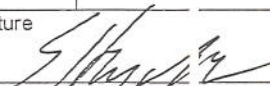


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>05 / 21 / 15</b>			Name of Building Owner/Operator (2) <b>Parsippany-Troy Hills Board of Education</b>		
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>292 Parsippany Road</b>	
				City, State, Zip Code <b>Parsippany, NJ 07054</b>	
				Name of Contact <b>Tom Gaveglio</b>	
<div style="text-align: center;"><b>FACILITY INFORMATION</b></div>					
Name of Facility Where Abatement is Taking Place (3) <b>Parsippany High School</b>				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 homes, etc.)	
Street Address <b>309 Baldwin Road</b>				Square Feet <b>1</b>	
City (5) <b>Parsippany</b>				Bldg. Age	
County (6) <b>Morris</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>school</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman</b>		ASCM No. <b>0110</b>		Name of Abatement Contractor (9) <b>Pow/R/Save Inc</b>	
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>27 West Street</b>			
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>(732) 644-5418</b>		Telephone No. <b>(973) 680-0088</b>	
Start Date (10) <b>07 / 06 / 15</b>		Scheduled Completion Date (11) <b>07 / 09 / 15</b>		Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address	
				City, State, Zip Code	
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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		
guidance & CST area		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT
		<input type="checkbox"/>	<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>Pro Green Management LLC</b>		NJDEP Waste Hauler ID No. <b>22051</b>		Cubic Yards of Waste	
City, State <b>East Brunswick, NJ</b>		Disposal Date <b>1/21/14</b>		Name of Registered Waste Hauler <b>Grand Central</b>	
Completed By (Print or Type) <b>Sharon Hendee</b>		Title <b>Sec/Treas</b>		Signature 	
				Date <b>5/21/15</b>	

FOR FILE

2015 11-26 AM 4:41

ASB-41  
STOS CONTROL  
LICENSING

Telephone Number

Other than K-12)  
commercial buildings,

Rooms Bldg. Age

being demolished)

Lic. No.

Pressure

Procedure

Abatement Type

Amount  
Specify  
or LF)

Removal	Repair	Encapsulate	Enclosure
<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"/>

Landfill

**Tullytown**

**Tullytown, PA**

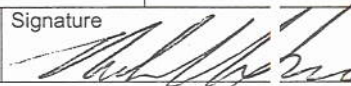
NO CK

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

Date of Notification (1) <b>05 / 21 / 15</b>		Name of Building Owner/Operator (2) <b>Parsippany-Troy Hills Board of Education</b>		<b>RECEIVED</b> <b>15 MAY 26 AM 4:41</b> <b>ASBESTOS CONTROL &amp; LICENSING</b>					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>292 Parsippany Road</b>							
		City, State, Zip Code <b>Parsippany, NJ 07054</b>							
		Name of Contact <b>Tom Gaveglione</b>		Telephone Number <b>908 666 7007</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Rockaway Meadow School</b>			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 homes, etc.)						
Street Address <b>160 Edwards Road</b>			Square Feet	# of Rooms	Bldg. Age				
City (5) <b>Parsippany</b>				<b>1</b>					
County (6) <b>Morris</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>school</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman</b>		ASCM No. <b>0110</b>	Name of Abatement Contractor (9) <b>Pow/R/Save Inc</b>						
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>27 West Street</b>							
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>							
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>(732) 644-5418</b>	Telephone No. <b>(973) 680-0088</b>	License No. <b>3</b>					
Start Date (10) <b>06 / 27 / 15</b>		Scheduled Completion Date (11) <b>07 / 03 / 15</b>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
main office suite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	4 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	boiler rope packing & flue packing	0 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Pro Green Management LLC</b>		NJDEP Waste Hauler ID No. <b>22051</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Grand Central Tullytown</b>					
City, State <b>East Brunswick, NJ</b>		Disposal Date	City, State <b>Pen Argyl PA</b>						
Completed By (Print or Type) <b>Sharon Hendee</b>		Title <b>Sec/Treas</b>	Signature <i>Sharon Hendee</i>		Date <b>5/21/15</b>				



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

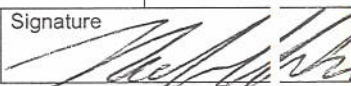
Date of Notification (1) <b>05 / 22 / 15</b>		Name of Building Owner/Operator (2) <b>DCH Investments of NJ</b>		215 MAY 26 AM 4:52				
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>995 Route 9N</b>		ASBESTOS CONTROL & TESTING				
		City, State, Zip Code <b>South Amboy, NJ 08879</b>						
		Name of Contact <b>Frank Gioe</b>		Telephone Number <b>732-0304</b>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Paramus Honda</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 and commercial buildings, homes, etc.)					
Street Address <b>120 Route 4 West</b>			Square Feet <b>2700</b>					
City (5) <b>Paramus</b>			# of Bldg. Age <b>2</b> <b>50+</b>					
County (6) <b>Bergen</b>		County Code (7) (STATE USE ONLY)		Current Use (if prior if be demolished) <b>Commercial</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>				
Street Address		Street Address <b>2 Henderson Drive</b>						
City, State, Zip Code		City, State, Zip Code <b>West Caldwell, NJ 07006</b>						
Project Manager for Monitoring Firm		Telephone No. <b>(973) 808-1616</b>		License No. <b>0111</b>				
Start Date (10) <b>06 / 04 / 15</b>		Scheduled Completion Date (11) <b>06 / 10 / 15</b>		Name of OSHA Monitor <b>Superior Abatement Inc</b>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address <b>2 Henderson Drive</b>					
			City, State, Zip Code <b>West Caldwell, NJ 07006</b>					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 in SF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Main Building Roof 1 &amp; 3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>1,5 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>		Cubic Yards of Waste <b>40</b>		Name of Registered Landfill <b>Minerva Landfill</b>		
City, State <b>New Castle, DE</b>		Disposal Date <b>6/10/2015</b>		City, State <b>Waynesburgh, C</b>				
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 		Date <b>5-22-15</b>		

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

Date of Notification (1) 5 / 22 / 15		Name of Building Owner/Operator (2) Lionel Davis	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 8 Edgebrook Road City, State, Zip Code New Brunswick, NJ 08901 Name of Contact Mike Zagar	
<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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private homes, etc.)	
Street Address 8 Edgebrook Road		Square Feet	# of floors
City (5) New Brunswick, NJ 08901		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use	Prior if being demolished
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888
Start Date (10) 6 / 15 / 15	Scheduled Completion Date (11) 06 / 30 / 15	Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ 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	
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)	Abatement Type
	Yes No N/A		
Basement	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	LF <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler All Pro Management LLC		NJDEP Waste Hauler ID No. 0034860	Name of Registered Landfill IESI Landfill
City, State Garfield, NJ		Disposal Date TBD	City, State Bethlehem, PA
Completed By (Print or Type) Raymond Blum	Title Project Manager	Signature 	Date 5-22-15



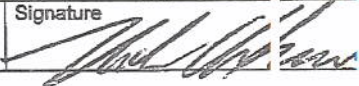
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>5 / 20 / 15</b>		Name of Building Owner/Operator (2) <b>Hackensack University Medical Center of Pascack Valley</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>250 Old Hook Road</b> City, State, Zip Code <b>Westwood, NJ 07675</b> Name of Contact <b>Barry Mousa</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hackensack University Medical Center of Pascack Valley-Emergency Room</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc)							
Street Address <b>250 Old Hook Road</b>		Square Feet <b>423,240</b>	# of Bldg. Age <b>6</b> <b>51</b>						
City (5) <b>Westwood</b>	County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (For if being demolished) <b>Hospital</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates Inc</b>		ASCM No. <b>00102</b>	Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>						
Street Address <b>515 Grove Street Suite 1B</b>		Street Address <b>2 Henderson Drive</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Project Manager for Monitoring Firm <b>Alan Llyod</b>		Telephone No. <b>(856) 547-0505</b>	Telephone No. <b>(973) 808-1616</b>						
Start Date (10) <b>04 / 15 / 15</b>	Scheduled Completion Date (11) <b>06 / 02 / 15</b>	Name of OSHA Monitor <b>Superior Abatement Inc</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM-3:30 PM</b>		Street Address <b>2 Henderson Drive</b> City, State, Zip Code <b>West Caldwell, NJ 07006</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</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)	Amount (Specify in SF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1st Floor Emergency Area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Drywall/Joint Compound</b>	<b>38,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st Floor Emergency Area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Black Mastic on Cinder Block</b>	<b>2,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st Floor Emergency Area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Black Mastic - Block Above Window</b>	<b>200 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"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>300</b>	Name of Registered Licensure <b>Minerva Enterprises</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>6/02/15</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 		Date <b>5-20-15</b>			



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

REC-1070


Date of Notification (1) <b>5 / 12 / 15</b>		Name of Building Owner/Operator (2) <b>Hackensack University Medical Center</b>		2015 MAY 21 AM 4:42	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>250 Old Hook Road</b>		ASBESTOS CONTROL SING	
		City, State, Zip Code <b>Westwood, NJ 07675</b>			
		Name of Contact <b>Barry Mousa</b>		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Hackensack University Medical Center of Pascack Valley-Emergency Room</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>250 Old Hook Road</b>				Square Feet <b>423,240</b>	# of Floors <b>6</b>
City (5) <b>Westwood</b>				Bldg. Age <b>51</b>	
County (6) <b>Bergen</b>		County Code (7) (STATE USE ONLY)		Current Use (If or if being demolished) <b>Hospital</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennon Associates Inc</b>		ASCM No. <b>00102</b>		Name of Abatement Contractor (9) <b>Superior Abatement Inc</b>	
Street Address <b>515 Grove Street Suite 1B</b>		Street Address <b>2 Henderson Drive</b>			
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>West Caldwell, NJ 07006</b>			
Project Manager for Monitoring Firm <b>Alan Liyod</b>		Telephone No. <b>(856) 547-0505</b>		Telephone No. <b>(973) 808-1616</b>	Lic. No. <b>004</b>
Start Date (10) <b>04 / 15 / 15</b>		Scheduled Completion Date (11) <b>05 / 22 / 15</b>		Name of OSHA Monitor <b>Superior Abatement Inc</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM-3:30 PM</b> PM- AM				Street Address <b>2 Henderson Drive</b>	
				City, State, Zip Code <b>West Caldwell, NJ 07006</b>	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable	
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 (Sf or Lf)
	Yes	No	N/A		
1st Floor Emergency Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall/Joint Compound	38,7 SF
1st Floor Emergency Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic on Cinder Block	2,1 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>		Cubic Yards of Waste <b>300</b>	Name of Registered Landfill <b>Minerva Enterprise</b>
City, State <b>New Castle, DE</b>		Disposal Date <b>5/22/15</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Nick Petrovski</b>		Title <b>President</b>		Signature 	
				Date <b>5-12-15</b>	



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

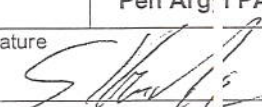
Date of Notification (1) <b>05 / 20 / 15</b>			Name of Building Owner/Operator (2) <b>Parsippany-Troy Hills Board of Education</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (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 <b>292 Parsippany Road</b>	
				City, State, Zip Code <b>Parsippany, NJ 07054</b>	
		Name of Contact <b>Tom Gaveglione</b>		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Parsippany High School</b>				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>309 Baldwin Road</b>				Square Feet	
City (5) <b>Parsippany</b>				# of Floors <b>1</b>	
County (6) <b>Morris</b>		County Code (7) (STATE USE ONLY)		Current Use (8) or if being demolished) <b>school</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman</b>		ASCM No. <b>0110</b>		Name of Abatement Contractor (9) <b>Pow/R/Save Inc</b>	
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>27 West Street</b>			
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>(732) 644-5418</b>		Licenses <b>35</b>	
Start Date (10) <b>07 / 06 / 15</b>		Scheduled Completion Date (11) <b>07 / 09 / 15</b>		Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address	
				City, State, Zip Code	
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</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)	
		Yes	No		
guidance & CST area		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT</b>
		<input type="checkbox"/>	<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>Pro Green Management LLC</b>		NJDEP Waste Hauler ID No. <b>22051</b>		Cubic Yards of Waste	
City, State <b>East Brunswick, NJ</b>		Disposal Date		Name of Registered Landfill <b>Grand Central or Pottsville, PA</b>	
Completed By (Print or Type) <b>Sharon Hendee</b>		Title <b>Sec/Treas</b>		Signature <i>Sharon Hendee</i>	
				Date <b>5/20/15</b>	

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

Date of Notification (1) <b>05 / 20 / 15</b>		Name of Building Owner/Operator (2) <b>Parsippany-Troy Hills Board of Education</b>	
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 <b>292 Parsippany Road</b> City, State, Zip Code <b>Parsippany, NJ 07054</b> Name of Contact <b>Tom Gaveglione</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Rockaway Meadow School</b>		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 homes, etc)	
Street Address <b>160 Edwards Road</b>		Square Feet	# of Bldg. Age
City (5) <b>Parsippany</b>			<b>1</b>
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (For prior if being demolished) <b>school</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman</b>		ASCM No. <b>0110</b>	Name of Abatement Contractor (9) <b>Pow/R/Save Inc</b>
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>27 West Street</b>	
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>	
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>(732) 644-5418</b>	Telephone No. <b>(973) 680-0088</b>
Start Date (10) <b>06 / 27 / 15</b>	Scheduled Completion Date (11) <b>07 / 03 / 15</b>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		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 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) <b>TO BE ABATED</b> IN Facility (13)  <b>main office suite</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)
	Yes	No	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Pro Green Management LLC</b>		NJDEP Waste Hauler ID No. <b>22051</b>	Cubic Yards of Waste
City, State <b>East Brunswick, NJ</b>		Disposal Date	Name of Registered Landfill <b>Grand Central Landfill</b>
Completed By (Print or Type) <b>Sharon Hendee</b>		Title <b>Sec/Treas</b>	Signature 
		Date <b>5/20/15</b>	



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

Date of Notification (1) <b>05 / 20 / 15</b>			Name of Building Owner/Operator (2) <b>Parsippany-Troy Hills Board of Education</b>			<div style="border: 1px solid black; padding: 2px;"> <b>RECEIVED</b>  <b>2015 MAY 26 AM 4:36</b>  <b>TJS CONTROL</b>  <b>ICFNS INC</b>          Telephone Number  <b>202-0004</b> </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 <b>292 Parsippany Road</b> City, State, Zip Code <b>Parsippany, NJ 07054</b> Name of Contact <b>Tom Gaveglia</b>		Telephone Number _____			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Central middle School</b>						Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other in K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address <b>Route 46 West</b>						Square Feet <b>1</b>			
City (5) <b>Parsippany</b>						# of Floors <b>1</b>			
County (6) <b>Morris</b>			County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>school</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman</b>			ASCM No. <b>0110</b>		Name of Abatement Contractor (9) <b>Pow/R/Save Inc</b>				
Street Address <b>7 Pleasant Hill Road</b>			Street Address <b>27 West Street</b>						
City, State, Zip Code <b>Cranbury, NJ 08512</b>			City, State, Zip Code <b>Bloomfield, NJ 07003</b>						
Project Manager for Monitoring Firm <b>Kevin Lovely</b>			Telephone No. <b>(732) 644-5418</b>		Telephone No. <b>(973) 680-0088</b>		License No. <b>35</b>		
Start Date (10) <b>07 / 01 / 15</b>		Scheduled Completion Date (11) <b>07 / 03 / 15</b>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address _____ City, State, Zip Code _____					
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</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)		Abatement Type	
								Removal	Repair
library & library office			<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			VAT		30 sf	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler <b>Pro Green Management LLC</b>			NJDEP Waste Hauler ID No. <b>22051</b>		Cubic Yards of Waste		Name of Registered Landfill <b>Grand Central</b>		
City, State <b>East Brunswick, NJ</b>			Disposal Date		City, State <b>Pen Argil PA or</b>		<b>ullytown, PA</b>		
Completed By (Print or Type) <b>Sharon Hendee</b>			Title <b>Sec/Treas</b>		Signature 		Date <b>5/20/15</b>		

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

CK # 24819

RECEIVED

Date of Notification (1) <u>5/22/15</u>		Name of Building Owner/Operator (2) <u>Baus</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1 Carter Road</u> City, State, Zip Code <u>Princeton, NJ 08540</u> Name of Contact <u>Bob Baus</u>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & homes, etc.)					
Street Address <u>1 Carter Rd</u>		Square Feet <u>5500</u>					
City (5) <u>Princeton, NJ</u>		# of Floors <u>3</u>					
County (6) <u>Mercer</u>		Bldg. Age <u>120+/-</u>					
County Code (7) (STATE USE ONLY)		Current Use (prior if be demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		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 18101</u>					
Project Manager for Monitoring Firm <u>Dave Bunocore</u>		Telephone No. <u>(732) 740-8408</u>					
Start Date (10) <u>6/1/15</u>		Scheduled Completion Date (11) <u>6/12/15</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4pm</u>		Name of OSHA Monitor <u>DB Environmental</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)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>	<input checked="" type="checkbox"/>	<u>Thermal Pipe insulation</u>	<u>100 sf</u>	<input checked="" type="checkbox"/>			
<u>Crawlspace</u>		<u>Thermal Pipe Insulation</u>	<u>100 sf</u>	<input checked="" type="checkbox"/>			
<u>Crawl Space</u>		<u>Pipe Debris</u>	<u>100 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GRO S Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/12/15</u>	City, State <u>Monroeville, PA</u>	Date <u>5/22/15</u>			
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u>				



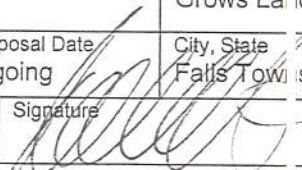
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

CK # 24816

2015 MAY 16 AM 4:38

Date of Notification (1) <u>5/21/15</u>		Name of Building Owner/Operator (2) <u>Vizam</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>104 Garden Terrace</u> City, State, Zip Code <u>Edison, NJ 08817</u> Name of Contact <u>Mohamed Vizam</u>	
FACILITY INFORMATION			
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 in K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc)	
Street Address <u>104 Garden Terrace</u>		Square Feet <u>2200</u>	# of Floors <u>70+/-</u>
City (5) <u>Edison, NJ</u>		Bldg. Age <u>70+/-</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY)	Current Use (For if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		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 0501</u>	
Project Manager for Monitoring Firm <u>Dave Bunocore</u>		Telephone No. <u>(732) 740-8408</u>	Licence No. <u>00493</u>
Start Date (10) <u>6/1/15</u>	Scheduled Completion Date (11) <u>6/12/15</u>	Name of OSHA Monitor <u>DB Environmental</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4pm</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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <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 IN Facility (13)</u>	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	
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe insulation</u> Amt (Spec y SF or cu yd) <u>10</u>
<u>Basement</u>			<u>Boiler Insulation</u> <u>20</u>
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>6/12/15</u>	Name of Registered Landfill <u>GROVE &amp; Landfill</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature <u>[Signature]</u> Date <u>5/21/15</u>

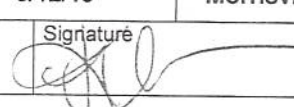
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building Owner/Operator (2) Carter Road V LLC	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 770 Township Line Rd.	
		City, State, Zip Code Yardley, PA 19067	
		Name of Contact Joseph Felice	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Former Lucent Training Center		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 353 Carter Rd.		Square Feet 175,000	# of Floors 2
City (5) Hopewell		Bldg. Age 500	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) training center vacant facility	
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 00021	Name of Abatement Contractor (9) Alliance Environmental Systems, Inc.
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.	
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	Telephone No. 610-701-9000
Start Date (10) 6/3/15	Scheduled Completion Date (11) 10/15/15	Name of OSHA Monitor AET	
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 28 N. Pennell Rd.	
		City, State, Zip Code Media, PA 19063	
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("and Not Reliable 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 mechanical room		X	boiler packing
Basement center building		X	VAT/Mastic
First Floor center building		X	VAT/Mastic
Guest wings		X	VAT/Mastic
			Amount (Specify SF or L)
			6 SF
			5,500
			2,200
			1,600
Name of Registered Waste Hauler Mercer Group		NJDEP Waste Hauler ID No. 10416	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ		Disposal Date ongoing	City, State Falls Township, PA
Completed by Robert M. Casciato		Title President	Signature 
		Date 05/19/2015	



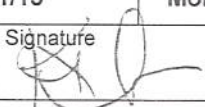
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	An (S) SF	Int ify LF)	Abatement Type			
	Yes	No	N/A				Removal	Repair	Encapsulate	Enclosure
Guest rooms			X	Mastic on condensate pans	1,800		X			
Basement electric room			X	Transite Board	10 SF		X			
Window panels guest rooms			X	Transite Board	7,000		X			
Tennis Courts			X	1/8" wear surface	37,000	F	X			

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

Date of Notification (1) <b>5 / 21 / 15</b>		Name of Building Owner/Operator (2) <b>New Jersey Turnpike Authority</b>		Job # <b>1502-1982 Chk. #3974</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>581 Main Street</b> City, State, Zip Code <b>Woodbridge, NJ 07095</b> Name of Contact <b>Ashraf Abdallah</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>NJSP - Troop D Barracks</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private homes, etc.)	
Street Address <b>Garden State Parkway MB 153.0 NB</b>				Square Feet <b>3000</b>	
City (5) <b>Bloomfield</b>				# of Floors <b>2</b>	
County (6) <b>Essex</b>				Bldg. Age <b>60</b>	
County Code (7) (STATE USE ONLY)				Current Use (Prior if be demolished) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Co</b>	
Street Address <b>PO Box 316</b>		Street Address <b>3859 Sylon Boulevard</b>			
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>			
Project Manager for Monitoring Firm <b>Dave &amp; Steve Flanigan</b>		Telephone No. <b>856-848-0800</b>		License No. <b>0152</b>	
Start Date (10) <b>6 / 1 / 15</b>		Scheduled Completion Date (11) <b>6 / 12 / 15</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address <b>200 U.S. Route 130 North</b>	
				City, State, Zip Code <b>Cinnaminson, NJ 08077</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"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable	
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 N/A			
Garage Building		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Exterior Caulk	
2 <sup>nd</sup> Floor of Main Building		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor Tile & Mastic	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>5</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>6/12/15</b>		Name of Registered Landfill <b>GROWS I andfill</b>	
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 	
				Date <b>5-21-15</b>	



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

Date of Notification (1) <b>4 / 29 / 15</b>		Name of Building Owner/Operator (2) <b>DPMC</b>		Job # <b>1503-1972 Chk. NA</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>20 West State Street, 3<sup>rd</sup> Floor</b> City, State, Zip Code <b>Trenton, NJ 08625</b> Name of Contact <b>Don Juechter</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>CRRNJ Terminal Building, Liberty State Park</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private homes, etc.)	
Street Address <b>1 Audry Zapp Drive</b>				Square Feet <b>1</b>	
City (5) <b>Jersey City</b>				Bldg. Age <b>200</b>	
County (6) <b>Hudson</b>		County Code (7) (STATE USE ONLY)		Current Use (If prior if be demolished) <b>Vacant</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Mgmt, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Co</b>	
Street Address <b>344 West State Street</b>		Street Address <b>3859 Sylon Boulevard</b>			
City, State, Zip Code <b>Trenton, NJ 08618</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>			
Project Manager for Monitoring Firm <b>John Duggan</b>		Telephone No. <b>609.656.8101</b>		License No. <b>0132</b>	
Start Date (10) <b>5 / 13 / 15</b>		Scheduled Completion Date (11) <b>6 / 1 / 15</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</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 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) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes	No		
Rooms 105, 106, 106A		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Asbestos Flashing
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>5</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>6/1/15</b>		Name of Registered Landfill <b>GROWS Landfill</b>	
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 	
				Date <b>5-20-15</b>	

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

*Chit* 2813  
0:11:10  
26 AM 4:41

Date of Notification (1) <div style="display: flex; justify-content: space-around;"> <span>5</span> <span>/</span> <span>20</span> <span>/</span> <span>15</span> </div>			Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and</b>		
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>200 Elm Dr</b> City, State, Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortego</b>	
Telephone Number _____					
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University- Guyot Hall</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other) <input checked="" type="checkbox"/> Other (i.e., private and homes, etc.)	
Street Address <b>Washington Rd</b>				Square Feet	
City (5) <b>Princeton</b>				# of Floors	
County (6) <b>MERCER</b>				County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Associates Inc</b>				Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>Bromley Corporate Center-Three Terri Lane</b>				Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Burlington, NJ 08016</b>				City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>		Telephone No. <b>215-788-6040</b>	
Start Date (10) <div style="display: flex; justify-content: space-around;"> <span>6</span> <span>/</span> <span>3</span> <span>/</span> <span>15</span> </div>		Scheduled Completion Date (11) <div style="display: flex; justify-content: space-around;"> <span>6</span> <span>/</span> <span>5</span> <span>/</span> <span>15</span> </div>		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 Facility Hours - Describe Time of Abatement: _____ AM- _____ PM <b>4:00PM-12:30AM</b>				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 or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> <span>N/A</span> </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Room 105A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		pipe fittings 4	
Room 105		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		pipe fittings 2	
Room 104		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		pipe fittings 3	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste	
City, State <b>BRISTOL, PA 19007</b>		Disposal Date		Name of Registered Landfill <b>G.R.O.W.S. NORTH ANDFILL</b>	
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>	
				Date <b>5/20/15</b>	

ASB-41  
MAY 11 **BS15042**

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



CK 004015

D&amp;S Proj. #: 2015-171

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

R 011110

Date of Notification (1) 05/11/19		Name of Building Owner/Operator (2) DAVID RAHILL		215 M	26 AM 4:43
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 215 BEECHWOOD ROAD	
		City, State, Zip Code RIDGEWOOD, NJ 07450		Telephone Number	
		Name of Contact DAVID RAHILL			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) DAVID RAHILL			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Homes, etc.)	
Street Address 215 BEECHWOOD ROAD			Square Feet	
City (5) RIDGEWOOD,	County (6) BERGEN	County Code (7) (State use only)	# of Floors	
			Bldg. Age	
			Current Use (prior if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 06/01/15		Sched. Completion Date (11) 06/19/15	License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-Exempted			<input type="checkbox"/> Negative pressure <input type="checkbox"/> Other <input type="checkbox"/> and Non-friable procedure		
---	--	--	---	--	--	--	--	--	--	--	--

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify LF)	SF or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
ATTIC CRAWL SPACE		X		DUCT INSULATION	1	LF	X			
BASEMENT		X		DUCT INSULATION	1	SQ FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/02/15		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 05/19/15



CK 006016

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

D&S Proj. #: 2015-170

RECEIVED

Y 26 AM 4:43

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/15/1911/15/1		Name of Building Owner/Operator (2) jasmine siegel	
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 47 sheridan avenue		City, State, Zip Code WEST ORANGE, NJ 07052	
Name of Contact jasmine siegel		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jasmine siegel			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 47 sheridan avenue			Square Feet # of Floors Bldg. Age	
City (5) WEST ORANGE	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 06/08/15		Sched. Completion Date (11) 06/22/15	License Number 01169	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Name of OSHA Monitor D & S Restoration, Inc.	
		Street Address 20 California Avenue	
		City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Spec. LF)	SF or	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
ATTIC and attic closet		X		vermiculite attic insulation	100 sq ft		X			
2nd floor closet, bathroom		X		vermiculite attic insulation	3 SQ FT		X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 8 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/10/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/19/15



B &amp; G proj. #: 2015-95

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

ck # 7216

Date of Notification (1) 01/15/2015		Name of Building Owner/Operator (2) Carol Petrucelli	
Agencies Notified	Type Notification	Street Address 272 North Livingston Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Livingston, NJ 07039	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Carol Petrucelli	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Tel. Home Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Carol Petrucelli			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 272 North Livingston Avenue			Square Feet # of Floors Bldg. Age	
City (5) Livingston, NJ	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	
Scheduled Start Date (10) 06/01/2015		Sched. Completion Date (11) 06/02/2015	Name of OSHA Monitor B & G Restoration, 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: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (check all that apply)				
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure				
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)	Amount (Sf or Lf)
basement	Yes	No	thin duct insulation	50 sf
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Tullytown Resource Recovery Center	
City, State Lincoln Park, NJ	Disposal Date 06/03/2015	City, State Tullytown, PA		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna		Date 05/21/2015

Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B &amp; G proj. #: 2015-94

Ck # 7215

Date of Notification (1) 10/5/12/11/15		Name of Building Owner/Operator (2) Gar Moy		215 MA 26 AM 4:44	
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"/> Amendment <input type="checkbox"/> Cancellation		Street Address 133 Washington Avenue	
		City, State, Zip Code Morristown, NJ 07960		ASBESTOS CONTROL FIRM	
		Name of Contact Gar Moy		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Gar Moy			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Commercial (Private/Commercial Bldgs./Homes, etc.)	
Street Address 133 Washington Avenue			Square Feet	
City (5) Morristown, NJ 07960	County (6) Morris	County Code (7) (State use only)	# of Floors Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			ASCM No.	
Street Address			Name of Abatement Contractor (9) B & G Restoration Inc.	
City, State, Zip Code			Street Address 105 Ryerson Road	
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035	
Phone Number			Telephone Number (973)696-6869	
Scheduled Start Date (10) 06/01/2015			License Number 00378	
Sched. Completion Date (11) 06/02/2015			Name of OSHA Monitor B & G Restoration 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: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

## Scope of Work (check all that apply)

- ☐ Demolition  
☒ >3 sf or >3 lf  
☒ Renovation  
☐ ≥160 sf or ≥260 lf  
☐ Full Containment w/negative pressure  
☒ Mini-enclosure


- ☒ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
main room			X	pipe insulation	51 lf	X			
laundry room			X	pipe insulation	9 lf	X			
hallway			X	pipe insulation	5 lf	X			
closet area			X	pipe insulation	3 lf	X			

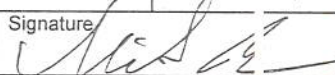
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Tullytown Resource Recovery Center
City, State Lincoln Park, NJ	Disposal Date 06/03/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 05/21/2015



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 / 20 / 15</div>			Name of Building Owner/Operator (2) <b>Petroleum Marketing Group</b>			<div style="text-align: right; font-weight: bold;">2015 M 26 AM 4:45</div> <div style="text-align: center; font-weight: bold;">ASBESTOS CONTROL CENSING</div>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-3)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>2359 Research Court</b>					Telephone Number			
				City, State, Zip Code <b>Woodbridge, VA 22192</b>					Name of Contact <b>Ted Beck</b>			
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) <b>3503 Route 46</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 and commercial buildings, homes, etc.)							
Street Address <b>3503 Route 46</b>					Square Feet <b>2500</b>							
City (5) <b>Parsippany, NJ 07054</b>					# of Floors <b>1</b>							
County (6) <b>Morris</b>					County Code (7) (STATE USE ONLY) <b></b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Accredited Environmental Technologies</b>					Name of Abatement Contractor (9) <b>Alliance Environmental Systems</b>							
Street Address <b>28 N. Pennell Rd.</b>					Street Address <b>550 East Union St.</b>							
City, State, Zip Code <b>Media, PA 19063</b>					City, State, Zip Code <b>West Chester, PA 19382</b>							
Project Manager for Monitoring Firm <b>Dave Turowsky</b>					Telephone No. <b>610-891-0114</b>							
Start Date (10) <div style="text-align: center;">5 / 26 / 15</div>					Scheduled Completion Date (11) <div style="text-align: center;">5 / 29 / 15</div>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u>3</u> AM					Name of OSHA Monitor <b>AET</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"/> 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							
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 (Spec. SF or LF)		Abatement Type			
									Removal	Repair	Encapsulate	Enclosure
Roof			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Roofing / Flashing		17		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>David Geppert Recycling</b>			NJDEP Waste Hauler ID No. <b></b>		Cubic Yards of Waste <b>30</b>		Name of Registered Landfill <b>Western Berks Community Landfill</b>					
City, State <b>Hatfield, PA</b>					Disposal Date <b>TBD</b>		City, State <b>Birdsboro, PA</b>					
Completed By (Print or Type) <b>Mark Griffin</b>			Title <b>Estimator</b>		Signature 		Date <b>5-20-15</b>					

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

Date of Notification (1) 05/20/2015		Name of Building Owner/Operator (2) The Queen City Academy Charter School		201 MAY 26 AM 4:46	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 815 West 7th Steet	
		City, State, Zip Code Plainfield NJ 07063		ASBESTOS CONTROL & LICENSING	
		Name of Contact Charlene F. Jones		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) The Queen City Academy Charter School				Type of Facility ( ) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 815 West 7th Steet				Square Feet 60,000	
City (5) Plainfield				# of Floors 1	
County (6) Union				County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental Inc				ASCM No. 00127	
Street Address 307 N Walnut St				Name of Abatement Contractor (9) Savic Construction Corp	
City, State, Zip Code West Chester, PA 19380				Street Address 205 Route 46 Suite 15	
Project Manager for Monitoring Firm Philip Condeh				City, State, Zip Code Totowa, NJ 07512	
Telephone No. (610) 431-7545				Telephone No. 973-339-9735	
Start Date (10) 05/29/2015				Scheduled Completion Date (11) 05/31/2015	
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 checked="" type="checkbox"/> Other - Describe: start 3pm				Name of OSHA Monitor Savic Construction Corp	
				Street Address 205 Route 46 Suite 15	
				City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and N-Field 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 N/A		Amount (Spec SF or %)	
Auditorium / under stage		X		TSI Fittings 9 Fittings	
Name of Registered Waste Hauler Savic Construction Corp		NJDEP Waste Hauler ID No. 32253		Cubic Yards of Waste	
City, State Totowa NJ		Disposal Date 06/01/2015		Name of Registered Waste Management Facility GROW	
Completed by Milos Savic		Title Project Manager		Signature 	
				Date 05/20/2015	



CK006013

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

D&S Proj. #: 2015-167

RECEIVED

MAY 26 AM 4:49

ASBESTOS CONTROL  
LICENSING

Date of Notification (1) 10/5/18		Name of Building Owner/Operator (2) BOB SMIGELSKY	
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 85 SAND SPRING ROAD		City, State, Zip Code HARDING TWP., NJ	
Name of Contact BOB SMIGELSKY		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BOB SMIGELSKY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 85 SAND SPRING ROAD			Square Feet # of Floors Bldg. Age	
City (5) HARDING TWP.	County (6) MORRIS	County Code (7) (State use only)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 06/02/15		Sched. Completion Date (11) 06/19/15	License Number 01169	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Name of OSHA Monitor D & S Restoration, Inc.	
		Street Address 20 California Avenue	
		City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non Exempted (*) and Non-friable procedure			
--	--	--	--	--	--	--	--

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specified in LF)	SF or FT.	Remove	Repair	Encapsulate	Enclose
	Yes	No	N/A							
3RD FLR, HLLWY, 3 RMS, BATHRMS		X		WALL & CEILING PLASTER	1,910	S	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 20 YDS	Name of Registered Landfill TULLYTOWN, RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 06/05/15		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature	
				Date 05/18/2015	

OK 006012

D&S Proj. #: 2015-168

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

2015 MAY 26 AM 4:58

Date of Notification (1) 05/18/15		Name of Building Owner/Operator (2) GLENN DIETRICH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1607 VOORHEES AVENUE		City, State, Zip Code WALL TWP., NJ 07719	
Name of Contact GLENN DIETRICH		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) GLENN DIETRICH			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Single-Family Dwelling (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)	
Street Address 1607 VOORHEES AVENUE			Square Feet	
City (5) WALL TWP., NJ 07719	County (6) MONMOUTH	County Code (7) (State use only)	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use Prior if being demolished	

Street Address 20 California Ave.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code Paterson, NJ 07503		Telephone Number 973-345-8020	
Project Manager for Monitoring Firm		License Number 01169	
Start Date (10) 05/21/15		Name of OSHA Monitor D & S Restoration, Inc.	
Sched. Completion Date (11) 05/29/15		Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-Exempted	
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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)	Amount (Spec. LF)	SF or	Removal	Repair	Encapsulation	Enclosure
	Yes	No	N/A							
BASEMENT		X		DUCT INSULATION	10 SQ F		X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/22/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/18/2015



0000014

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

D&S Proj. #: 2015-169

FILED

Date of Notification (1) 10/15/18		Name of Building Owner/Operator (2) ROY MANGOLD		15 MAY 26 AM 4:51	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1211 KENYON AVENUE City, State, Zip Code PLAINFIELD, NJ 07061 Name of Contact ROY MANGOLD	
				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) ROY MANGOLD			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Commercial (Private/Commercial Bldgs./Homes, etc.)	
Street Address 1211 KENYON AVENUE			Square Feet	
City (5) PLAINFIELD	County (6) UNION	County Code (7) (State use only)	# of Floors Bldg. Age (Prior if being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 05/28/15		Sched. Completion Date (11) 06/15/15	Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure	
---	--	---	--	--	--

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Spec. LF)	SF or	Removal	Repair	Encap	Encl
	Yes	No	N/A							
BASEMENT		X		PIPE INSULATION	15 LF		X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/29/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/18/2015



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-96

Ch k # 7222

Date of Notification (1) 10/15/12 12/1/15		Name of Building Owner/Operator (2) Marion Schraub	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 15 Emerson Road City, State, Zip Code Glen Rock, NJ 07452 Name of Contact Marion Schraub	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Marion Schraub			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)
Street Address 15 Emerson Road			Current Use Residential
City (5) Glen Rock, NJ 07452	County (6) Bergen	County Code (7) (State use only)	# of Floors Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address			Street Address 105 Ryerson Road
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869
Scheduled Start Date (10) 06/02/2015		Sched. Completion Date (11) 06/04/2015	Name of OSHA Monitor B & G Restoration, 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: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road	
		City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Area (S/LF)	Anticipate SF or lf	Remove	Repair	Encapsulate	Enclose
	Yes	No	N/A							
basement			<input checked="" type="checkbox"/>	VAT & mastic	60		<input checked="" type="checkbox"/>			
boiler room			<input checked="" type="checkbox"/>	pipe insulation	3 lf		<input checked="" type="checkbox"/>			
basement closet			<input checked="" type="checkbox"/>	pipe insulation	3 lf		<input checked="" type="checkbox"/>			
basement main rm finished side			<input checked="" type="checkbox"/>	pipe insulation	10		<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 8	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 06/04/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/22/2015



**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) The City of Orange Township		<div style="text-align: right;"> <b>RECEIVED</b>  <b>MAY 20 4:53 AM</b>  <b>ASBESTOS CONTROL</b>  <b>PHONE NUMBER</b> </div>	
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 29 No. Day Street			
		City, State, Zip Code Orange, NJ 08844			
		Name of Contact Marty Mayes			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Fire Damaged Property				Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 276 Snyder Street				Square Feet 2500	# of Doors Bldg. Age 50+
City (5) Orange		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Abandoned	
County (6) Essex					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor Yannuzzi Environmental Services, Inc.		
Street Address		Street Address 135 Kinnelon Road, Suite 02			
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880		
Start Date (10) 5/26/15		Scheduled Completion Date (11) 5/30/15	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.		
Occupancy Status During Abatement (Check Only One)  <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 135 Kinnelon Road, Suite 02		
			City, State, Zip Code Kinnelon, NJ 07405		
Scope of Work (Check All That Apply)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Ion-Friable Procedure         </div> </div>					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
BUILDING BEING DEMOLISHED					
AS ASBESTOS					
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 600	Name of Registered Landfill WM - Grows Landfill North	
City, State Kinnelon, NJ		Disposal Date 5/30/15		City, State Morrisville, PA	
Completed by Anna Bastos		Title Administrative Assistant	Signature <i>Anna Bastos</i>		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) The City of Orange Township	
Agencies Notified	Type Notification	Street Address	<div style="text-align: right;"> <b>26 AM 4:53</b>  <b>ASBESTOS CONTROL</b>  <b>SENSING</b>          Phone Number       </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	29 No. Day Street	
		City, State, Zip Code Orange, NJ 08844	
		Name of Contact Marty Mayes	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Fire Damaged Property		Type of Facility (4)	
Street Address 278 Snyder Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Orange	Square Feet 2500	# of Doors	Bldg. Age 50+
County (6) Essex	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
Street Address		Street Address	Services, Inc.
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 5/26/15		Scheduled Completion Date (11) 5/30/15	908-218-0880
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	Services, Inc.
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)		Full Containment with Negative Pressure	
<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	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)	Abatement Type
			Removal Repair Encapsulate Enclosure
BUILDING BEING DEMOLISHED	Yes	No	N/A
AS ASBESTOS			
Name of Registered Waste Hauler Yannuzzi Group, Inc.	NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 600	Name of Registered Landfill WM - Grows Landfill North
City, State Kinnelon, NJ 07405	Disposal Date 5/30/15	City, State Morrisville, PA	
Completed by Anna Bastos	Title Administrative Assistant	Signature <i>Anna Bastos</i>	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) The City of Orange Township						
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 29 No. Day Street  City, State, Zip Code Orange, NJ 08844  Name of Contact Marty Mayes				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Fire Damaged Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 280 Snyder Street				Square Feet 2500	# of Doors Bldg. Age 50+			
City (5) Orange		County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (If for or if being demolished) Abandoned			
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor Yannuzzi Environmental Services, Inc.				
Street Address			Street Address 135 Kinnelon Road, Suite 02					
City, State, Zip Code			City, State, Zip Code Kinnelon, NJ 07405					
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 908-218-0880	License No. 1228			
Start Date (10) 5/26/15		Scheduled Completion Date (11) 5/30/15		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 135 Kinnelon Road, Suite 02  City, State, Zip Code Kinnelon, NJ 07405				
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 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
BUILDING BEING DEMOLISHED								
AS ASBESTOS								
Name of Registered Waste Hauler Yannuzzi Group, Inc.			NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 600	Name of Registered Landfill WM - Growns Landfill North			
City, State Kinnelon, NJ 07405			Disposal Date 5/30/15		City, State Morrisville, PA			
Completed by Anna Bastos			Title Administrative Assistant	Signature <i>Anna Bastos</i>		Date 5/19/15		

6455B-NJ

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

Initial Notification  
 Check #: 62

Date of Notification (1)   0   3   /   1   1   /   1   5		Name of Building Owner/Operator (2) Hillsborough Township Board of Education	
Agencies Notified	Type Notification	Street Address 379 South Branch Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Hillsborough, NJ 08844	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact	Tel. phone number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Mr. Aiman Mahmoud, Bus. Admin./Board Secretary	
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Triangle Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 156 South Triangle Road		Square Feet 32,000	# of Bldg. Age 50+
City (5) Hillsborough, NJ 08844	County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
Street Address 464 Valley Brook Avenue		Street Address 180 Sargeant Avenue	
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Ralph Coppola		Telephone Number 973-614-0377	
Telephone Number 201-438-4839		License Number 0807	
Scheduled Start Date (10)   0   6   /   2   6   /   1   5	Sched. Completion Date (11)   0   7   /   0   3   /   1   5	Name of OSHA Monitor Four Strong Builders, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 180 Sargeant Avenue	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:		City, State, Zip Code Clifton, NJ 07013	
<input type="checkbox"/> Other - Describe:			

## Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Amount (Specify Size)	Abatement Type				
	Yes	No	N/A		R E M O V A L	R E P A I R	E N C A P S U L E	E N C I O S U R E	
Boiler Room No. 1	<input checked="" type="checkbox"/>			10 SF	<input checked="" type="checkbox"/>				
Boiler Room No. 1	<input checked="" type="checkbox"/>			8 LF	<input checked="" type="checkbox"/>				
Boiler Room No. 1	<input checked="" type="checkbox"/>			16 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. North, Inc.
City, State Clifton, NJ	Disposal Date	City, State Tullytown, PA	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature <i>B. Kulakovska</i>	Date 3/11/15



6455B-NJ

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Notification  
Check #: 62

Date of Notification (1) 03/11/15		Name of Building Owner/Operator (2) Hillsborough Township Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 379 South Branch Road		City, State, Zip Code Hillsborough, NJ 08844	
Name of Contact Mr. Aiman Mahmoud, Bus. Admin./Board Secretary		Tel. phone number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Triangle Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 156 South Triangle Road			Square Feet 32,000	
City (5) Hillsborough, NJ 08844			County (6) Somerset	
County Code (7) (STATE USE ONLY)			Current Use (prior to being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC			ASCM No. 00118	
Street Address 464 Valley Brook Avenue			Name of Abatement Contractor (9) Four Strong Builders, Inc.	
City, State, Zip Code Lyndhurst, NJ 07071			Street Address 180 Sargeant Avenue	
Project Manager for Monitoring Firm Ralph Coppola			City, State, Zip Code Clifton, NJ 07013-1935	
Telephone Number 201-438-4839			Telephone Number 973-614-0377	
Scheduled Start Date (10) 06/26/15			Name of OSHA Monitor Four Strong Builders, Inc.	
Sched. Completion Date (11) 07/03/15			Street Address 180 Sargeant Avenue	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			City, State, Zip Code Clifton, NJ 07013	

## Scope of Work (Check all that apply)

☐ Demolition  
☐ >3 sf or >3 lf  
☒ >160 sf or >260 lf
☒ Renovation
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No/N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
Boiler Room No. 1	<input checked="" type="checkbox"/>		Boiler Rib Packing	10 SF	<input checked="" type="checkbox"/>				
Boiler Room No. 1	<input checked="" type="checkbox"/>		Corrugated Pipe Insulation	8 LF	<input checked="" type="checkbox"/>				
Boiler Room No. 1	<input checked="" type="checkbox"/>		Pipe Joint Insulation	16 LF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. North, Inc.
City, State Clifton, NJ		Disposal Date		City, State Tullytown, PA
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature <i>B. Kulakovska</i>		Date 3/11/15

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Notification  
Check #: 62

6455C-NJ

Date of Notification (1) 03/11/15		Name of Building Owner/Operator (2) Hillsborough Township Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 379 South Branch Road City, State, Zip Code Hillsborough, NJ 08844		Name of Contact Mr. Aiman Mahmoud, Bus. Admin./Board Secretary	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Woodfern Elementary School Street Address 425 Woodfern Road City (5) Hillsborough, NJ 08844			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 32,000 # of Floors 50+ Bldg. Age being demolished		
County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use (prior to abatement) School	
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071		ASCM No. 00118		Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Ralph Coppola		Telephone Number 201-438-4839		Telephone Number 973-614-0377	
Scheduled Start Date (10) 06/19/15 Month / Day / Year		Sched. Completion Date (11) 06/25/15 Month / Day / Year		Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:					
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <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 SF or L)	Abatement Type					
	Yes	No	N/A			REM	REP	ENC	EN		
Boiler Room No. 1	<input checked="" type="checkbox"/>			Boiler Insulation	120 SF	<input checked="" type="checkbox"/>					
Boiler Room No. 1	<input checked="" type="checkbox"/>			Breeching Insulation	75 SF	<input checked="" type="checkbox"/>					
Name of Registered Waste Hauler Four Strong Builders, Inc. City, State Clifton, NJ						NJDEP Waste Hauler ID No. 12609					
Cubic Yards of Waste						Name of Registered Landfill G.R.O.W.S. North, Inc. City, State Tullytown, PA					
Disposal Date						Signature B. Kulakovska					
Completed By (Print or Type) Bilyana Kulakovska						Title Office Administrator					
Date 3/11/15											



6455C-NJ

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

Initial Notification  
 Check #: 623

Date of Notification (1) 03/11/15		Name of Building Owner/Operator (2) Hillsborough Township Board of Education	
Agencies Notified	Type Notification	Street Address 379 South Branch Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Hillsborough, NJ 08844	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Mr. Aiman Mahmoud, Bus. Admin./Board Secre	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) Woodfern Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 425 Woodfern Road			Square Feet 32,000	# of Bldg. Age 50+
City (5) Hillsborough, NJ 08844	County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior) School	Being demolished
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No. 00118	Name of Abatement Contractor (9) Four Strong Builders, Inc.	
Street Address 464 Valley Brook Avenue			Street Address 180 Sargeant Avenue	
City, State, Zip Code Lyndhurst, NJ 07071			City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Ralph Coppola		Telephone Number 201-438-4839	Telephone Number 973-614-0377	
Scheduled Start Date (10) 06/19/15	Sched. Completion Date (11) 06/25/15	Name of OSHA Monitor Four Strong Builders, 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: <input type="checkbox"/> Other - Describe:		Street Address 180 Sargeant Avenue		
		City, State, Zip Code Clifton, NJ 07013		

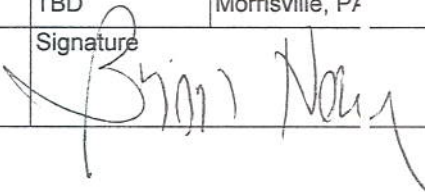
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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) (14)	Abatement Type				
	Yes	No/N/A			R	E	N	E	E
Boiler Room No. 1	<input checked="" type="checkbox"/>		Boiler Insulation	120 SF	<input checked="" type="checkbox"/>				
Boiler Room No. 1	<input checked="" type="checkbox"/>		Breeching Insulation	75 SF	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler Four Strong Builders, Inc.					NJDEP Waste Hauler ID No. 12609				
City, State Clifton, NJ					Cubic Yards of Waste Disposal Date Tullytown, PA				
Completed By (Print or Type) Bilyana Kulakovska					Title Office Administrator				
Signature B. Kulakovska					Date 3/11/15				



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

Date of Notification (1) 05-20-2015		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	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Alumni Gymnasium -Ground Floor		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 29,480	# of Floors 1
City (5) Lawrenceville, NJ 08648	County (6) Mercer	County Code (7)	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. 00102	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 515 Grove Street, #1B		Street Address 2115 Hamilton Ave, Suite 202	
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	License Number 01185
Scheduled Start Date (10) 06-08-2015	Scheduled Completion Date (11) 6-19-2015	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 checked="" type="checkbox"/> Glove Bag Procedures/Cut & Wrap <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
	Yes	No	
Boiler Room A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boiler Room A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boiler Room B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD
City, State Trenton, NJ		Disposal Date TBD	Name of Registered Landfill Grows Landfill
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 
		Date 05-20-2015	



6469-NJ

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

Initial Friable Notification  
 Check #: 63 )

Date of Notification (1) 05/21/15		Name of Building Owner/Operator (2) Harrington Park Board of Education			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation		Street Address 191 Harriot Avenue City, State, Zip Code Harrington Park, NJ 07640 Name of Contact Bryan Jursca, Business Administrator	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Harrington Park Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter <input type="checkbox"/> Other (i.e. commercial building) Square Feet 50,000 Current Use School	
Street Address 191 Harriot Avenue				(Other than K-12 private & commercial buildings, homes, etc.) Bldg. Age 60 being demolished	
City (5) Harrington Park, NJ 07640		County (6) Bergen		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		ASCM No. 000127		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
Street Address 307 North Walnut Street		City, State, Zip Code West Chester, PA 19380		Street Address 180 Sargeant Avenue	
Project Manager for Monitoring Firm Matt Abraham		Telephone Number 610-431-7545		City, State, Zip Code Clifton, NJ 07013-1935	
Scheduled Start Date (10) 06/15/15		Sched. Completion Date (11) 06/21/15		Telephone Number 973-614-0377	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Four Strong Builders, Inc.		License Number 00807	
Street Address 180 Sargeant Avenue		City, State, Zip Code Clifton, NJ 07013			
Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Boiler Room		<input checked="" type="checkbox"/>		Rib Roping	
Compressor Room		<input checked="" type="checkbox"/>		Pipe Insulation	
Compressor Room		<input checked="" type="checkbox"/>		Pipe Fitting Insulation	
Name of Registered Waste Hauler Four Strong Builders, Inc.		NJDEP Waste Hauler ID No. 12609		Cubic Yards of Waste 1,00	
City, State Clifton, NJ		Disposal Date Tullytown, PA		Name of Registered Landfill G.R.O.W.S., Inc.	
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature B. Jursca	
Date 5/21/15					



6469-NJ

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

Initial / Final Notification  
 Check #: 610

Date of Notification (1) 05/21/15		Name of Building Owner/Operator (2) Harrington Park Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
Street Address 191 Harriot Avenue		City, State, Zip Code Harrington Park, NJ 07640	
Name of Contact Bryan Jursca, Business Administrator		Telephone Number	

## FACILITY INFORMATION

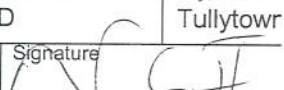
Name of Facility Where Abatement is Taking Place (3) Harrington Park Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 191 Harriot Avenue			Square Feet 50,000	# of Floors 60
City (5) Harrington Park, NJ 07640	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use School	Prior Use being demolished
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		ASCM No. 000127	Name of Abatement Contractor (9) Four Strong Builders, Inc.	
Street Address 307 North Walnut Street			Street Address 180 Sargeant Avenue	
City, State, Zip Code West Chester, PA 19380			City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Matt Abraham		Telephone Number 610-431-7545	Telephone Number 973-614-0377	
Scheduled Start Date (10) 06/15/15		Sched. Completion Date (11) 06/21/15	Name of OSHA Monitor Four Strong Builders, 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: <input type="checkbox"/> Other - Describe:		Street Address 180 Sargeant Avenue		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
City, State, Zip Code Clifton, NJ 07013				

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	ENCLOSURE
Boiler Room	<input checked="" type="checkbox"/>			Rib Roping	1,000 LF	<input checked="" type="checkbox"/>				
Compressor Room	<input checked="" type="checkbox"/>			Pipe Insulation	20 LF	<input checked="" type="checkbox"/>				
Compressor Room				Pipe Fitting Insulation	39 Each	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Four Strong Builders, Inc.	NJDEP Waste Hauler ID No. 12609	Cubic Yards of Waste	Name of Registered Waste Hauler G.R.O.W.S., Inc.
City, State Clifton, NJ		Disposal Date	City, State Tullytown, PA
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 5/21/15

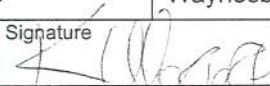


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05-18-15		Name of Building Owner/Operator (2) Ashland School	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 60 Park Place  City, State, Zip Code Newark, NJ 07102		Name of Contact Amy Blake	
Telephone Number _____			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Vacant Apartment Building		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 418-422 South Orange Avenue		Square Feet 18,000	# of Floors 4
City (5) Newark		Bldg. Age 65+	
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address 64 Broad Street		Street Address 200 Broad Street	
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217	Telephone No. 201-939-6565
Start Date (10) 06-15-15		Scheduled Completion Date (11) 07-15-15	
Name of OSHA Monitor Even-Air Inc.		License No. 00000000000000000000	
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: Area isolated during abatement			
Street Address 10-59 Jackson Avenue		City, State, Zip Code Long Island City, NY 11101	
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"/> Controlled Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ( ) and Non-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) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Spec SF or L)	
Roof		Membrane	
Roof		Flashing	
Throughout Hallways		Flooring	
Basement		Flue Packing	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 18693	Cubic Yards of Waste 100
City, State Freehold, NJ		Disposal Date TBD	Name of Registered Waste Transfer Facility TRRF
Completed by Niamh Fleming		Title Office Manager	Signature 
Date 05-18-15		Date 05-18-15	

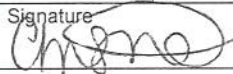
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CHECK # 21987

Date of Notification (1) 05-19-15		Name of Building Owner/Operator (2) The Prudential Insurance Company of America							
Agencies Notified	Type Notification	Street Address 751 Broad Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark, NJ 07102							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Barrett	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 751 Broad Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark	Square Feet 647,506	# of Floors 29	Bldg. Age 57 yrs.						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-939-6565						
Start Date (10) 05-21-15	Scheduled Completion Date (11) 05-22-15	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<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 Long Island City, NY 11101							
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							
		OSHA Class I							
		<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-Exempted 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd Basement Mech. Rm.			x	Pipe Insulation	13LF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Interiors					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH		4688				
Completed by Kevin Moriarty		Title Project Manager	Signature 		Date 05-19-15				



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

Date of Notification (1) May 20, 2015		Name of Building Owner/Operator (2) Norma Giannetti		Check # 2109
Agencies Notified	Type Notification	Street Address 3138 Beachview Drive		
<input checked="" 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 Toms River, NJ 08753		
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Norma Giannetti	Telephone Number	
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) Giannetti 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 3138 Beachview Drive		Square Feet 1,200	# of Floors 2	Bldg. Age 100
City (5) Toms River	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) PARS Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Avenue		
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Firoz Jan		Telephone No. 609-890-7277	Telephone No. 856-755-0099	License No. 042
Start Date (10) June 6, 2015	Scheduled Completion Date (11) June 9, 2015		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check All That Apply)				
<input checked="" type="checkbox"/> $\geq 3$ 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) <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	N/A	
Garage		XXX		300
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill Western Berks Community Landfill
City, State Freehold, NJ		Disposal Date 6/9/2015	City, State Birdsboro, PA	
Completed by Christina Lynch	Title Operations Manager	Signature 	Date 5/20/2015	

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

<b>Date of Notification (1)</b> <div style="display: flex; justify-content: space-around; font-weight: bold;"> <span>5 / 19 /15</span> </div>				<b>Name of Building Owner/Operator (2)</b> ERICSSON TECHNOLOGIES INC.			
<b>Agencies Notified</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> EPA  <input type="checkbox"/> DEP  <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH  <input type="checkbox"/> DCA                 </div> <div style="width: 45%;"> <b>Type Notification</b>  <input type="checkbox"/> Initial Notification  <input checked="" type="checkbox"/> Amended Notification #4  <input type="checkbox"/> Cancellation  <input type="checkbox"/> On Hold  <input type="checkbox"/> EMERGENCY N                 </div> </div>				<b>Street Address</b> 530 SOUTH AVENUE EAST			
<b>City, State, Zip Code</b> CRANFORD, NEW JERSEY 07016				<b>Name of Contact</b> RICHARD SMITH			
<b>Facility Information</b>				<b>Telephone Number</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> ERICSSON LABS				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other) <input checked="" type="checkbox"/> Other (ie. private & commercial bldgs., homes, etc.)			
<b>Street Address</b> 1 ERICSSON DRIVE				<b>Square Feet</b> 70,000			
<b>City (5)</b> MIDDLESEX		<b>County (6)</b> MIDDLESEX		<b>County Code (7) (STATE USE ONLY)</b>			
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL TACTICS INC.				<b>ASCM No.</b> 17			
<b>Street Address</b> 64 BROAD STREET				<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION			
<b>City, State, Zip Code</b> MATAWAN, NEW JERSEY 07747				<b>Street Address</b> 313 SPOOK ROCK ROAD			
<b>Project Manager for Monitoring Firm</b> THOMAS GEIGER				<b>Telephone Number</b> 845-369-7500			
<b>Expected Start Date (10)</b> 5 / 20 /15 Month Day Year		<b>Sched. Completion Date (11)</b> 9 / 30 / 15 Month Day Year		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL			
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe Monday-Saturday 5pm-1am/Saturday & Sunday 7am-3:30pm				<b>Street Address</b> 1376 ROUTE 9 V			
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A		<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>			
2ND FLOOR -NORTH EAST AREA		X		VAT & MASTIC			
BASEMENT- BREAK ROOM		X		VAT & MASTIC			
2ND FLOOR NORTHEAST AREA		X		PIPE FITTINGS			
1ST FLOOR MER ROOM 3-1		X		PIPE FITTINGS			
1ST FLOOR MER 1		X		PIPE FITTINGS			
ADDITION TO SCOPE:							
1st FLOOR MER 1		X		PIPE FITTINGS			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste			
DJM TRANSPORT, LLC		26981		80			
City, State		Disposal Date		Name of Registered Landfill			
KEARNEY, NEW JERSEY		1/16-5/30/2015		GROWS LANDFILL			
Completed by (Print or Type)		Title		Signature			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS		[Signature]			

Date 5/19/15



UK 3965

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

Date of Notification (1)

5-19-15

Agencies Notified

☒ EPA  
☒ DEP  
☒ DOL

☐ DOH  
☐ DCA

Type Notification

☒ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including  
justification)  
☐ Cancellation

Name of Building Owner/Operator (2)

RMA-16

Street Address

Central Ave

City, State, Zip Code

Ocean City

Name of Contact

Frank

Telephone

Number

Name of Facility Where Abatement is Taking Place (3)

Resident

Street Address

4619 Central Ave

City (5)

Ocean City

County (6)

County Code (7) (STATE  
USE ONLY)

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter S Other (e.g., private & com  
homes, etc.)

Square Feet

# of Floors

Current Use (Prior to being  
abated)

6-12)  
school buildings,  
etc.

Bldg. Age

Year

Name of Monitoring Firm Hired by Building Owner  
(8)

ASCM No.

Name of Abatement Contractor (9)

Ani Joe LLC

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)

5-28-15

Scheduled Completion Date (11)

6-10-15

Name of OSHA Monitor

Self

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe:

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☐ < 25 sf or < 3 lf  
☒ > 25 sf or > 3 lf

☐ Excavation  
☒ Demolition

☐ Full Containment with Negative Pressure  
☐ Full Enclosure  
☐ Gloving Procedure  
☒ Non-Encapsulated (\*) and Non-Friable Procedure

Location of  
Asbestos-Containing Material (ACM)  
TO BE ABATED  
in Facility  
(13)

Is Location  
Normally  
Used Solely by  
Maintenance/  
Contractor  
Staff?  
(12)

Yes No N/A

Description of  
Asbestos Containing Material (ACM)  
(i.e., thermal system insulation,  
surfacing, VAT, or  
other miscellaneous)

Amount  
(Specify  
SF or LF)

Outside Bldg.

ACM Siding

3200 SF

Name of Registered Waste Hauler

Ani Joe LLC

NJ DEP Waste  
Hauler ID No.  
25635

Cubic Yards  
of Waste

600

Name of Registered Landfill

WM of Pa

City, State

Delanco

Disposal Date

7/3/15

City, State

Tullytown Pa

Completed By

J Hill

Title

VP

Signature

J Hill

Date

5-19-15

Abatement  
Type


Enclosure  
Encapsulate  
Repair

\* 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)

CL-4163

Date of Notification (1) 5/20/15		Name of Building Owner/Operator (2) Tom Dgilio Private Home		
Agencies Notified	Type Notification	Street Address 37 Carlyle Dr.		
<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 Bayville NJ 08721		
		Name of Contact Tom		
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) Tom Dgilio Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)		
Street Address 37 Carlyle Dr.		Square Feet 1000+	# of Floors 1	
City (5) Bayville NJ 08721		Bldg. Age 35+		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329		
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091		
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727	
Start Date (10) 5/21/15	Scheduled Completion Date (11) 5/25/15	Name of OSHA Monitor Same		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address		
		City, State, Zip Code		
Scope of Work (Check All That Apply)				
<input type="checkbox"/> $\geq 3$ 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 <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> 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)
	Yes	No	N/A	
Exterior Siding			x	Exterior Siding
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.
City, State Elm NJ		Disposal Date 5/25/15	City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 	
		Date 5/20/15		



Emergency

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

CK

1867

Date of Notification (1) 5/20/15		Name of Building Owner/Operator (2) Beth Mautner Private Home	
Agencies Notified	Type Notification	Street Address 236 Bryn Mawr Ave	
<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 Lavallette NJ 08735	
		Name of Contact Tom	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Beth Mautner Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private commercial buildings, homes, etc.)	
Street Address 236 Bryn Mawr Ave		Square Feet 1000+	# of Doors 1+
City (5) Lavallette NJ 08735		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (if prior if demolished)	
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) 5/21/15	Scheduled Completion Date (11) 5/25/15	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input 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 Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
In Garage			x
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1
City, State Elm NJ		Disposal Date 5/25/15	Name of Registered Landfill G.R. J.W.S.
Completed by Anthony T Perna		Title President	Signature 
		Date 5/20/15	

CK 1601

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

Date of Notification (1)		Name of Building Owner/Operator (2) <i>Exxon Mobil Fuels and Lubricants</i>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <i>1 Avenue J</i>	City, State, Zip Code <i>Bayonne, NJ 07002</i>
		Name of Contact <i>Jamila Chillemi</i>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <i>Former Bayonne Lubricating mfg. Plant</i>		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 <i>1 Avenue J</i>		Square Feet	# of Floors <i>N/A</i>
City (5) <i>Bayonne</i>		Bldg. Age <i>N/A</i>	
County (6) <i>Hudson</i>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) <i>Asset Inspection Technologies</i>		ASCM No.	Name of Abatement Contractor (9) <i>Terra Contracting Services, LLC</i>
Street Address <i>123 N. Tea Road P.O. Box 3015</i>		Street Address <i>5787 Stadium Drive</i>	
City, State, Zip Code <i>South Hampton, NY 11969</i>		City, State, Zip Code <i>Kalamazoo MI 49007</i>	
Project Manager for Monitoring Firm <i>Peter Elia</i>		Telephone No. <i>917-450-9217</i>	License No. <i>01128</i>
Start Date (10) <i>6-8-15</i>	Scheduled Completion Date (11) <i>7-30-15</i>	Name of OSHA Monitor <i>Analytical Testing &amp; Consulting Services</i>	
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 <i>14625 Oostrik Road</i>	
		City, State, Zip Code <i>Plainfield, MI 49086</i>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  <i>Pod 8</i>	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)  <i>Asphaltic Coating on Tank</i>
	Yes	No	
Name of Registered Waste Hauler <i>HAZMAT Environmental Group</i>		NJDEP Waste Hauler ID No. <i>1665</i>	Cubic Yards of Waste <i>60</i>
City, State <i>Buffalo NY</i>		Disposal Date	Name of Registered Landfill <i>High Acres Landfill</i>
Completed by <i>Greg Moe</i>		Title <i>Director of Abatement Services</i>	Signature <i>Greg Moe</i>
			Date <i>5-18-15</i>



Check#2196

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

Date of Notification (1) 05 / 20 / 15		Name of Building Owner/Operator (2) Ted Lungay	
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 1019 Cumbermeade Road City, State, Zip Code Fort Lee, NJ 07024 Name of Contact Ted Lungay	
FACILITY INFORMATION			
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 K-12 <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1019 Cumbermeade Road		Square Feet	# of Floors
City (5) Fort Lee, NJ 07024		Bldg. Age	
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)
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	Telephone No.
Start Date (10) 05 / 30 / 15		Scheduled Completion Date (11) 06 / 01 / 15	Licensure No. 01127
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		Name of OSHA Monitor Envirovision Consultants, 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		Street Address 20-21 Wagaraw Road, Bldg. # 5E City, State, Zip Code Fair Lawn, NJ 07410	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Amount (Specify SIF or LF)	
Basement		50 LF	
Laundry room		20 LF	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD
City, State Wayne, NJ 07470		Disposal Date TBD	Name of Registered Landfill T.R.R.F. Inc Tullytown, PA
Completed By (Print or Type) N.Jevtic		Title Owner	Signature [Signature] Date 05/20/2015

MO#22742787047

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

Date of Notification (1) 05 / 21 / 15		Name of Building Owner/Operator (2) Ella Mae Arnold							
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 2154 John F. Kennedy Blvd. City, State, Zip Code Jersey City, NJ 07305 Name of Contact Ella Mae Arnold							
FACILITY INFORMATION									
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 -1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2154 John F. Kennedy Blvd.		Square Feet	# of Floors Bldg. Age						
City (5) Jersey City, NJ 07305		County (6) Hudson							
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) 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. 973-638-1777	License No. 01127						
Start Date (10) 06 / 01 / 15		Scheduled Completion Date (11) 06 / 02 / 15							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 3: E 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 <input type="checkbox"/> Non-Exempted (*) and Non Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or %)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	155 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 <i>N. Jevtic</i>		Date 05/21/2015				



CK 3419

Print Form

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

Date of Notification (1) 05/19/15		Name of Building Owner/Operator (2) RED HAWK ENVIRONMENTAL CONSULTING	
Agencies Notified	Type Notification	Street Address 242 BLUEBERRY LEDGE LANE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BRIDGEWATER CORNERS, VT 05035	
		Name of Contact JOHN VAN HOOK	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address 54 ABEEL STREET		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than industrial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) NEW BRUNSWICK, NJ		Square Feet	# of Floors
County (6) MIDDLESEX COUNTY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if building demolished) HOME	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 0870	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078
Start Date (10) 05/24/15		Scheduled Completion Date (11) 05/24/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT	
<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 LAKEWOOD, NJ 0870	
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-Exempted (**) 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	
INTERIOR			PIPE INSULATION
INTERIOR			TRANSITE PANELS
INTERIOR			LINOLEUM FLOORING
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10
City, State NEWARK, NJ		Disposal Date 05/24/15	Name of Registered Landfill BETHLEHEM PA
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature
			Date 05/19/15

OK 3423


Print Form

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

Date of Notification (1) 05/21/15		Name of Building Owner/Operator (2) MATTS CONSTRUCTION							
Agencies Notified	Type Notification	Street Address 14 IRENE COURT							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LAKEWOOD, NJ 08701							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 564 VINE STREET		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) LAKEWOOD, NJ		Square Feet 2500	Floor Bldg. Age						
County (6) OCEAN COUNTY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	Lic. No. 120						
Start Date (10) 05/31/15	Scheduled Completion Date (11) 05/31/15		Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
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-Exempted)						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				ACM SIDING	1500 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5 YARDS	Name of Registered L		fill			
City, State NEWARK, NJ		Disposal Date 05/31/15		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 05/21/15				



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

Date of Notification (1) <b>05 / 20 / 15</b>		Name of Building Owner/Operator (2) <b>HOUSING AUTHORITY OF PLAINFIELD</b>							
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 <b>510 EAST FRONT STREET</b> City, State, Zip Code <b>PLAINFIELD, NJ 07060</b> Name of Contact <b>WAN CHANG</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ELMWOOD GARDENS APARTMENTS</b>		Type of Facility ( ) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>532 WEST 2<sup>ND</sup> STREET</b>		Square Feet <b>20,000</b>	# of Floors <b>6</b>						
City (5) <b>PLAINFIELD</b>		Bldg. Age <b>50+</b>							
County (6) <b>UNION</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>SKY ENVIRONMENTAL SERVICES</b>		ASCM No.	Name of Abatement Contractor (9) <b>PLYMOUTH ENVIRONMENTAL</b>						
Street Address <b>140 BOULEVARD</b>		Street Address <b>923 HAWS AVENUE</b>							
City, State, Zip Code <b>MOUNTAIN LAKES, NJ 07046</b>		City, State, Zip Code <b>NORRISTOWN, PA 19401</b>							
Project Manager for Monitoring Firm <b>Ieonid shereshevsky</b>		Telephone No. <b>973-769-6946</b>	Telephone No. <b>610-239-9920</b>						
Start Date (10) <b>6 / 8 / 15</b>		Scheduled Completion Date (11) <b>7 / 15 / 15</b>	Licens No. <b>003</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor <b>PLYMOUTH ENVIRONMENTAL</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"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</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)	Amount (Spill/F)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BLDG. C2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>PIPE INSULATION</b>	<b>10</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BLDG. D, B2, B1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>5,10</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BLDG. D, C3, C2, C1, B2, B1, A2, A1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>ENTRANCEWAY WINDOW CAULK</b>	<b>3</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>BLDG. D, C3, C2, C1, B2, B1, A2, A1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>SINKS</b>	<b>1</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>NEWARK CARTING</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>67</b>	Name of Registered Landfill <b>WASTE MANAGEMENT</b>					
City, State <b>NEWARK, NJ</b>		Disposal Date <b>7/15/15</b>	City, State <b>ARGYLE, I A</b>						
Completed By (Print or Type) <b>RUSSELL KING</b>		Title <b>PM</b>	Signature 		Date <b>5/20/15</b>				

check 5/11/20

5/20/2015



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

Check 9317


Date of Notification (1) <b>5-22-15</b>		Name of Building Owner/Operator (2) <b>VFV Properties</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type 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>P.O. Box 508</b>
			City, State, Zip Code <b>Martinsville NJ 08836</b>
			Name of Contact <b>Frank Morano</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility ( ) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>169 Chestnut Street</b>		Square Feet <b>2</b>	# of Floors <b>2</b>
City (5) <b>Bridgewater NJ 08807</b>		Bldg. Age <b>2</b>	
County (6) <b>Somerset</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>	
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>	
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	
Start Date (10) <b>6-1-15</b>		Scheduled Completion Date (11) <b>6-8-15</b>	
Name of OSHA Monitor <b>EPC Technologies Inc</b>		Telephone No. <b>00394</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>	
		City, State, Zip Code <b>New Egypt NJ 08533</b>	
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 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-Exempt (*) and Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED In Facility (13)</b> <b>2nd floor</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>12"x12" Floor Tiles</b>
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>
City, State <b>New Egypt NJ</b>		Disposal Date <b>6-8-15</b>	Name of Registered Agent of PIA <b>PA</b>
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>
		Date <b>5-22-15</b>	

Open window Time frame



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

*Check* 13906

Date of Notification (1) 5/21/15		Name of Building Owner/Operator (2) 200 Route 46 West Little Ferry LLC							
Agencies Notified	Type Notification	Street Address PO Box 624							
<input checked="" 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 Alpine, NJ 07620							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Lou Tolerico	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 115 Woodland Avenue		Square Feet 2800	# of Floors 2						
City (5) Little Ferry		Bldg. Age 60							
County (6) Bergen	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. 973-764-2276	Lic. No. 703						
Start Date (10) 5/30/15	Scheduled Completion Date (11) 6/15/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("A" and Non-Exempted)	Variable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior siding			x	transite panels	1850 SF	x			
basement			x	9"x9" floor tile	120 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste	Name of Registered Hauler Western Berks LLC	Hauler License No.				
City, State Freehold		Disposal Date TBD	City, State Birdsboro, PA						
Completed by A. Scott Higgins		Title President	Signature 		Date 5/21/15				

No CK

Print Form

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

Date of Notification (1) 5-21-15		Name of Building Owner/Operator (2) The Port Authority of NY & NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 51 Port Terminal Blvd		City, State, Zip Code Bayonne, NJ 07002	
Name of Contact Slobadan Buljovic		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Port Jersey South		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Commercial buildings, homes, etc.) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 51 Port Terminal Blvd		Square Feet N/A	
City (5) Bayonne		County Code (7) (STATE USE ONLY)	
County (6) Hudson		Current Use (Prior if being demolished) Port Terminal Building 1	
Name of Monitoring Firm Hired by Building Owner (8) PA NY & NJ		ASCM No.	
Street Address 51 Port Terminal Blvd		Name of Abatement Contractor (9) SCE Environmental Group	
City, State, Zip Code Bayonne, NJ 07002		Street Address 1380 Mt Cobb Rd	
Project Manager for Monitoring Firm Uday Mehta		City, State, Zip Code Lake Ariel, PA 18436	
Start Date (10) 6-4-15		Telephone No. 201-595-4881	
Scheduled Completion Date (11) 3/23/16		Telephone No. 570-383-4151	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitoring Group SCE Environmental Group	
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		Street Address 1380 Mt Cobb Rd	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Lake Ariel, PA 18436	
<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 N		Lic No. 016	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or CF)	
Yes No N/A		200 sf	
material is on the ground at secured lot at facility		transit pipe, tar, mastic debris	
Name of Registered Waste Hauler Horwith Trucking		NJDEP Waste Hauler ID No. 16227	
City, State Newark, NJ		Cubic Yards of Waste 200	
Disposal Date		Name of Registered Landfill Grow: North Morristown, NJ	
Completed by Mariah Wheeler		Signature [Signature]	
Title PMA		Date 03/10/15	

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



OK #1557

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

Date of Notification (1) <u>5/20/15</u>		Name of Building Owner/Operator (2) <u>James Keaton</u>		AY 2 5 2015	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>17 Anglers Road</u> City, State, Zip Code <u>Tuckerton, NJ 08087</u> Name of Contact <u>James Keaton</u>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private homes, etc.)	
Street Address <u>17 Anglers Road</u>				Square Feet <u>1800 SF</u>	
City (s) <u>Tuckerton, NJ 08087</u>				# of Floors <u>1</u>	
County (6) <u>Ocean</u>		County Code (7) (STATE USE ONLY)		Current Use (For if being demolished) <u>Residence</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Name of Abatement Contractor (9) <u>AEi2, LLC</u>	
Street Address		Street Address <u>300 S. Lenola Road</u>			
City, State, Zip Code		City, State, Zip Code <u>Maple Shade, NJ 08052</u>			
Project Manager for Monitoring Firm		Telephone No. <u>609-481-2122</u>		License No. <u>006</u>	
Start Date (10) <u>5/23/15</u>		Scheduled Completion Date (11) <u>5/30/15</u>		Name of OSHA Monitor <u>AEi2, LLC</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address <u>300 Lenola Road</u> City, State, Zip Code <u>Maple Shade, NJ 08052</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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes    No    N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
Crawl Space				Amount (Specify SF) <u>200 sf</u>	
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>		Cubic Yards of Waste <u>.5</u>	
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>		Name of Registered Landfill <u>TBD</u>	
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>		Signature <i>[Signature]</i>	
				Date <u>5/20/15</u>	

**NOCK** **CREDIT**  
**FOR**  
**NOTIFICATION**  
**TOM**  
**WOBORNEES**

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

Date of Notification (1) <u>5/20/15</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENTERPRISES</u>	
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>601 W. CLARKS ROAD</u>	
		City, State, Zip Code <u>EDGEHURST, NJ 08210</u>	
		Name of Contact <u>BARBARA</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S <input checked="" type="checkbox"/> Other (i.e., private homes, etc.)	
Street Address <u>2500 ATLANTIC AVE.</u>		Square Feet <u>1570</u>	# of Floors <u>1</u>
City (5) <u>LONGPORT</u>			Bldg. Age <u>40+</u>
County (6) <u>ATLANTIC</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>ART</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>ILCENCO INC.</u>
Street Address			Street Address <u>369 S. SPRUCE AVE.</u>
City, State, Zip Code			City, State, Zip Code <u>MARLE SHORE, N.J. 08052</u>
Project Manager for Monitoring Firm <u>N/A</u>		Telephone No.	Telephone No. <u>856-779-3472</u>
Start Date (10) <u>6/1/15</u>		Scheduled Completion Date (11) <u>6/18/15</u>	Name of OSHA Monitor <u>N/A</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ( ) and Non-Viable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u> <u>SIDING</u>	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) <u>TRANSITE</u>	
Name of Registered Waste Hauler <u>ILCENCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>15</u>
City, State <u>MARLE SHORE, N.J. 08052</u>		Disposal Date	City, State <u>PL</u>
Completed By <u>JOSEPH ILCENCO</u>		Title <u>OWNER</u>	Signature <u>Joseph ILCENCO</u>
			Date <u>5/20/15</u>



**NOCK**

State of New Jersey

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

Date of Notification (1) <b>5/21/15</b>		Name of Building Owner/Operator (2) <b>Montclair State University</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification  <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency Amended Notification #1 <input type="checkbox"/> Cancellation	Street Address <b>One Normal Avenue</b>	
		City, State, Zip Code <b>Upper Montclair, NJ 07043</b>	
		Name of Contact <b>Amy Ferdinand</b>	Telephone Number

MAY 25 2015

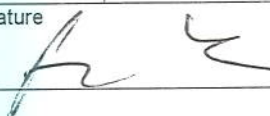
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Life Hall, Montclair State University</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1 Normal Avenue</b>			Square Feet <b>80000</b>	# of Floors <b>2</b>
City (5) <b>Upper Montclair</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Bldg. Age <b>~ 50</b>	
Current Use (Prior if being demolished)				

Name of Monitoring Firm Hired by Building Owner <b>Whitman Companies, Inc.</b>		ASCM No. <b>00110</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>	
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>323 Changebridge Road Suite 100</b>		
City, State, Zip Code <b>Cranford, NJ 08512</b>		City, State, Zip Code <b>Pine Brook, NJ 07058</b>		
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone Number <b>732-390-5858</b>	Telephone Number <b>973-575-8700</b>	
Scheduled Start Date (10) <b>3/30/15</b>	Sched. Completion Date (11) <b>12/31/15</b>	License Number <b>00852</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: partially vacant		Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
		Street Address <b>2333 Route 22 W</b>		
		City, State, Zip Code <b>Union, NJ 07083</b>		

Scope of Work (Check all that apply)				
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Mini-enclosure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Glovebag Procedure		
		<input checked="" type="checkbox"/> Non-removable		

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	R	E	E	N	N			
Various areas – in phases		X		VAT	14000 SF	X								
Various Areas – in phases		X		TSI	1200 LF	x								

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>60</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Pine Brook, NJ</b>		Disposal Date <b>4/30/15 +</b>	City, State <b>Waynesburg OH</b>		
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>5/21/15</b>

**Note:** Work to be done in phases. First phase is to start on 3/30/15 with expected completion on/about 4/17/15. Some 800 LF of TSI is to be removed via "wrap & cut" method and some 9000 SF of VAT from Dumont Center and adjacent areas (Life Hall). Amendments will be sent for other phases.

**5/21/15, Amendment #1:** Phase 2 has been scheduled, with a starting date of 5/26/15 and anticipated completion on/about 6/5/15. Some 700SF of VAT is scheduled for removal.



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

Check # 7834

Date of Notification (1) <b>5/21/15</b>		Name of Building Owner/Operator (2) <b>Anthony Enrico</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> emergency <input type="checkbox"/> Cancellation	Street Address <b>1745 Ratzer Road</b>	
	City, State, Zip Code <b>Wayne, NJ 07470</b>		
	Name of Contact <b>Veronica</b>		
	Telephone Number		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private homes, etc.)	
Street Address <b>1745 Ratzer Road</b>			Square Feet <b>2000</b>	# of Floors <b>2</b>
City (5) <b>Wayne</b>	County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being residence) <b>residence</b>	
Name of Monitoring Firm Hired by Building Owner <b>N/A</b>		ASCM No. <b>000</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>	
Street Address		Street Address <b>323 Changebridge Road, Suite 100</b>		
City, State, Zip Code		City, State, Zip Code <b>Pine Brook, NJ 07058</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>973-575-8700</b>	
Scheduled Start Date (10) <b>5/30/15</b>	Sched. Completion Date (11) <b>6/8/15</b>	Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>		Street Address <b>2333 Route 22W</b>		
		City, State, Zip Code <b>Union, NJ 07083</b>		

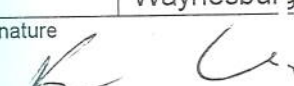
## Scope of Work (Check all that apply)

- ☐ Demolition  
☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	R	E	E	N	N			
Basement		x		TSI	30 LF	x								

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>Pine Brook, NJ</b>	Disposal Date <b>6/12/15</b>	City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	
		Date <b>5/21/15</b>	

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

Check # 7833

Date of Notification (1) <b>5/21/15</b>		Name of Building Owner/Operator (2) <b>Olga Stawnycky</b>	
Agencies Notified	Type of Notification	Street Address <b>314 Montross Ave.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Rutherford, NJ 07070</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Olga Stawnycky</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION


Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private homes, etc.)	
Street Address <b>314 Montross Ave.</b>			Square Feet <b>3000</b>	# of Floors <b>2</b>
City (5) <b>Rutherford</b>	County (6) <b>Bergen</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being residence)	Bldg. Age <b>~85</b>
Name of Monitoring Firm Hired by Building Owner <b>N/A</b>		ASCM No. <b>000</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>	
Street Address		Street Address <b>323 Changebridge Road, Suite 100</b>		
City, State, Zip Code		City, State, Zip Code <b>Pine Brook, NJ 07058</b>		
Project Manager for Monitoring Firm		Telephone Number	License Number <b>00852</b>	
Scheduled Start Date (10) <b>5/30/15</b>		Sched. Completion Date (11) <b>6/8/15</b>	Name of OSHA Monitor <b>J &amp; S Environmental Laboratories, LLC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address <b>2333 Route 22W</b>	
			City, State, Zip Code <b>Union, NJ 07083</b>	

## Scope of Work (Check all that apply)

- ☐ Demolition  
☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf
- ☐ Renovation

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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type								
	Yes	No	N/A			R	R	E	E	N	N			
Basement		x		TSI	250 LF	x								

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>		NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>3</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>Pine Brook, NJ</b>		Disposal Date <b>6/12/15</b>		City, State <b>Waynesburg, OH</b>	
Completed By (Print or Type) <b>Pane Repic</b>		Title <b>General Manager</b>	Signature 		Date <b>5/21/15</b>



B & G proj. #: 2015-92

Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
EMERGENCY 10-day waiver request

Check # 72

Date of Notification (1)  
015/12/11/15

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification  
☒ Initial  
☐ Amendment  
☐ Cancellation

Name of Building Owner/Operator (2)  
Cape Liberty Cruise Port

Street Address  
14 Port Terminal Boulevard

City, State, Zip Code  
Bayonne, NJ 07002

Name of Contact  
Marina Ondaiza

APPROVED  
New C. Ondaiza  
(signature)  
Date: 5/21/15 Time: 1:30 PM

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Cape Liberty Cruise Terminal - Steam Pipe Tunnel at site of new parking garage

Street Address  
14 Port Terminal Boulevard

City (5)  
Bayonne

County (6)  
Hudson

County Code (7)  
(State use only)

Type of facility (4)  
☐ School  
☐ Subchapter S (Other than K-12)  
☒ Other (Factory/Commercial Bldgs., etc.)

Square Feet  
Floors  
Bldg. Age

Current Use (8)  
if being demolished  
Steam tunnel

Name of Monitoring Firm Hired by Bldg. Owner (6)  
EnviroVision Consultants, Inc.

ASCM No.  
n/a

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07135

Telephone Number  
(973) 696-6869

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07135

Project Manager for Monitoring Firm  
Frederick Larsen

Phone Number  
973-636-9145

Scheduled Start Date (10)  
05/22/2015

Sched. Completion Date (11)  
06/03/2015

Occupancy Status During Abatement (Check only one)  
☒ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours.  
Describe:  
Other-Describe:

Scope of Work (check all that apply)  
☒ Demolition  
☐ Renovation  
☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☐ >3 sf or >3 lf  
☒ ≥160 sf or ≥280 lf

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Description of asbestos-containing material (ACM)

Amount (Square Feet) (14)

	Yes	No	N/A		Amount (Square Feet) (14)
Concrete with acm waterproofing			X		140
Steam pipe tunnel					

Registered Waste Hauler  
Rovic Transport

NJDEP Hauler ID#  
20785

Cubic Yards of Waste  
140

Name of Registered Landfill  
I.E.S.I. PA Bethlehem

City, State  
Bethlehem, PA

Disposal Date  
05/22/2015 - 06/03/2015

City, State  
Riverdale, NJ

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
Gordana Luna

☐ Glovebag procedure  
☒ Non-friable procedure

	Removal	Repair	Encapsulation	Enclosure
Asbestos-containing material	X			

Landfill Corp.

Date  
05/21/2015



B &amp; G proj. #: 2015-92

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
\*\*\*Change in Landfill\*\*\*

Check N/A

Date of Notification (1)

10/5/12 11/11/15

Name of Building Owner/Operator (2)

Cape Liberty Cruise Port

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☐ Initial  
☒ Amendment  
☐ Cancellation

Street Address

14 Port Terminal Boulevard

City, State, Zip Code

Bayonne, NJ 07002

Name of Contact

Marina Ondarza

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Cape Liberty Cruise Terminal - Steam Pipe Tunnel at site of new parking garage

Street Address

14 Port Terminal Boulevard

City (5)

Bayonne

County (6)

Hudson

County Code (7)  
(State use only)

Type of Facility (4)

- ☐ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other Private/Commercial Bldg. Homes, etc.

Square Feet

# of Floors

Bldg. Age

Current Use  
prior if being demolished)

steam tunnel

Name of Monitoring Firm Hired by Bldg. Owner (8)

EnviroVision Consultants, Inc.

ASCM No.

n/a

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

20-21 Wagaraw Rd., Bldg. 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Project Manager for Monitoring Firm

Frederick Larsen

Phone Number

973-636-9145

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Scheduled Start Date (10)

05/22/2015

Sched. Completion Date (11)

06/03/2015

Occupancy Status During Abatement (Check only one)

- ☒ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_  
☐ Other-Describe: \_\_\_\_\_

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

- ☒ Demolition ☐ Renovation  
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf

☐ Full Containment w/negative pressure☐ Mini-enclosure☐ Glovebag procedure☒ Non-friable procedure

Location of asbestos-containing material 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)

Amount (Spec LF)

Steam pipe tunnel

Concrete with acm waterproofing

140 c

SF or

	R e m o v e	R e p a i r	E n c a p	E n c l
asbestos yards	<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"/>

Registered Waste Hauler  
Rovic TransportNJDEP Hauler ID#  
20785Cubic Yards of Waste  
140Name of Registered Landfill  
Conestoga LandfillCity, State  
Riverdale, NJDisposal Date  
05/22/2015 - 06/03/2015City, State  
Morgantown, PACompleted by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

Signature

Gordana Luna

Date

05/21/2015



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
EMERGENCY 10-day waiver request

B & G proj. #: 2015-92

Che # 7213

Date of Notification (1) 05/11/15		Name of Building Owner/Operator (2) Cape Liberty Cruise Port	
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"/> Amendment <input type="checkbox"/> Cancellation	Street Address 14 Port Terminal Boulevard	
		City, State, Zip Code Bayonne, NJ 07002	
		Name of Contact Marina Ondarza	Telephone Number

FACILITY INFORMATION

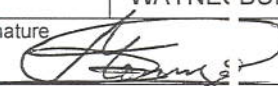
Name of facility where abatement is taking place (3) Cape Liberty Cruise Terminal - Steam Pipe Tunnel at site of new parking garage				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)	
Street Address 14 Port Terminal Boulevard				Square Feet	Bldg. Age
City (5) Bayonne	County (6) Hudson	County Code (7) (State use only)	Current Use abandoned	Prior if being demolished steam tunnel	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants, Inc.		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Rd., Bldg. 35E		Street Address 105 Ryerson Road			
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Frederick Larsen		Phone Number 973-636-9145	Telephone Number (973)696-6869	License Number 00378	
Scheduled Start Date (10) 05/22/2015		Sched. Completion Date (11) 06/03/2015		Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:					

Scope of Work (check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Non-friable procedure					
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify LF)
	Yes	No	N/A		
Steam pipe tunnel			<input checked="" type="checkbox"/>	Concrete with acm waterproofing	140 cu yds
Registered Waste Hauler Rovic Transport	NJDEP Hauler ID# 20785	Cubic Yards of Waste 140	Name of Registered Landfill I.E.S.I. PA Bethlehem Landfill Corp.		
City, State Riverdale, NJ	Disposal Date 05/22/2015 - 06/03/2015		City, State Bethlehem, PA		
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna			Date 05/21/2015

NO CK

Print Form

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 26 Blackstone Drive	
<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	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 to 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"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("and Not")	
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	
Gargage		X	Duct Insulation
Name of Registered Waste Hauler SERVICE TRANSPORT GRP.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste AS NEEDED	Name of Registered Landfill MINERVA LANDFILL
City, State 58 PYLES LANE, NEW CASTLE, DE, 19720		Disposal Date	City, State WAYNESBURG, 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 12:120)

Date of Notification (1) 5/19/15		Name of Building Owner/Operator (2) Bed, Bath & Beyond			
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 650 Liberty Avenue  City, State, Zip Code Union, NJ 07083  Name of Contact John Purcel	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Former Coffee Distributing Corp.				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 685 Liberty Avenue				Square Feet 35,000	# of Floors 2
City (5) Union				Bldg. Age 25+	
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Former Coffee Distributing Corp.	
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.	
Street Address			Street Address 135 Kinnelon Road, Suite 102		
City, State, Zip Code			City, State, Zip Code Kinnelon, NJ 07405		
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 908-218-0880	
Start Date (10) 6/1/15		Scheduled Completion Date (11) 6/30/15		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 135 Kinnelon Road, Suite 102	
				City, State, Zip Code Kinnelon, NJ 07405	
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempt (*) 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)	
Please see attached survey					
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40	Name of Registered Landfill IESI	
City, State Kinnelon, NJ		Disposal Date 6/30/15		City, State Bethlehem, PA	
Completed by Anna Bastos		Title Administrative Assistant		Signature <i>Anna Bastos</i> Date 5/19/15	

Firestop, red  
 Flashing Concrete  
 Flashing Tar, Membrane  
 Floor Tile, light gray  
 Floor Tile, light green  
 Joint Compound, white  
 Joint Tape, white  
 Mastic for white & black vinyl floor tile  
 Paint, tan/off-white  
 Roof Membrane, Tar Board  
 Tar  
 Tar Flashing  
 Tar from Vent Pipe  
 Tar with Stone  
 Tar Membrane  
 Tar Membrane, Flashing  
 Tar Paper, Black  
 Tar Paper Flashing  
 Tar Paper Insulation  
 Tar Roof Membrane  
 Vinyl Floor Tile, black  
 Vinyl Floor Tile, dark green  
 Vinyl Floor Tile, off-white  
 Vinyl Floor Tile, off-white with speckles  
 Vinyl Floor Tile, orange  
 Vinyl Floor Tile, tan with speckles  
 Wallboard  
 Wallpaper, Tan  
 Window Glazing  
 White Board Insulation

### 3.4 Results Summary Table

The following is a summary of the observed condition of the homogeneous materials sampled that were identified as asbestos-containing material. All quantities are approximate and are subject to field verification.

Building at 685 Liberty Avenue, Union, NJ					
Sample ID	Location	Material	Total Quantity	Reliability (Y/NF)	Cond. (G/F/P)
W103230	2 <sup>nd</sup> Floor, South Offices, Open Area	Mastic for 12"x12" Carpet Tiles, Black	4,800 SF	NF	Good
W103245	2 <sup>nd</sup> Floor, Server Room, Pipe Vent	Tar	6 LF	NF	Good



Building at 685 Liberty Avenue, Union, NJ					
Sample ID	Location	Material	Total Quantity	Friability (F/NF)	Cond. (G/F/P)
W103275	1 <sup>st</sup> Floor, Storage Area	9"x9" Vinyl Floor Tile, Gray	10 SF	NF	Good
W103276		Mastic associated with Gray 9"x9" Vinyl Floor Tile, Black			
Assumed	1 <sup>st</sup> Floor Sprinkler Room	Residual Floor Mastic	20 SF	NF	Fair
W103300	1 <sup>st</sup> Floor, Martial Arts Studio, under Carpet and Matting	Mastic associated with 12"x12" Light Gray Vinyl Floor Tile, Black	2,400 SF	NF	Good
TB1740	1st Floor, Comcast Warehouse, East Side	Window Glazing	1,152 L	NF	Good
W103341	Roof, Office, Flashing, Fourth Layer*	Roof Flashing (Base)	3,560 SF	NF	Good
W103343	Roof, Warehouse*	Tar Board (Roof Membrane)	35,000 SF	NF	Good
W103357	Roof, Warehouse, First Layer*	Roof Flashing (Base)	2,240 SF	NF	Good
W103368	Roof, Warehouse, HVAC Ducts	HVAC Tar on Ducts	10 SF	NF	Good
W103369 W103370	Roof, Warehouse, Vent Pipe	Tar on Vent Pipes	4 SF	NF	Good
Assumed	Throughout Perimeter of Interior and exterior of Building – Up to 4' high on interior and 4' below the 1 <sup>st</sup> floor slab	Vapor Barrier**	Under Slab - 3,40 SF 1 <sup>st</sup> Floor - 3,710 SF 2 <sup>nd</sup> Floor - 2,714 SF Total - 10,304 SF	NF	N/A

Square Feet = SF

Good = G

NF = Non-friable

\*ACM is located in at least one layer of a component. For construction purposes, the entire component must be considered ACM when accessibility is provided.

#Samples of pipe and pipe fitting insulation have yielded positive results. Hillmann considers this to be a homogenous material. As such, all aircell and block pipe insulation are considered positive.

##Samples of same color and texture floor tile have yielded positive results. Hillmann considers this to be a homogenous material. As such, some floor tiles have been grouped together and are considered positive.

Hillmann had the layers attached directly to the substrate analyzed first in order to identify the component as ACM. If this layer is identified as ACM, then the remaining layers were not analyzed and are assumed to be ACM as part of that component.

M 26 2015