	40lf.		

Name of Registered Waste Hauler Newark Carting Inc.	NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S
City, State Newark, NJ	Disposal Date 05/18/15	City, State Morrisville, PA	
Completed by Leslaw Nalodka	Title President	Signature <i>Leslaw Nalodka</i>	Date 05/14/15



NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Check#2195

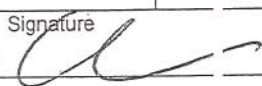
RECEIVED

Date of Notification (1) 05 / 18 / 15		Name of Building Owner/Operator (2) Sheila Srere		2115 MAY 22 AM 1:26	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Oakland Place City, State, Zip Code Summit, NJ 07901		ASBESTOS CONTROL & LICENSING	
		Name of Contact Sheila Srere		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 50 Oakland Place City (5) Summit, NJ 07901 County (6) Union			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age		
County Code (7) (STATE USE ONLY)		Current Use (Price if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Gr Tech LLC	
City, State, Zip Code				Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777 License No. 01127	
Start Date (10) 05 / 27 / 15		Scheduled Completion Date (11) 05 / 28 / 15		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 3-A City, State, Zip Code Fair Lawn, NJ 07410			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure Procedure <input type="checkbox"/> Non-Exempted (*) and Non Friable F	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or %)	Abatement Type
	Yes	No			
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	100 LF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>Sheila Srere</i> Date 05/18/2015	

Emergency

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

CHARGE ELIMINATED

Date of Notification (1) 5/18/15		Name of Building Owner/Operator (2) Patricia O'Rourke Private Home		215 MAY 22 AM 1:29	
Agencies Notified	Type Notification	Street Address 99 Mary Alice		43858 ASBESTOS CONTROL & LICENSING	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050		Name of Contact Pat	
		Name of Contact Pat		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Patricia O'Rourke Private Home			Type of Facility (4)		
Street Address 99 Mary Alice			<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) Manahawkin NJ 08050			Square Feet 1000+	# of Doors 1	Bldg. Age 35+
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (if prior if being demolished) House		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor 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) 5/19/15	Scheduled Completion Date (11) 5/22/15		Name of OSHA Monitor Samè		
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"/> $\geq 3$ 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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify or LF)
	Yes	No	N/A		
Exterior Siding			x	Exterior Siding	100 SF
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 5/22/15	City, State Morrisville NJ 19067		
Completed by Anthony T Perna		Title President	Signature 		Date 5/18/15




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

CLK 5/18/15

Date of Notification (1) <b>5/18/15</b>		Name of Building Owner/Operator (2) <b>LEAH KELMAN</b>		2015 AT 22 AM 1:38	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>10 FAIRHILL RD</b>		588 STOS CONTROL LICENSING	
		City, State, Zip Code <b>EDISON, NJ 08818</b>			
		Name of Contact <b>LEAH KELMAN</b>		Telephone Number 1	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>LEAH KELMAN</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>10 FAIRHILL RD</b>				Bldg. Age <b>75 years</b>	
City (5) <b>EDISON</b>				Square Feet # of Floors <b>2500 2</b>	
County (6) <b>MIDDLESEX</b>		County Code (7) (STATE USE ONLY)		Current Use (Pre or if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
Street Address				Street Address <b>450 South River St</b>	
City, State, Zip Code				City, State, Zip Code <b>Hackensack, N.J. 07011</b>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. License <b>201-329-7444 00388</b>	
Start Date (10) <b>6/1/15</b>		Scheduled Completion Date (11) <b>6/5/15</b>		Name of OSHA Monitor <b>Omega Environmental 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: <b>24H TO 8PM</b>				Street Address <b>280 Huyler St</b>	
				City, State, Zip Code <b>Hackensack, N.J. 07011</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>BASEMENT</b>		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) <b>VAT + MASTIC</b>	
		Yes	No		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>367</b>	
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date		Name of Registered Landfill <b>Minerva Enterprises LLC</b>	
				City, State <b>Waynesburg Oh 44688</b>	
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>J. Maiorano</i> Date <b>5/18/15</b>	

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

Date of Notification (1) 5/18/15		Name of Building Owner/Operator (2) Paul Davis Restoration								
Agencies Notified	Type Notification	Street Address								
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1 Frassetto Way, Suite K								
		City, State, Zip Code Lincoln Park, NJ 07035								
		Name of Contact Korina								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)								
Street Address 20 Kathleen Place		<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) Morris Plains		Square Feet 2300	# of Floors 2							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive								
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418								
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	Lic. No. 70							
Start Date (10) 5/26/15	Scheduled Completion Date (11) 6/8/15	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One)		Street Address								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code								
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours										
<input checked="" type="checkbox"/> Other - Describe: _____										
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation								
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure								
		<input type="checkbox"/> Mini-Enclosure								
		<input type="checkbox"/> Glovebag Procedure								
		<input checked="" type="checkbox"/> Non-Exempted ( ) and Non-Exempted ( )								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec SF or L)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
basement			x	floor tile	250 SF	x				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland Landfill						
City, State Freehold, NJ		Disposal Date TBD		City, State Newburg PA						
Completed by A. Scott Higgins		Title President	Signature 		Date 5/18/15					



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

Date of Notification (1) 5/18/15		Name of Building Owner/Operator (2) Harvey Rubin		Check # 0012	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 26 Brookfield Way	
		City, State, Zip Code Morristown, NJ		ASBESTOS CONTROL & LICENSING	
		Name of Contact Harvey Rubin		Telephone Number 370 3333	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residential House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 26 Brookfield Way			Square Feet 1500		# of Floors 2
City (5) Morristown			Bldg. Age 50+		
County (6) Morris		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential House	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting	
Street Address n/a		Street Address 360 Palisade Ave			
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026			
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973.460.6026	
Start Date (10) 5/28/15		Scheduled Completion Date (11) 5/29/15		Name of OSHA Monitor Harmony Contracting	
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 360 Palisade Ave		
			City, State, Zip Code Garfield, NJ 07026		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and NFRiable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec SF or %)
	Yes	No	N/A		
Ground Floor			X	VAT	140
Name of Registered Waste Hauler LMC		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	
City, State Lincoln Park, NJ		Disposal Date TBD		Name of Registered Landfill GROWSE Landfill, PA	
Completed by T. Caporino		Title Secretary		Signature T. Caporino	
				Date 5/18/15	

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

CK SC22

Date of Notification (1) <b>5/18/15</b>		Name of Building Owner/Operator (2) <b>Ms ANGELICA PEREZ</b>		28 MAY 22 AM 1:53		
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>124 TENAFLY RD</b>		ASBESTOS CONTROL & LICENSING		
		City, State, Zip Code <b>ENGLEWOOD, NJ 07631</b>		Telephone Number <b>201-329-7444</b>		
		Name of Contact <b>Bill McQuinn</b>				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>A. PEREZ</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address <b>124 TENAFLY RD</b>			Square Feet <b>250</b>	# of Floors <b>2</b>	Bldg. Age <b>95 years</b>	
City (5) <b>ENGLEWOOD</b>			Current Use (For if being demolished) <b>RESIDENCE</b>			
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)		
Street Address				Best Removal Inc		
City, State, Zip Code				Street Address <b>450 South River St</b>		
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code <b>Hackensack, N.J. 07011</b>		
Start Date (10) <b>5/28/15</b>		Scheduled Completion Date (11) <b>5/29/15</b>		Telephone No. <b>201-329-7444</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>7AM TO 5PM</b>		Name of OSHA Monitor <b>Omega Environmental Inc</b>		Licenses <b>00388</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 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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify or LF)	Abatement Type		
				Removal	Repair	Encapsulate
<b>GARAGE</b>		<b>ROOFING MATERIAL</b>	<b>9</b>	<b>10 SF</b>	<b>X</b>	
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>30CY</b>	Name of Registered Laboratory <b>Minerva Enterprises LLC</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>5/29/15</b>	City, State <b>Waynesburg</b>	Phone <b>44688</b>		
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>		Date <b>5/18/15</b>		



C/K 23815  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <u>05</u> / <u>15</u> / <u>15</u>		Name of Building Owner/Operator (2) Reagent Chemical		RECEIVED 2015 MAY 2 AM 1:34					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 115 US-202 #E		City, State, Zip Code Asbest & LI					
		Name of Contact Brian Skeuse		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Barn			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other in K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address 351 Rosemont Ringoes Road			Square Feet 2980						
City (5) Stockton New Jersey			# of Floors 2.5						
County (6) Delaware Township Hunterdon County NJ			Bldg. Age 114						
County Code (7) (STATE USE ONLY)		Current Use (If or if being demolished) Barn							
Name of Monitoring Firm Hired by Building Owner (8) Weatchester Environmental LLC		ASCM No. 0268	Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation						
Street Address 307 N Walnut Street		Street Address 500 East Luzerne Street							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Philadelphia, PA 19124							
Project Manager for Monitoring Firm Matt Abraham		Telephone No. 610-431-7545	Telephone No. 215-739-8166	Lic. No. 006					
Start Date (10) 05 / 19 / 15		Scheduled Completion Date (11) 05 / 22 / 15		Name of OSHA Monitor SAME AS ABOVE					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / PM-AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 (SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Ceiling	2,4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Diamond Huntbach or Service Transport		NJDEP Waste Hauler ID No. 19689/20990	Cubic Yards of Waste 20	Name of Registered Landfill Republic Services Inc.					
City, State Philadelphia, PA 19124 / New Castle, DE			Disposal Date 05/26/15	City, State Philadelphia, PA					
Completed By (Print or Type) Wayne Huntbach		Title Project Manager	Signature <i>Wayne</i>		Date 5/15/15				

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

*Check # 0551*

**RECEIVED**  
2015 MAY 22 AM 1:35

Date of Notification (1) 5/15/2015		Name of Building Owner/Operator (2) Dwight-Englewood School							
Agencies Notified	Type Notification	Street Address 315 East Palisades Avenue							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 Englewood, NJ 07631							
		Name of Contact Bruce Devlin	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A (Garage)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 315 East Palisades Avenue		Square Feet 2500	# of Floors 2						
City (5) Englewood, NJ 07631		Bldg. Age 50							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Maintenance Garage							
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services, LLC		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address P.O. Box 483		Street Address 494 E. 41st Street							
City, State, Zip Code Glenwood, NJ 07418		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 877-434-6041	Telephone No. 973-345-0022						
Start Date (10) May 28, 2015	Scheduled Completion Date (11) July 10, 2015	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Removable 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 (Spec. SF or cu yd.)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	40	X			
Exterior			X	Stucco	2,500	X			
Exterior			X	Roof Shingles	2,000	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 120	Name of Registered Landfill G.R.O.V. S. No. Inc.					
City, State Paterson, NJ 07504		Disposal Date 6/20/2015		City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature <i>James E. Unger</i>		Date 5/15/2015			

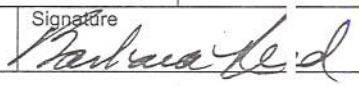


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
2015 MAY 22 AM 1:36

Date of Notification (1) <b>5/18/15</b>		Name of Building Owner/Operator (2) <b>MR BILL SALMON</b>											
Agency 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 <b>27 DAVIS AVE</b>											
		City, State, Zip Code <b>KEARNY . NJ . 07032</b>											
		Name of Contact <b>MR. SALMON</b>											
<b>FACILITY INFORMATION</b>													
Name of Facility Where Abatement is Taking Place (3) <b>MR. SALMON</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other commercial buildings) <input checked="" type="checkbox"/> Other (i.e. private & homes, etc)											
Street Address <b>27 DAVIS AVE</b>		Square Feet <b>2200</b>	# of Floors <b>2</b>										
City (5) <b>KEARNY</b>		Current Use (prior if be demolished) <b>RESIDENCE</b>											
County (6) <b>HUDSON</b>		County Code (7) (STATE USE ONLY) <b>125100</b>											
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>											
Street Address		Street Address <b>450 South River St</b>											
City, State, Zip Code		City, State, Zip Code <b>Hackensack . N. J. 07601</b>											
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	Licence No. <b>00388</b>										
Start Date (10) <b>5/29/15</b>	Scheduled Completion Date (11) <b>5/30/15</b>	Name of OSHA Monitor <b>Omega Environmental 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: <b>7 AM TO 5 PM</b>		Street Address <b>280 Huyler St</b>											
		City, State, Zip Code <b>Hackensack , N. J. 07601</b>											
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure													
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>BASMENT / CRAWL SPACE</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>THERMAL SYSTEM INSULATION</b>										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Abatement Type</th> </tr> <tr> <th>Removal</th> <th>Encapsulate/Repair</th> </tr> </thead> <tbody> <tr> <td align="center"><b>X</b></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>			Abatement Type		Removal	Encapsulate/Repair	<b>X</b>					
Abatement Type													
Removal	Encapsulate/Repair												
<b>X</b>													
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>107</b>										
City, State <b>Hackensack , N.J. 07601</b>		Disposal Date <b>5/30/15</b>	Name of Registered Waste Hauler <b>Minerva Enterprises, LLC</b>										
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>[Signature]</i>										
		Date <b>5/18/15</b>											

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

Date of Notification (1) 05/19/2015		Name of Building Owner/Operator (2) Sisters of Charity of Saint Elizabeth		RECEIVED MAY 22 AM 1:36	
Agencies Notified	Type Notification	Street Address PO BOX 476		City, State, Zip Code Convent Station, NJ 07961	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Kevin Bremer		Telephone Number 0000	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Sisters of Charity Administration Building			Type of Facility (4)		
Street Address 2 Convent Road			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter E (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Morristown			Square Feet	# of Floors	Bldg. Age
County (6) Morris County		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Administration Building		
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation		
Street Address 11 Tindall Road		Street Address 235 Watchung Ave			
City, State, Zip Code Middletown, NJ 07748		City, State, Zip Code West Orange NJ 07052			
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-676-1725	Telephone No. 973-669-2900	License No. 0131	
Start Date (10) 06/02/2015		Scheduled Completion Date (11) 06/07/2015		Name of OSHA Monitor Schneider Laboratories	
Occupancy Status During Abatement (Check Only One)			Street Address 2512 W. Cary Street		
<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: work performed during facility hours			City, State, Zip Code Richmond VA 23220		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and NFPA	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec SF or %)
	Yes	No	N/A		
Basement: Central Area			x	pipe insulation	3000
Basement: Central Area			x	pipe fitting	1000
Name of Registered Waste Hauler Be Construction Corporation		NJDEP Waste Hauler ID No. 0035767	Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility	
City, State West Orange, NJ		Disposal Date		City, State Tullytown, PA	
Completed by Barbara Reed		Title President	Signature 	Date 05/19/2015	



CK 3692

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

2015 MAY 22 AM 1:15  
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RECEIVED

Abatement Type  
Enclosure  
Encapsulate  
Repair

Date of Notification (1) <b>5-17-15</b>		Name of Building Owner/Operator (2) <b>RAN-11</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4788 Ocean Dr</b> City, State, Zip Code <b>Avalon NJ</b> Name of Contact <b>LARRY K</b>	
Name of Facility Where Abatement is Taking Place (3) <b>Residents</b>			
Street Address <b>4788 Ocean Dr</b> City (5) <b>Avalon</b> County (6) <b>Cape May</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Synagogue & other places of worship <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, etc.) Square Feet <b>3000</b> Number of Floors <b>2</b> Current Use (Primary use being described) <b>Residential</b>	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) <b>Ami Joe LLC</b> Street Address <b>1212 Burlington Ave</b> City, State, Zip Code <b>Delanco NJ</b>	
Project Manager for Monitoring Firm Telephone No.		Telephone No. <b>609-346 0914</b> Licenses No. <b>01</b>	
Start Date (10) <b>5-27-15</b>		Scheduled Completion Date (11) <b>6-9-15</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 type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>Self</b> Street Address City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> < 25 sq ft or < 25 ft <input checked="" type="checkbox"/> 25 to 160 sq ft or 25 to 160 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Enclosure <input type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Encapsulated (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>ART SIDE</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>✓</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>ACM Siding</b>	Amount (Specify SF or L) <b>300.05</b>
Name of Registered Waste Handler <b>Ami Joe LLC</b> City, State <b>Delanco NJ</b>	NJ DEP Waste Handler ID No. <b>35635</b>	Cubic Yards of Waste <b>604</b>	Name of Registered Landfill <b>WM of NJ</b> City, State <b>Tullytown PA</b>
Completed By <b>JTH</b>	Title <b>VP</b>	Signature <b>JTH</b>	Date <b>5-17-15</b>

\* 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) 5/18/2015		Name of Building Owner/Operator (2) Edward R Murphy	
Agencies Notified	Type Notification	Street Address 405 Loucroft 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Haddonfield, NJ 08033	
		Name of Contact Andrew Ricco	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- 2) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 405 Loucroft Road		Square Feet	# of Floors
City (5) Haddonfield		Bldg. Age	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Present or if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp
Street Address		Street Address 282 Creek Road	
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856 466-6452
Start Date (10) 5/28/2015	Scheduled Completion Date (11) 6/27/2015	Name of OSHA Monitor Andrew Ricco	
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 282 Creek Road	
		City, State, Zip Code Bellmawr, NJ 08031	
Scope of Work (Check All That Apply)			
<input checked="" 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and In-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement Furnace room			X
Roof			X
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste 15
City, State Bellmawr, NJ		Disposal Date TBD	Name of Registered Landfill Salem County
Completed by Andrew Ricco		Title Owner	Signature <i>Andrew Ricco</i>
			Date 5/18/2015



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

Date of Notification (1) 5/19/15		Name of Building Owner/Operator (2) Anne Zakian Private Home									
Agencies Notified	Type Notification	Street Address 109 Manor Ln.	City, State, Zip Code Willingboro NJ 08046								
<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	Name of Contact Randy	Telephone No. 573-7000								
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Anne Zakian Private Home		Type of Facility (4)									
Street Address 109 Manor Ln.		<input type="checkbox"/> School (K- 2) <input type="checkbox"/> Subchapter 8 (Other <input checked="" type="checkbox"/> Other (i.e. private & etc.)									
City (5) Willingboro NJ 08046		Square Feet 1000 +	# of 1.5								
County (6) Burlington NJ	County Code (7) (STATE USE ONLY) _____	Current Use (If or if being demolished)									
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) 5/20/15	Scheduled Completion Date (11) 5/22/15	Name of OSHA Monitor Same									
Occupancy Status During Abatement (Check Only One)		Street Address									
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code									
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Area (SF)	Quantity (LF)	Abatement Type				
	Yes	No	N/A				Removal	Repair	Encapsulate	Enclosure	
Living room & 2 bedrooms				Floor Tile Only	62	SF	x				
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.							
City, State Elm NJ		Disposal Date 5/22/15	City, State Morrisville P, NJ		9067						
Completed by Anthony T Perna		Title President	Signature 		Date 5/19/15						

CK 1714

## RECEIVED

MAY 22 AM 1:43

RECORDS CENTER  
& LICENSING

Number  
0100

K-12) commercial buildings, homes,

Bldg. Age	50+-
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polished)

37

ive Pressure

### Triable Procedure

	Abatement Type			
	Enclosure	Encapsulate	Repair	Removal
				x

ndfill

Date	05/19/15
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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

CIC 5624

Date of Notification (1) <b>5/19/15</b>		Name of Building Owner/Operator (2) <b>MR. DONALD EVANS</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>332 - SOUTH PROSPECT</b> City, State, Zip Code <b>BERGENFIELD, N.J. 07001</b> Name of Contact <b>MR. EVANS</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MR. EVANS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than commercial buildings) <input checked="" type="checkbox"/> Other (i.e., private & commercial homes, etc.)	
Street Address <b>332 SOUTH PROSPECT</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>
City (5) <b>BERGENFIELD</b>		Bldg. Age <b>75 years</b>	
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address <b>450 South River St</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	Licensure No. <b>00388</b>
Start Date (10) <b>5/29/15</b>	Scheduled Completion Date (11) <b>5/30/15</b>	Name of OSHA Monitor <b>Omega Environmental 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: <b>7AM TO 5PM</b>		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>Y</b>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>THERMAL SYSTEM INSULATION</b>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>127</b>
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>5/30/15</b>	Name of Registered Licensure Holder <b>Minerva Enterprises, LLC</b>
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <b>J. Maiorano</b>
Date <b>5/19/15</b>		Date <b>5/19/15</b>	


APPROVED: PA L HORNER, NJDOH

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

Date of Notification (1) <b>5/18/2015</b>		Name of Building Owner / Operator (2) <b>Hazlet Township Board of Education</b>		#2812	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>421 Middle Road</b> City, State & Zip Code <b>Hazlet, NJ 07730</b> Name of Contact <b>Charles Hildner</b>		Telephone Number <b>264-8400</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Raritan High School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON SUB 8</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>419 Middle Road</b>			Square Feet		# of Floors
City (5) <b>Hazlet, NJ</b>	County (6) <b>Monmouth</b>	County Code (7)	Current Use (Prior if being demolished) <b>High School</b>		Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>120 N. Warren St</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Trenton, NJ 08608</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Rollie Jones</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>09</b>	
Scheduled Start Date (10) <b>5/19/2015</b>	Scheduled Completion Date (11) <b>5/22/2015</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>4:00 PM to 12:30AM</b> <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Sf or Lf)	Abatement Type	
	Yes No N/A			Removal	Repair
<b>C Wing</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Pipe Insulation</b>	<b>5</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>C and D Wing</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>Fittings (Cut and wrap from fiberglass line)</b>	<b>15</b>	<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"/>
Name of Registered Waste Hauler <b>Service Transport Group Inc</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>5/22/2015</b>	City, State <b>Waynesburg, OH</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>5/18/15</b>	

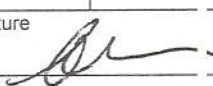


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/19/15		Name of Building Owner/Operator (2) Silvio Tavabokija							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 435 10th Street							
		City, State, Zip Code Palisades Park, NJ 07650							
		Name of Contact Silvio Tavabokija	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 checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 435 10th Street		Square Feet 2200	# of Floors 2						
City (5) Palisade Park		Bldg. Age 65							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) ABS Environmental Service, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07413							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	Lic. No. 7C						
Start Date (10) 5/27/15	Scheduled Completion Date (11) 6/17/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted (**)									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> <td align="center">x</td> </tr> </table>		Yes	No	N/A			x	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  pipe insulation
	Yes	No	N/A						
		x							
Amount (Spec. SF or cu yd.) 45 L									
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Name of Registered Waste Hauler Western Berks Landfill						
City, State Freehold, NJ		Disposal Date TBD	City, State Birdsboro, PA						
Completed by A. Scott Higgins	Title President	Signature 	Date 5/19/15						


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

*Check 13894*

Date of Notification (1) 5/19/15		Name of Building Owner/Operator (2) Maryann Meng		2015 MAY 22 AM 1:45							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 31 Liberty Street							
		City, State, Zip Code Newton, NJ 07871		Telephone & LIDERS							
		Name of Contact Maryann Meng		Telephone 0200							
<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 checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 31 Liberty Street				Square Feet 800							
City (5) Newton				# of Floors 3							
County (6) Sussex				Bldg. Age 80							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Service, LLC							
Street Address		Street Address 4 E Gate Drive, PO Box 483									
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07413									
Project Manager for Monitoring Firm		Telephone No. 973-764-2276		License No. 70							
Start Date (10) 6/3/15		Scheduled Completion Date (11) 6/24/15		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				Street Address							
				City, State, Zip Code							
Scope of Work (Check All That Apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and NFI							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Spec. SF or %)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
basement				pipe insulation		100		x			
basement				floor tile & subfloor		200		x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10		Name of Registered Waste Hauler Western Berks Inc.		Indfill			
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA				Indfill			
Completed by A. Scott Higgins		Title President		Signature 		Date 5/19/15					



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

Date of Notification (1) 5/19/15		Name of Building Owner/Operator (2) Circle Lanes								
Agencies Notified	Type Notification	Street Address 1113 Route 46								
<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 Ledgewood, NJ 07852								
		Name of Contact Keith Dougherty	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Circle Lanes		Type of Facility (4)								
Street Address 1113 Route 46		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Ledgewood		Square Feet 5000	# of Floors 2							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Service LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive								
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07411								
Project Manager for Monitoring Firm		Telephone No. 973-583-8500	License No. 7C							
Start Date (10) 6/1/15	Scheduled Completion Date (11) 6/27/15	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One)		Street Address								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec SF or )	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
water heater room to bathroom			x	pipe insulation	150	x				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Westerr Berks Landfill						
City, State Freehold, NJ		Disposal Date TBD	City, State Birdsboro, PA							
Completed by A. Scott Higgins		Title President	Signature 		Date 5/19/15					

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

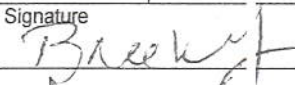
OK #24813

ONLY TO

Date of Notification (1) <u>5/19/15</u>		Name of Building Owner/Operator (2) <u>Ahrens</u>		2015 MAY 22 AM 1:45	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>16 Euclid Ave.</u> City, State, Zip Code <u>Kingston, NJ 08528</u> Name of Contact <u>Gary Ahrens</u> Telephone Number <u>                    </u>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc)		
Street Address <u>16 Euclid Ave.</u>			Square Feet <u>1800</u> # of Floors <u>          </u> Bldg. Age <u>90+/-</u>		
City (5) <u>Kingston, NJ</u>			Current Use (For if being demolished) <u>                    </u>		
County (6) <u>Middlesex</u>		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		ASCN No.		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>4 Berkeley Place</u>		Street Address <u>PO Box 32</u>			
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Allentown, NJ 06101</u>			
Project Manager for Monitoring Firm <u>Dave Bunocore</u>		Telephone No. <u>(732) 740-8408</u>		License No. <u>00493</u>	
Start Date (10) <u>5/21/15</u>		Scheduled Completion Date (11) <u>5/26/15</u>		Name of OSHA Monitor <u>DB Environmental</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>                    </u>		Street Address <u>4 Berkeley Place</u>		City, State, Zip Code <u>Freehold, NJ 07728</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
1st floor Dining Room		X		Thermal Pipe insulation 40	
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>2CU</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/26/15</u>		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <u>[Signature]</u>	
				Date <u>5/19/15</u>	



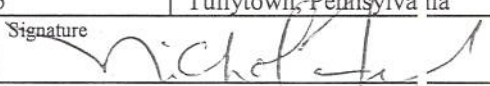
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/20/15		Name of Building Owner/Operator (2) Robert Bailey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 14 south Surf Rd  City, State, Zip Code Toms River, NJ  Name of Contact Brian						
			Telephone Number  						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) Bailey Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 14 S. Surf Rd		Square Feet 1600	# of Floors 1						
City (5) Toms River		Bldg. Age 60+							
County (6) Ocean		County Code (7) (STATE USE ONLY)	Current Use (Price if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07122							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-294-1757						
Start Date (10) 5/29/15		Scheduled Completion Date (11) 6/5/15	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and N							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </table>	Yes	No	N/A			X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specified SF or %)
Yes	No	N/A							
		X							
kitchen, living room, and dining room		floortile and mastic	800						
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3						
City, State Colts Neck, New Jersey		Disposal Date 6/5/15	Name of Registered Landfill Chriss City, State Easton, PA						
Completed by Bree McGuire		Title Secretary Treasurer	Signature 						
		Date 5/20/15							

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

Date of Notification (1) <b>May 19, 2015</b>		Name of Building Owner/Operator (2) <b>Affordable Renovations</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>900 Wellington Avenue</b>	City, State, Zip Code <b>Toms River, NJ 08755</b>
		Name of Contact <b>Nick</b>	Telephone Number <b>732-349-9932</b>

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility ( ) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Suburban (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, etc.)	
Street Address <b>104 W Tarpon Way</b>			Square feet <b>700 sf</b>	# of floors <b>1</b>
City <b>Lavallette</b>	County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being Residence)	Bldg. Age <b>60</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCN No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address		Street Address <b>1889 Route 9</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>5/20/15</b>	Scheduled Completion Date (11) <b>5/21/15</b>		Name of OSHA Monitor <b>E.M. S.L. Antical</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) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<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 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 (Simplify SF LF)	Abatement Type			
	YES	NO	N/A			REMOVE	REPAIR	ENCLOSURE	ENCLOSURE
Exterior		X		Asbestos siding	650 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>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>5/22/15</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>5/19/2015</b>		

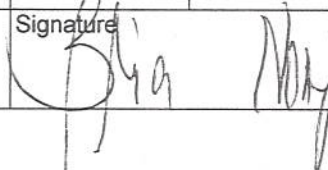
\*Do not use this form for asbestos licensure exempted activities.



OK 2295

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

RECEIVED

Date of Notification (1) 05-19-2015		Name of Building Owner / Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road City, State & Zip Code Lawrenceville, NJ 08648 Name of Contact Mr. Steve Arkuszewski	
Telephone Number 609-881-5500			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Wright Hall - Basement		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 2083 Lawrenceville Road		Square Feet 21,830	# of Floors 2 plus basement
City (5) Lawrenceville, NJ 08648	County (6) Mercer	Bldg. Age 54	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address 515 Grove Street, #1B		Street Address 2115 Hamilton Ave, Suite 201	
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Tom Adams		Telephone Number 856-547-0505	Telephone Number 609-977-6159
Scheduled Start Date (10) 06-01-2015	Scheduled Completion Date (11) 6-12-2015	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 8:00am to 5:00pm <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Process <input type="checkbox"/> Non-Exempted a		<input type="checkbox"/> with Negative Pressure <input type="checkbox"/> Res/Cut & Wrap <input type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or 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)
Boiler Room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Interior Boiler Insulation	150 SF
Boiler Room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe fittings assoc w/ pipe insulation	65 LF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed By (Print or Type) Mr. Brian J. Haney	Title President	Signature 	Date 05-19-2015

CHECK #  
3725

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

RECEIVED

MAY 22 AM 1:51

ENVIRONMENTAL  
LICENSING

43  
e Number  
2

an K-12  
mmercial buildings,  
ors Bldg A  
demolished)

J, 08052  
No  
0444

N.J. 08

sure

procedure

Abatement Type	Removal	Repair
	X	

fill  
U.A.

E, N.J.

Date  
5/18/15

Date of Notification: 5/18/15

Name of Building Owner/Operator: NELANDS CONSTRUCTION

Street Address: 300 77TH ST.

City, State, Zip Code: SPRING CITY, NJ, 08

Name of Contact: FRANK SPURD

Telephone Number: 609-374-2011

Agencies Notified: ☒ EPA, ☒ DEP, ☒ DOL, ☐ DOH, ☐ DOA

Type Notification: ☒ Initial, ☐ Amended, ☐ Amendment #, ☐ Emergency (including justification), ☐ Cancellation

Facility Information:

Name of Facility Where Abatement is Taking Place: RESIDENCE

Street Address: 3769 OCEAN DRIVE

City (5): AVENON

County (6): CAPE MAY

County Code: 08

Current Use (For K-12): VACAN

Name of Monitoring Firm Hired by Building Owner: N/A

Name of Abatement Contractor: KLEMMCO INC.

Street Address: 3695 SPRUCE DR

City, State, Zip Code: MAPLE SHADE, N.J. 08052

Telephone No: 856-779-0472

Project Manager for Monitoring Firm: JOSEPH KLEMM

Start Date (10): 5/28/15

Scheduled Completion Date: 6/5/15

Occupancy Status During Abatement: (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other - Describe

Scope of Work (Check all that apply)

☐ >3 sl or >3 ll, ☐ >160 sl or >260 ll

☐ Renovation, ☒ Demolition

☐ Full Containment with Negative Pressure, ☐ Mini-Enclosure, ☐ Glovebag Procedure, ☒ Non-Exempted ("I") and Non-Friable

Location of Asbestos-Containing Material (ACM): TO BE ABATED IN FACILITY

Location Normally Used Solely by Maintenance Custodian: 12

Description of Asbestos Containing Material (ACM): TRANSITE

Amount (Square Feet): 180

Name of Registered Waste Hauler: KLEMMCO INC.

Waste Hauler ID No: 17924

City, State: MAPLE SHADE, N.J.

Signature: JOSEPH KLEMM

Completed By: JOSEPH KLEMM




CK 1948

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

Date of Notification (1) <b>5/18/15</b>		Name of Building Owner/Operator (2) <b>Chris Brown</b>		RECEIVED	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>227 2nd Street</b>	
		City, State, Zip Code <b>Keyport, NJ 07735</b>		MAY 2 AM 1:35	
		Name of Contact <b>Eric Plackis</b>		Phone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3)				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>227 2nd Street</b>				Square Feet <b>2008</b>	
City (5) <b>Keyport</b>				# of Floors <b>1</b>	
County (6) <b>Monmouth</b>				Bldg. Age <b>93</b>	
County Code (7) (STATE USE ONLY)				Current Use (Prior if be demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor <b>Brick Industries Inc.</b>	
Street Address				Street Address <b>P.O. Box 915</b>	
City, State, Zip Code				City, State, Zip Code <b>Brick, New Jersey 08721</b>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>(732)899-7499</b>	
Start Date (10) <b>5/19/15</b>		Scheduled Completion Date (11) <b>5/22/15</b>		License No. <b>01196</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:				Name of OSHA Monitor	
				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) or Negative Pressure <input type="checkbox"/> 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 in LF)
	Yes	No	N/A		
			<input checked="" type="checkbox"/>	pipe insulation	4
			<input checked="" type="checkbox"/>	floor tile	110
			<input checked="" type="checkbox"/>	asbestos-containing plaster	300
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>		Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>GRC WS</b>
City, State <b>Brick, New Jersey</b>				Disposal Date <b>5/25/15</b>	City, State <b>PA</b>
Completed by <b>Eric Plackis</b>		Title <b>President</b>		Signature 	Date <b>5/18/15</b>

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

RECEIVED

Date of Notification (1) May 18, 2015		Name of Building Owner/Operator (2) Naomi Reissner		Check # 2094	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2165 Vauxhall Road City, State, Zip Code Union, NJ 07083 Name of Contact Naomi Reissner	
<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 2165 Vauxhall Road				Square Feet 3,000	
City (5) Union				# of Floors 2	
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Provide if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management and Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Cutler Avenue	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		City, State, Zip Code Maple Shade, NJ 08052	
Start Date (10) May 27, 2015		Scheduled Completion Date (11) June 1, 2015		Telephone No. 856-755-0099	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Name of OSHA Monitor EMSL Analytical, Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Laundry Room and Heater Room		XXX		Pipe Insulation	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 1	
City, State Freehold, NJ		Disposal Date 6/1/2015		Name of Registered Landfill Western Berks Community Landfill	
Completed by Christina Lynch		Title Operations Manager		Signature 	
				Date 5/18/2015	

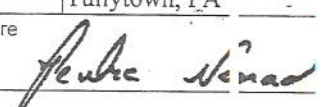


NO CR

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

Check #2183

CANCELLATION

Date of Notification (1) 05 / 18 / 15		Name of Building Owner/Operator (2) Elizabeth Harbison		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2015 MAY 22 AM 10:59  ASBESTOS COURT &amp; LICENSING </div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 305 1st Street									
		City, State, Zip Code Keyport, NJ 07735									
		Name of Contact Vincent Heckelman									
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than commercial buildings, etc.) <input checked="" type="checkbox"/> Other (i.e., private and homes, etc.)							
Street Address 305 1st Street				Square Feet      # of Floors      Bldg. Age							
City (5) Keyport, NJ 07735											
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address				Street Address 576 Valley Rd #283							
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.		Telephone No.      License No. 973-638-1777      01127							
Start Date (10) 05 / 17 / 15		Scheduled Completion Date (11) 05 / 20 / 15		Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 20-21 Wagaraw Road, Bldg. # 34 A							
				City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)											
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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 (Spec SIF or)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Exterior siding		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Transite siding		1,000 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470				Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature 		Date 05/18/2015					

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

NO CK

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

RECEIVED

Date of Notification (1) 04/27/15 CK# 3595 \$200		Name of Building Owner/Operator (2) Infante Associates, Inc.		2015 MAY 22 AM 1:30	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9 Robinson Lane City, State, Zip Code Ridgewood, New Jersey 07450 Name of Contact Mark Infante Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Toyota Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1096 Route 17 North				Square Feet 10,000	
City (5) Ramsey, New Jersey 07446				# of Floors 2	
County (6) Bergen				County Code (7) (STATE USE ONLY)	
Current Use (Prior to being demolished) Car Dealership				Bldg. Age 55+	
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, NJ 07424		
Project Manager for Monitoring Firm			Telephone No. 973-225-8400		Lic. No. 014
Start Date (10) 6/8/15		Scheduled Completion Date (11) 07/8/15		Name of OSHA Monitor J&S Environmental	
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 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-Exempted Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Lower Roof		X		Roofing materials & flashing	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 60	
City, State Woodland Park, New Jersey 07424		Disposal Date 06/22/15		Name of Registered Waste Hauler G.R.O.W S Landfill	
Completed by Momo Glavatovic		Title Vice President		Signature [Signature]	
				Date 05/19/15	