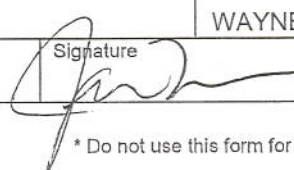


CK 3878

Print Form

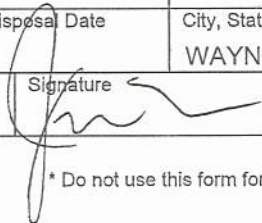
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/27/15		Name of Building Owner/Operator (2) ATLANTIC COUNTY HISTORICAL SOCIETY	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 907 SHORE ROAD		City, State, Zip Code SOMERS POINT, NJ 08244	
Name of Contact JIM SIMPKINS		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ATLANTIC COUNTY HISTORICAL COURT HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than -12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 5901 MAIN STREET		Square Feet 25,000	
City (5) MAYS LANDING		# of Floors 1	
County (6) ATLANTIC		Bldg. Age +/-100	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) courthouse	
Name of Monitoring Firm Hired by Building Owner (8) WHITMAN COMPANY		ASCM No.	
Street Address 7 PLEASANT HILL ROAD		Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.	
City, State, Zip Code CRANBURY, NJ 08512		Street Address 2251 FRALEY STREET	
Project Manager for Monitoring Firm SCOTT BLUTH		City, State, Zip Code PHILADELPHIA, PA 19137	
Telephone No. 732-390-5858		Telephone No. 215-533-5155	
Start Date (10) 6-8-15		License No. 011	
Scheduled Completion Date (11) 8-15-15		Name of OSHA Monitor WHITMAN COMPANY	
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: _____		Street Address 7 PLEASANT HILL ROAD	
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted (**) Procedure		City, State, Zip Code CRANBURY, NJ 08512	
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)	
SEE ATTACHED SHEET			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.	
Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date WAYNE, BURGESS	
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	
Signature 		Date 5-27-15	

ATLANTIC COUNTY COURT HOUSE

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Unit	Code**	Code***
PIPE INSULATION AND DEBRIS	EASTERN SIDE OF BASEMENT ABOVE DROP CEILING	3	L		REM
CEILING PLASTER AND WALL PLASTER	TUNNEL	312	S		REM
CONTAMINATED SOIL AND DEBRIS	CRAWLSPACE UNDER JURY ROOM	600	S		REM
PIPE INSULATION INCLUDING ELBOWS AND JOINTS	CRAWLSPACE UNDER GRAND JURY ROOM	200	L		REM
PIPE INSULATION INCLUDING ELBOWS AND JOINTS	SURROGATE CRAWLSPACE	~10	L		REM
CONTAMINATED SOIL AND DEBRIS	SURROGATE CRAWLSPACE	150	S		REM
PIPE INSULATION INCLUDING ELBOWS AND JOINTS	TUNNEL	100	L		REM
VIBRATION CLOTH	BOILER HOUSE AT BASE OF THE BREECH AT THE CONNECTION TO BOILER	10	L		REM
WINDOW CAULK	WINDOWS	120	L		REM
PIPE INSULATION INCLUDING ELBOWS AND JOINTS	BOILER ROOM	400	L		REM
PIPE INSULATION	STEAM TUNNEL	200	L		REM
12X12 TAN SPECKLED FLOOR TILE & MASTIC	EASTERN SIDE OF BASEMENT	1800	S		REM
12X12 TAN FLOOR TILE AND MASTIC	WESTERN SIDE OF BASEMENT	50	S		REM
12X12 GREY FLOOR TILE AND MASTIC	WESTERN SIDE OF BASEMENT CORRIDOR	120	S		REM

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

Date of Notification (1) 5/27/15		Name of Building Owner/Operator (2) CHICKFILA							
Agencies Notified	Type Notification *POSTPONED*	Street Address 5200 BUFFINGTON ROAD							
<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	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ATLANTA, GA 30349							
		Name of Contact DWIGHT WIRICK	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CHICKFILA		Type of Facility (4)							
Street Address RT 202-31		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than -12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) FLEMINGTON		Square Feet 23,000	Bldg. Age +/-50						
County (6) HUNTERDON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EHS ENVIRONMENTAL		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.						
Street Address 9 SOUTH MAIN STREET		Street Address 2251 FRALEY STREET							
City, State, Zip Code MULLICA HILL, NJ 08067		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm JACK CARNEY		Telephone No. 856-223-0080	Telephone No. 215-533-5155						
Start Date (10) 5-26-15	Scheduled Completion Date (11) 6-15-15	Name of OSHA Monitor EHS ENVIRONMENTAL							
Occupancy Status During Abatement (Check Only One)		Street Address 9 SOUTH MAIN STREET							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code MULLICA HILL, NJ 08067							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (* and Non-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 LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
MAIN FLAT ROOF			X	BUILT UP ROOFING	2,916 SF	X			
TAR FLASHING			X	ROUND ROOF EXHAUST	76 SF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date		City, State WAYNESBURG, OH					
Completed by JENNIFER NIVEN	Title DIR. OF OPERATIONS	Signature 		Date 5-27-15					

CK 4033

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

Date of Notification (1) 5/11/15		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office							
Agencies Notified	Type Notification	Street Address EA McMillan Building							
<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 Princeton, NJ 08544							
		Name of Contact Bob Ortego							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 60 McCosh Circle		<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) Princeton		Square Feet 2,200	# of Floors 1						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Former if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 515 Grove Street, Suite 1B		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm R. Alan Lloyd		Telephone No. 856-547-0505	Telephone No. 484-872-8884						
Start Date (10) 5/15/15	Scheduled Completion Date (11) 7/2/15	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 US Route 13 North							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify Size or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	Drywall/Joint Compound	6,26 SF	X			
Floor Tile and Mastic			X	DR, Hw, BR, LR, BR2, Kn, BS, B	1355	X			
Basement Mechanical Room			X	Flue Patch Material	SF	X			
Exterior			X	Storm Window Caulk	26 LF	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 50	Name of Registered Landfill GROVS Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, NC					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 5/15/15			

NJ DOH
 CONSUMER-ENVIRONMENTAL
 OCCUPATIONAL HEALTH
 License No. 01167
 MAY 14 P 4:24

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


Date of Notification (1) 5/11/15		Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	EA McMillan Building							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Bob Ortego	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 81 McCosh Circle		<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) Princeton		Square Feet 2,200	# Floors 1						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 40+						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Current Use (prior if being demolished) Residence						
Street Address 515 Grove Street, Suite 1B		Name of Abatement Contractor (9) ecoservices, LLC							
City, State, Zip Code Haddon Heights, NJ 08035		Street Address 407 West Lincoln Highway, Suite 500							
Project Manager for Monitoring Firm R. Alan Lloyd		City, State, Zip Code Exton, PA 19341	Telephone No. 484-872-8884						
Start Date (10) 6/1/15	Scheduled Completion Date (11) 7/2/15	Telephone No. 856-547-0505	License No. 01161						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL							
<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 US Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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 Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached									
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 30	Name of Registered Landfill GRO MS Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, NC					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>				Date 5/11/15	

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	Is location normally used solely by Maintenance/ Custodial Staff? 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	Encap	Enclosure
Throughout	No	Homosote Panels and associated black mastic	1,314 SF	X			
Kitchen	No	Mosaic Sheet Flooring	192 SF	X			
Attic and within wall/ceiling cavities	No	Corrugated Pipe Insulation	193 LF	X			
Attic	No	Transite Panels	40 SF	X			
Attic	No	Flue Patch Material	1 SF	X			
Kitchen and Bedrooms	No	Light Reflector Pads	5 Each	X			
Exterior	No	Window and Door Caulk	290 LF	X			

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ASB-41 (R-06-08)

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

Date of Notification (1) 5/20/2015 Check#2757		Name of Building Owner/Operator (2) St Mary Coptic Orthodox Church							
Agencies Notified	Type Notification	Street Address 7 Duchess Street							
<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 Dayton, NJ 08810							
		Name of Contact Mr. Akram Aziz							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Mary Coptic School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter i (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 80 David Street		Square Feet	# of Floors						
City (5) South River, NJ 08882		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address 280 Huyler Street		Street Address 426 69th Street							
City, State, Zip Code Hackensack, NJ 07606		City, State, Zip Code Guttenberg, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 201-489-8700	Telephone No. 201-295-170						
Start Date (10) June 2nd-2015		Scheduled Completion Date (11) June 6-2015	Name of OSHA Monitor EA Services Corp						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address same as above							
		City, State, Zip Code							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Kitchen Storage		x		9x9 floor tile	4 SF		x		
Basement-Room A-008 / A-108		x		9x9 floor tile	10 SF		x		
1st Floor Classroom A-114		x		9x9 Grey floor tile	30 SF	x			
1st Floor Multipurpose Room/Gym		x		Vertical Window caulking	3 SF		x		
Name of Registered Waste Hauler Freehold Carting Inc		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill GROWSE North andfills					
City, State Freehold, NJ		Disposal Date tbd	City, State Morrisville, PA						
Completed by Gina Salvador		Title Office Manager	Signature 		Date 5-20-2015				

05/22/2015 12:57

NO. 381 #002

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

MAY 23 2015

Date of Notification (1) May 22, 2015		Name of Building Owner/Operator (2) Robert DiFazio		Check # 2113	
Agencies Notified	Type Notification	Street Address 24 Holyoke Drive		City, State, Zip Code Delran, NJ 08075	
<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	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Robert DiFazio		DCL - 1 DAY 115 ROVED	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) DiFazio Residence			Type of Facility (4)		
Street Address 24 Holyoke Drive			<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) Delran			Square Foot 1,800	# of Floors 2	Bldg. Age 100
County (6) Burlington		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC		
Street Address PO Box 341			Street Address 823 Culler Avenue		
City, State, Zip Code Cheslerfield, NJ 08515			City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Bill Welgerber		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842	
Start Date (10) May 28, 2015		Scheduled Completion Date (11) June 1, 2015		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One)			Street Address 200 Route 130 North		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> < 300 sq ft or < 300 lb <input type="checkbox"/> > 300 sq ft or > 2500 lb		<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-Encapsulated ("I") 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 (Specify BF or LF)	Abatement Type
	Yes	No			
Kitchen		XXX	Floor Tile and Mastic	120 BF	Repair
					Encapsulate
					Enclosure
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 1	Name of Registered Landfill Western Berks Community Landfill	
City, State Freehold, NJ		Disposal Date 6/1/2016	City, State Birdsboro, PA		
Completed by Christina Lynch		Title Operations Manager	Signature <i>Christina Lynch</i>	Date 6/22/2015	

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

U.S. Mail
1122

Date of Notification (1) 5/12/15		Name of Building Owner/Operator (2) MADELINE VANORDEN	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 92 EAST SUMMIT AVE	
		City, State, Zip Code SEWAREN NJ 07077-1255	
		Name of Contact MADELINE VANORDEN	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		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 homes, etc.)	
Street Address 92 EAST SUMMIT AVE		Square Feet 2000	# of Floors 2
City (5) SEWAREN NJ 07077-1255		Current Use RESIDENCE	Bldg. Age 85
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address P.O. BOX 814	
City, State, Zip Code		City, State, Zip Code OLD BRIDGE, NJ 08857	
Project Manager for Monitoring Firm		Telephone No. 732-238-7500	
Start Date (10) 5/26/15	Scheduled Completion Date (11) 6/26/15	Name of OSHA Monitor NOVATECH 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 P.O. BOX 814	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code OLD BRIDGE, NJ 08857	
<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 Process <input type="checkbox"/> Non-Enclosed (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	
BASEMENT		X	P.P.F INSULATION
Name of Registered Waste Hauler NOVATECH INC.		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 5
City, State OLD BRIDGE NJ 08857		Disposal Date	Name of Registered Landfill G.R.C. W.S. P.A.
Completed by CARLOS H. MEIDA		Title PRESIDENT	Date 5/12/15

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

Date of Notification (1) 5 / 21 /15		Name of Building Owner/Operator (2) ERICSSON TECHNOLOGIES INC.	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #5 <input type="checkbox"/> EMERGENCY N	
Street Address 530 SOUTH AVENUE EAST		City, State, Zip Code CRANFORD, NEW JERSEY 07016	
Name of Contact RICHARD SMITH		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ERICSSON LABS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commercial bldgs., homes, etc.)	
Street Address 1 ERICSSON DRIVE		Square Feet 70,000	# of Floors 2
City (5) MIDDLESEX	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	

Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 160
Expected Start Date (10) 5 / 20 /15 Month Day Year		Sched. Completion Date (11) 9 / 30 / 15 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL
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 Monday-Saturday 5pm-1am/Saturday & Sunday 7am-3:30pm			Street Address 1376 ROUTE 9 W	
			City, State, Zip Code WAPPINGERS FALLS, NY 12590	

Scope of Work (Check all that apply) <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
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Spec. SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE
2ND FLOOR -NORTH EAST AREA			X	VAT & MASTIC	1,000 SF	X		
BASEMENT- BREAK ROOM			X	VAT & MASTIC	525 SF	X		
2ND FLOOR NORTHEAST AREA			X	PIPE FITTINGS	70 LF	X		
1ST FLOOR MER ROOM 3-1			X	PIPE FITTINGS	4 LF	X		
1ST FLOOR MER 1			X	PIPE FITTINGS	14 LF	X		
ADDITION TO SCOPE:								
1st FLOOR MER 1			X	PIPE FITTINGS	10 LF	X		

Name of Registered Waste Hauler DJM TRANSPORT, LLC	NJDEP Waste Hauler ID No. 26981	Cubic Yards of Waste 80	Name of Registered Landfill GROWS LANDFILL
City, State KEARNEY, NEW JERSEY		Disposal Date 1/16-5/30/2015	City, State MORRISVILLE, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 5/21/15

CK 3443

Print Form

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

Date of Notification (1) 05/22/15		Name of Building Owner/Operator (2) MIZ CONSTRUCTION		MAY 8 2015	
Agencies Notified	Type Notification	Street Address 212 2ND STREET, SUITE 302			
<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 MOE KASSOVER		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Street Address 45 HENRY STREET AND 36 CEDAR 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) LAKEWOOD, NJ			Square Feet 2500	# of Floors 1,3	Bldg. Age
County (6) OCEAN COUNTY		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) HOMES		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONAL		
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.	Telephone No. 732-668-9078	License No. 120	
Start Date (10) 06/03/15		Scheduled Completion Date (11) 06/03/15		Name of OSHA Monitor AAA LEAD PROFESSIONAL	
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"/> ≥ 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-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)
	Yes	No	N/A		
EXTERIOR				SIDING	2000 SF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 06/03/15		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 05/22/15

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

Date of Notification (1) <div style="text-align: center;">May 22, 2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Affordable Renovations</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<div style="text-align: center;">900 Wellington Avenue</div>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<div style="text-align: center;">Toms River, NJ 08757</div>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<div style="text-align: center;">Nick</div>	

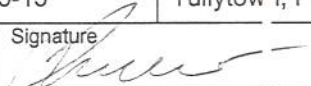
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">120 W Plover Way</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Lavallette</div>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) <div style="text-align: center;">Ocean</div>	County Code (7) (STATE USE ONLY)	Square feet <div style="text-align: center;">900 sf</div>	# of floors <div style="text-align: center;">1</div>	Bldg. Age <div style="text-align: center;">60</div>	
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9) <div style="text-align: center;">Guardian Contracting, Inc.</div>		
Street Address			Street Address		
			<div style="text-align: center;">1889 Route 9 Unit 61</div>		
City, State, Zip Code			City, State, Zip Code		
			<div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		
			<div style="text-align: center;">732-349-9932</div>		
Scheduled Start Date (10) <div style="text-align: center;">5/26/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">5/28/15</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 <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor		
			<div style="text-align: center;">E.M. L. Analytical</div>		
			Street Address		
			<div style="text-align: center;">1056 Stelton Road</div>		
			City, State, Zip Code		
			<div style="text-align: center;">Piscataway, New Jersey 08854</div>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Negative-Pressure Procedure	

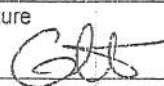
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) <div style="display: flex; justify-content: space-around;">YESNON/A</div>			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	800	X			
Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>	Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>				
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">5/29/15</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>					
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 			Date <div style="text-align: center;">5/22/2015</div>		

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

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

Date of Notification (1) May 19, 2015		Name of Building Owner/Operator (2) Secaucus Board of Education	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	20 Centre Ave	
		City, State, Zip Code Secaucus, NJ 07096	
		Name of Contact Fran Bialkowski	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Secaucus High School		Type of Facility (4)	
Street Address 11 Mill Ridge Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Secaucus, New Jersey 07094		Square Feet 80,000	# of Floors 2
County (6)		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school
Name of Monitoring Firm Hired by Building Owner (8) Ram Environmental		ASC No. ****	Name of Abatement Contractor (9) Academy Construction, Inc
Street Address 77 Nottingham Road		Street Address 205 Rt 46 W	
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm Roger Hedrick		Telephone No. (201) 475-9880	Telephone No. 973 832 4244
Start Date (10) June 6	Scheduled Completion Date (11) June 14, 2015		Name of OSHA Monitor Academy Construction, Inc
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
exterior of school	x		transite exterior ground pads
Name of Registered Waste Hauler Academy Construction, Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 4
City, State Totowa, NJ		Disposal Date 6-15-15	Name of Registered Landfill GROWSE North Tullytown, PA
Completed by Frank Marino	Title Proj. Manager	Signature 	Date 5-19-2015

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

Date of Notification 05 / 20 / 15		Name of Building Owner/Operator (2) Franklin Twp. Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 1755 Amwell Road	
		City, State, Zip Code Somerset, NJ 08873	
		Name of Contact Arlene Biesiada	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Franklin Middle school		Type of Facility () <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 415 Francis Street			
City (5) Somerset, New Jersey 08873		Square Feet	# of Floors Bldg. Age
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation
Street Address PO Box 385		Street Address 606 McBride Avenue	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400
Start Date (10) 06 / 05 / 15		Scheduled Completion Date (11) 06 / 19 / 15	Licenses No. 011
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 3:30 PM - 12:00 AM		Name of OSHA Monitor J&S Environmental Laboratories Inc	
Street Address 2333 Route 22 West			
City, State, Zip Code Union, New Jersey 07083			
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	boiler breeching
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe fittings assoc.w/fiberglass
	<input type="checkbox"/>	<input type="checkbox"/>	
Amount (Specify SF or LF)		Abatement Type	
		Removal	Repair Encapsulate Enclosure
960 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
110 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
95 fittings		<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"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a
City, State Woodland Park, New Jersey 07424		Disposal Date	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Momo Glavatovic		Title Vice President	Signature 
		Date 5/20/15	

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

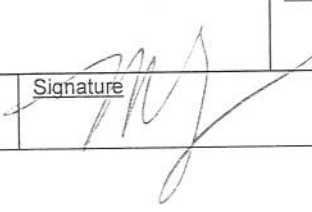
Date of Notification (1) 05 / 20 / 15		Name of Building Owner/Operator (2) Franklin Twp. Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1755 Amwell Road City, State, Zip Code Somerset, NJ 08873 Name of Contact Arlene Biesiada	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MacAfee Road school		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 53 MacAfee Road		Square Feet	# of Floors
City (5) Somerset, New Jersey 08873		Bldg. Age	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.	ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation	
Street Address PO Box 385		Street Address 606 McBride Avenue	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm John Smoyer	Telephone No. 609-652-1833	Telephone No. 973-225-8400	Licens. No. 0114
Start Date (10) 06 / 05 / 15	Scheduled Completion Date (11) 06 / 12 / 15	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 Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-PM/3:30PM- 12:00 AM		Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input 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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a
City, State Woodland Park, New Jersey 07424		Disposal Date	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Momo Glavatovic	Title Vice President	Signature 	Date 5/20/15

State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

CK# 24037
MAY 28 2015

Date of Notification (1) 05/21/15		Name of Building Owner/Operator (2) Ramapo Indian Hills Regional Bldg.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Street Address 131 Yawpo Ave. City, State, Zip Code Oakland, NJ 07436 Name of Contact Frank Ceurvels BA/BS	
Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled		Telephone Number 	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ramapo High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K 12) Other (i.e. private & commercial building, homes, etc.) Sq. Feet: 100,000 # of Floors: 3 Bldg. Age: 1960's Current Use (prior if being demolished) High School	
Street Address 331 George Street		County Code (7) (State Use Only)	
City (5) Franklin Lakes	County (6) Bergen	ASCM No.	
Name of Monitoring Firm Hired by Bldg. Owner (8) RK Occupational & Environmental		Name of Contractor (9) Panoramic Window & Door Systems, Inc.	
Street Address 401 Saint James Ave.		Street Address 712 Sergeantsville Road	
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Stockton, NJ 08559	
Project Manager for Monitoring Firm Jon Gilbert		Telephone Number 908-454-6316	
Scheduled Start Date (10) 06/03/15		Telephone Number P (732)926-0900 x102	
Scheduled Completion Date (11) 08/30/15		Name of OSHA Monitor IAQ GURU LLC	
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: Mon-Sat 7:00 -3:30		Street Address 87 Main Street City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Mini Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Abatement Type Remove Repair Enclose
Main Offices Rooms (002,004,006,008)	NA <input checked="" type="checkbox"/>	Transite Window Panels, Glaze & Caulk 13 windows	G&C)286LF <input checked="" type="checkbox"/> (T)200 SF <input checked="" type="checkbox"/>
Guidance Offices Rooms (041,041A,042,043,044,045,046,047)	NA <input checked="" type="checkbox"/>	Transite Window Panels, Glaze, Caulk & VAT 8 Windows	G&C)176LF <input checked="" type="checkbox"/> (T) 128SF <input checked="" type="checkbox"/> VAT)119SF <input checked="" type="checkbox"/>
Cafeteria Courtyard (Hall,005)	NA <input checked="" type="checkbox"/>	Transite Window Panels, Glaze & Caulk 13 windows	(G&C)286LF <input checked="" type="checkbox"/> (T) 200SF <input checked="" type="checkbox"/>
100 Wing Rooms (101,103,105, 107A,107 & 2 Exit Doors)	NA <input checked="" type="checkbox"/>	Transite Window Panels, Glaze & Caulk 21 windows	(G&C)462LF <input checked="" type="checkbox"/> (T) 336 SF <input checked="" type="checkbox"/>
100/200 Wing Rooms (203,203A,201,102,104,106,106A,108,2 Exit Doors,110,112)	NA <input checked="" type="checkbox"/>	Transite Window Panels, Glaze, Caulk & VAT 32 Windows	(G&C)704LF <input checked="" type="checkbox"/> (T) 512 LF <input checked="" type="checkbox"/> VAT)51SF <input checked="" type="checkbox"/>
100 Wing Rooms (109,111,113,115,117)	NA <input checked="" type="checkbox"/>	Transite Window Panels, Glaze & Caulk 23 windows	(G&C)506LF <input checked="" type="checkbox"/> (T) 368 SF <input checked="" type="checkbox"/>
400 Wing Rooms (401,405,407, Back Hall, 2 Exit Doors)	NA <input checked="" type="checkbox"/>	Transite Window Panels, Glaze, Caulk & VAT 17 windows	(G&C)374LF <input checked="" type="checkbox"/> (T)272SF <input checked="" type="checkbox"/> VAT)18LF <input checked="" type="checkbox"/>

State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

400 Wing Room 424			<input checked="" type="checkbox"/>	Transite Window Panels, Glaze & Caulk 5 Windows	G&C)11 T) 80SF	LF	<input checked="" type="checkbox"/>			
400 Wing Front Hall			<input checked="" type="checkbox"/>	Transite Window Panels, Glaze & Caulk 11 Windows	G&C)24 T) 176SF	LF	<input checked="" type="checkbox"/>			
300/500 Wing Breezeway			<input checked="" type="checkbox"/>	Transite Window Panels, Glaze & Caulk 20 Windows	G&C)44 T) 320SF	LF	<input checked="" type="checkbox"/>			
500 Wing Rooms (551, 553,555,557,559,Exit Door)			<input checked="" type="checkbox"/>	Transite Window Panels, Glaze, Caulk & VAT 11 Windows	G&C) 24 T) 176SF VAT)18	LF	<input checked="" type="checkbox"/>			
Cafeteria Courtyard (Hall)			<input checked="" type="checkbox"/>	Pipe Fitting Insulation Via Glovebag Removal	2 Fitting <1 LF)		<input checked="" type="checkbox"/>			
Other Rooms (900,016,020,032)			<input checked="" type="checkbox"/>	Transite Window Panels, Glaze & Caulk 14 Windows	G&C) 34 T) 224SF	LF	<input checked="" type="checkbox"/>			
Exit Double Doorways & Associated Windows (kitchen,Café Courtyard,100 Wing,400 Wing,500 Wing)			<input checked="" type="checkbox"/>	Transite Window Panels, Glaze & Caulk 10 Double Doors 3 Single Doors	G&C)44 T) 208 SF	LF	<input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler		NJDEP Waste Hauler ID #		Cubic Yards of Waste		Name of Registered Landfill				
Panoramic Window & Dr Sys Inc		0036057				City, State Allentown, PA				
Completed by (Print or Type)				Title		Signature		Date		
Mark M Jovic				Consultant				5-21-15		

MAY 28 2015

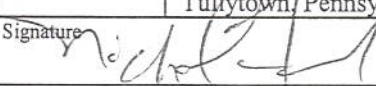
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 22, 2015		Name of Building Owner/Operator (2) DnA Demolition	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 2156 Camplain Road	City, State, Zip Code Hillsborough, NJ 088-4
		Name of Contact Antonio Dimuzio	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility () [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 430 3 rd Avenue			Square feet N/A	# of Floors N/A	Bldg. Age N/A
City Elizabeth	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Price if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9 Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		
Scheduled Start Date (10) 5/22/15		Scheduled Completion Date (11) 5/25/15	Name of OSHA Monitor E.M. S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Steltor Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) 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)	Quantity (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos floor tile on slab	400 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 5/26/15	City, State Tullytown, Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 				Date 5/22/2015		

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

CK 3442


Print Form

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

Date of Notification (1) 05/22/15		Name of Building Owner/Operator (2) SHLOMO HOROWITZ		MAY 20 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1301 VENTURA DRIVE City, State, Zip Code LAKEWOOD, NJ 08701 Name of Contact SHLOMO HOROWITZ Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 108 VAN BUREN			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.)		
City (5) LAKEWOOD, NJ		Square Feet 2000		# of Floors 3	
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. _____		Telephone No. 732-668-9078 License No. 1200	
Start Date (10) 06/02/15		Scheduled Completion Date (11) 06/02/15		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
		Yes No N/A			
EXTERIOR				SIDING	2000 SF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 10 YARDS	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 06/02/15		City, State BETHLEHEM, PA	
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature _____ Date 05/22/15	

CK 3622

**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;">05 / 20 / 15</div>		Name of Building Owner/Operator (2) College of Saint Elizabeth							
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 2 Convent Road							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact James Garish							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Henderson Hall		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 2 Convent Road		Square Feet	# of Floors Bldg. Age						
City (5) Morristown									
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) college							
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 7 Pleasant Hill Road		Street Address 606 McBride Ave							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-225-8400						
Start Date (10) <div style="text-align: center;">06 / 01 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">06 / 15 / 15</div>	Licens No. 0114						
Name of OSHA Monitor J&S Environmental Labs									
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 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 or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A		Removal	Repair	Encapsulate	Enclosure	
biological/chemical lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite hoods	40 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
biological/chemical lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	table tops	1,52 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	elbows	12 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chemical lab.offices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	glue dots	45 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, NJ		Disposal Date n/a		City, State Morrisville PA					
Completed By (Print or Type) Momo Glavatovic		Title vice president		Signature 		Date 5/20/15			

May 22 2015 10:26

P001/001

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

CHECK # 8761

MAY 23 2015

Date of Notification (1) 5/22/15		Name of Building Owner/Operator (2) BELLEVILLE AND MORTON SC		APPROVED Health & Senior Services Signature: [Signature] Time: 10:15 AM	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <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 16-20 BELLEVILLE AVE City, State, Zip Code BLUMFIELD NJ 07003 Name of Contact CITIZEN Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BELLEVILLE + MORTON BLUMFIELD				Type of Facility (4) <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.)	
Street Address 16-20 BELLEVILLE AVE				Square Feet 8000	
City (5) BLUMFIELD				# of Floors 5	
County (6) ESSEX				County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.				Name of Abatement Contractor (9) A. MAC Contracting Inc.	
Street Address				Street Address 185 Vreeland Ave.	
City, State, Zip Code				City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm				Telephone No. 201-262-5841	
Start Date (10) 5/22/15		Scheduled Completion Date (11) 5/25/15		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 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 ("*) = Ind 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 LF)
	Yes	No	N/A		
BASEMENT			X	PIPE	38
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2	
City, State, Zip Code Newark, NJ 07105		Disposal Date 5/22/15		Name of Registered Landfill IESI PA B (Bethlehem) Bethlehem, PA 18018	
Completed by R. McDonald		Title President		Signature [Signature] Date 5/22/15	

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

Date of Notification (1) 5-21-2015		Name of Building Owner/Operator (2) Samuel Estreicher	
Agencies Notified	Type Notification	Street Address 79 Highland Ave	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Short Hills, NJ, 07078	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Samuel Estreicher	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number 1000	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S Other than K-12 <input checked="" type="checkbox"/> Other i.e., private & commercial buildings, homes, etc.)		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet 3200	# of Floors 3	Bldg. Age 95
			Current Use	Prior Use (if being demolished)	

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Scheduled Start Date (10) 6-2-15		Sched. Completion Date (11) 6-3-15	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u>		City, State, Zip Code		
<input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>				

Scope of Work (Check all that apply)				<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			
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Demolition	

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 or %)	Abatement Type				
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE	
Basement			X	Pipe Insulation	95 sf	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 6-4-15	City, State Morrisville, PA 19067		

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>	Date 5-21-15
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1) 5-22-15		Name of Building Owner/Operator (2) Sue & Evan Schwartzman	
Agenies Notified	Type Notification	Street Address 30 Madison Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Glen Ridge, NJ, 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Sue & Evan Schwartzman	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

MAY 23 2015

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			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			Square Feet 2500	# of Floors 3	Bldg. Age 91
City (5) Montclair	County (6) Essex	County Code (7) (STATE USE ONLY) N/A	Current Use (Prior to being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	License Number 00371

Scheduled Start Date (10) 6-3-15 Month Day Year	Sched. Completion Date (11) 6-4-15 Month Day Year	Name of OSHA Monitor N/A
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: <u>OffHours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>		Street Address
		City, State, Zip Code

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	120 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 6-5-15	City, State Morrisville, NJ 19067	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>C Vivian</i>	Date 5-22-15
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

C-27692

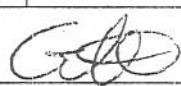
Date of Notification (1) <div style="text-align: center;">5 / 20 /15</div>		Name of Building Owner/Operator (2) VERIZON	
Agencies Notified <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> EPA</div> <div><input type="checkbox"/> DEP</div> <div><input checked="" type="checkbox"/> DOL</div> <div><input checked="" type="checkbox"/> DOH</div> <div><input type="checkbox"/> DCA</div> </div>		Type Notification <div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> Initial Notification</div> <div><input type="checkbox"/> Amended Notification</div> <div><input type="checkbox"/> Cancellation</div> <div><input type="checkbox"/> On Hold</div> <div><input type="checkbox"/> EMERGENCY N</div> </div>	
		Street Address 126 LAKESIDE BLVD.	
		City, State, Zip Code LANDING, NEW JERSEY 07850	
		Name of Contact DOUGLAS O'HARE	
		Telephone Number (blank)	

FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) VERIZON			Type of Facility (4) <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> School (K-12)</div> <div><input type="checkbox"/> Subchapter S (Other than K-12)</div> <div><input checked="" type="checkbox"/> Other (ie. private & co. incl. bldgs., homes, etc)</div> </div>	
Street Address 9 GATES AVENUE			Square Feet 57,000	# of Floors 3
City (5) MONTCLAIR			Bldg. Age 60	
County (6) ESSEX		County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) ESIS HEALTH & SAFETY			ASCM No. 17	
Street Address 436 WALNUT STREET			Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code PHILADELPHIA, PA 19106			Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm BRIAN KINGSBURY			City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 201-356-5166			Telephone Number 845-369-7500	
Expected Start Date (10) 6 / 3 /15			Sched. Completion Date (11) 8 / 30 / 15	
Occupancy Status During Abatement (Check only one) <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement</div> <div><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:</div> <div><input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM</div> </div>			Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Demolition</div> <div><input checked="" type="checkbox"/> >3SF OR LF</div> <div><input type="checkbox"/> >160 SF OR</div> </div>			Full Containment with Negative Pressure <div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> Mini-Enclos.</div> <div><input type="checkbox"/> Glovebag Procedure</div> <div><input checked="" type="checkbox"/> Non-Friable Procedure</div> </div>	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE
FLOORS 1-3 -EXTERIOR			X	CAULKING	65 SF	X		
ROOF			X	COPING STONE CAULK	50 SF	X		
1ST FLOOR			X	SIDEWALK CAULK	5 SF	X		

Name of Registered Waste Hauler EXPRESS WASTE LLC		NJDEP Waste Hauler ID No. 26981		Cubic Yards of Waste 20-40		Name of Registered Landfill 110 SAND CO.		Date: 5/20/15		
City, State NEWARK, NEW JERSEY		Disposal Date 6/3-8/30/2015		City, State MELVILLE, NY 11714						
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 						

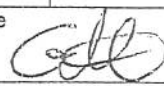
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">05 / 20 / 15</div>		Name of Building Owner/Operator (2) Franklin Twp. Public Schools		MAY 20 2015	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1755 Amwell Road			
		City, State, Zip Code Somerset, NJ 08873			
		Name of Contact Arlene Biesiada		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Conerly Road school				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 35 Conerly Road					
City (5) Somerset, New Jersey 08873				Square Feet	# of Floors
County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation		
Street Address PO Box 385		Street Address 606 McBride Avenue			
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400	License No. 0111	
Start Date (10) 05 / 26 / 15		Scheduled Completion Date (11) 06 / 04 / 15		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 Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u>PM/3:30PM-12:00</u> AM				Street Address 2333 Route 22 West	
				City, State, Zip Code Union, New Jersey 07083	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)			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		
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	complete boilers(gaskets,ribs,rope)	2-11 lb
	<input type="checkbox"/>	<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 Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey 07424			Disposal Date	City, State Morrisville, Pennsylvania	
Completed By (Print or Type) Momo Glavatovic		Title Vice President	Signature 		Date 5/20/15

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) Franklin Twp. Public Schools		
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1755 Amwell Road City, State, Zip Code Somerset, NJ 08873 Name of Contact Arlene Biesiada	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Sampson G Smith school				Type of Facility (4) * <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1649 Amwell Road				Square Feet	
City (5) Somerset, New Jersey 08873				# of Floors	
County (6)				Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) school			
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 0057		Name of Abatement Contractor (9) Lilich Corporation	
Street Address PO Box 385		Street Address 606 McBride Avenue			
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833		Telephone No. 973-225-8400	
Start Date (10) 05 / 26 / 15		Scheduled Completion Date (11) 06 / 11 / 15		License No. 0110	
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/3:30PM- 12:00 AM				Name of OSHA Monitor J&S Environmental Laboratories Inc.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Removable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes	No		
boiler room		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	complete boilers(gaskets,ribs,rope)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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 Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste n/a	
City, State Woodland Park, New Jersey 07424		Disposal Date		Name of Registered Landfill G.R.O.W.S Landfill	
City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Momo Glavatovic		Title Vice President		Signature 	
				Date 5/20/15	

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;">05 / 20 / 15</div>		Name of Building Owner/Operator (2) Franklin Twp. Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1755 Amwell Road City, State, Zip Code Somerset, NJ 08873 Name of Contact Arlene Biesiada	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Pine Grove Elementary		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 and commercial buildings, homes, etc.)	
Street Address 130 Highland Ave		Square Feet	# of Floors
City (5) Somerset, New Jersey 08873		Bldg. Age	
County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation
Street Address PO Box 385		Street Address 606 McBride Avenue	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm John Smoyer	Telephone No. 609-652-1833	Telephone No. 973-225-8400	Licenses No. 0104
Start Date (10) <div style="text-align: center;">05 / 26 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 04 / 15</div>	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 Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u>PM/3:30PM-</u> <u>12:00</u> AM		Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a
City, State Woodland Park, New Jersey 07424		Disposal Date	Name of Registered Landfill G.R.O.W.S I andfill
City, State Morrisville, Pennsylvania			
Completed By (Print or Type) Momo Glavatovic	Title Vice President	Signature 	Date 5/20/15

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

AUL HORNER, NJDOH

2862

Date of Notification (1) 5/18/2015		Name of Building Owner / Operator (2) Hazlet Township Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 421 Middle Road City, State & Zip Code Hazlet, NJ 07730 Name of Contact Charles Hildner							
<div style="text-align: right;">Telephone Number</div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Raritan High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON-SUB 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 419 Middle Road		Square Feet	# of Floors						
City (5) Hazlet, NJ	County (6) Monmouth	County Code (7)							
Current Use (Prior if being demolished) High School		Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 120 N. Warren St		Street Address 1123 Beaver Street							
City, State & Zip Code Trenton, NJ 08608		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Rollie Jones		Telephone Number 609-392-4200	License Number 0509						
Scheduled Start Date (10) 5/19/2015	Scheduled Completion Date (11) 5/22/2015	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 4:00 PM to 12:30AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Encapsulated and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
C Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C and D Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings (Cut and wrap from fiberglass line)	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 5/22/2015	City, State Waynesburg, OH						
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 5/18/15				

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

File # 2862

Date of Notification (1) 5/18/2015		Name of Building Owner / Operator (2) Hazlet Township Board of Education	
Agencies Notified	Type Notification	Street Address 421 Middle Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Hazlet, NJ 07730	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Charles Hildner	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number 732 661-1111	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

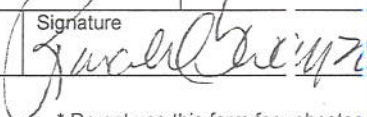
Name of Facility Where Abatement is Taking Place (3) Raritan High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUB 8	
Street Address 419 Middle Road			<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) Hazlet, NJ			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Monmouth	County Code (7)		Square Feet	# of floors
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			Current Use (Prior if being demolished) High School	
Street Address 120 N. Warren St			Name of Abatement Contractor (9) Bristol Environmental Inc.	
City, State & Zip Code Trenton, NJ 08608			Street Address 1123 Beaver Street	
Project Manager for Monitoring Firm Rollie Jones			City, State & Zip Code Bristol, PA 19007	
Telephone Number 609-392-4200			Telephone Number (215)788-6040	
Scheduled Start Date (10) 5/19/2015	Scheduled Completion Date (11) 5/22/2015		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 1123 Beaver Street	
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 4:00 PM to 12:30AM			City, State & Zip Code Bristol, PA 19007	
<input type="checkbox"/> Facility Occupied During Abatement				

Scope of Work (Check all that apply)			Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini-Enclosure			
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Glove Bag Procedures			
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
C Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C and D Wing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fittings (Cut and wrap from fiberglass line)	1 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 Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill
City, State New Castle, DE		Disposal Date 5/22/2015	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 5/18/15

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

Date of Notification (1) 05/21/2015		Name of Building Owner/Operator (2) JUSTIN HARLEY		MAY 23 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 22 WYNDAL AVE. City, State, Zip Code MAPLE SHADE NJ 08052 Name of Contact JUSTIN	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 22 WYNDAL AVE.				Square Feet 1152	
City (5) MAPLE SHADE				# of Floors 1	
County (6) CAMDEN				Bldg. Age 61	
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) CONNELL-GREENE			ASCM No. _____		
Street Address 904 KINGS ARM DRIVE			Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.		
City, State, Zip Code DOWNINGTOWN, PA 19335			Street Address 570 CLEMS RUN		
Project Manager for Monitoring Firm RICK PELLISER			City, State, Zip Code MULLICA HILL NJ 08062		
Telephone No. 484-432-9363			Telephone No. 610-304-4676		
Start Date (10) 05/26/2015			Scheduled Completion Date (11) 05/27/2015		
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: RESIDENTIAL- CRAWL SPACE			Name of OSHA Monitor EMSL		
Street Address 200 RT. 130 NORTH			Lapse No. 045		
City, State, Zip Code CINNAMINSON, NJ 08077					
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)			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		
CRAWL SPACE			X	DUCT PAPER	40
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES			NJDEP Waste Hauler ID No. 0034895		
City, State MULLICA HILL, NJ			Cubic Yards of Waste 3		
Disposal Date 05/27/2015			Name of Registered Landfill MINERVA LANDFILL		
City, State WAYNE, NJ			OH		
Completed by RON SWANSON			Title GM		
Signature 			Date 05/21/2015		

NO CR

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

Date of Notification (1) 5/8/15		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
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 checked="" type="checkbox"/> Amended R#1-5/21/15 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 119 Washington Street City, State & Zip Code Toms River New Jersey Name of Contact Harold Baldwin	
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Toms River Central Office		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 19 Washington Street		Square Feet 37000	# of Floors 3
City (5) Toms River	County (6) Ocean	Bldg. Age 80	
County Code (7)		Current Use (Prior if being demolished) COMMUNICATIONS	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC
Street Address 1253 NORTH CHURCH STREET		Street Address 1123 BEAVER STREET	
City, State & Zip Code MOORESTOWN, NJ 08057		City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Harold Baldwin		Telephone Number 856-840-8800	License Number 00509
Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11)	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> 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 or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount Specified or LF) Abatement Type Removal Repair Encapsulate Enclosure
Admin Ramp Area	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vat/Mastic	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"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date	City, State WAYNESE URG,	H 44688
Completed By (Print or Type) PATRICK T. DeCARO	Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>	Date 5/8/15


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

2# 2810 2015

Date of Notification (1) 5/8/15		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS			
Agencies Notified <input checked="" type="checkbox"/> EPA 1654 <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 1678 <input checked="" type="checkbox"/> DOH 1647 <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 119 Washington Street City, State & Zip Code Toms River New Jersey Name of Contact Harold Baldwin		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Toms River Central Office Street Address 19 Washington Street City (5) Toms River County (6) Ocean County Code (7)			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.) Square Feet 37000 # of floors 3 Bldg. Age 80 Current Use (Prior if being demolished) COMMUNICATIONS		
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.		
Street Address 1253 NORTH CHURCH STREET City, State & Zip Code MOORESTOWN, NJ 08057		Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Harold Baldwin		Telephone Number 856-840-8800	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 5/26/15	Scheduled Completion Date (11) 5/28/15	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5 PM - 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007			
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove Bag Procedures <input 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 or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclosure	
Admin Ramp Area	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vat/Mastic	40 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill MINERVA LANDFILL	City, State WAYNESBURG, OH 44688	
City, State NEW CASTLE, DE 19720		Disposal Date	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DeCARO		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>	Date 5/8/15	

NOCK

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

Date of Notification (1) <u>05</u> / <u>21</u> / <u>15</u>		Name of Building Owner/Operator (2) Franklin Twp. Public Schools							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1755 Amwell Road							
		City, State, Zip Code Somerset, NJ 08873							
		Name of Contact Arlene Biesiada		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pine Grove Manor			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter J (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 130 Highland Ave									
City (5) Somerset, New Jersey 08873			Square Feet	# of Doors	Bldg. Age				
County (6)		County Code (7) (STATE USE ONLY)	Current Use (If or if being demolished) school						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 385		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400	License No. 0104					
Start Date (10) <u>05</u> / <u>26</u> / <u>15</u>		Scheduled Completion Date (11) <u>06</u> / <u>04</u> / <u>15</u>		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 Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u>3:30</u> PM - <u>12:00</u> AM			Street Address 2333 Route 22 West						
			City, State, Zip Code Union, New Jersey 07083						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	boiler packing-2 boilers	14 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	boiler gaskets-2 boilers	40 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	boiler brick-2 boilers	48 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	boiler rope	32 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a	Name of Registered Landfill G.R.O.W.S. and fill					
City, State Woodland Park, New Jersey 07424			Disposal Date	City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Momo Glavatovic		Title Vice President	Signature 		Date 05/21/2015				

NOCK

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) Franklin Twp. Public Schools			
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1755 Amwell Road City, State, Zip Code Somerset, NJ 08873 Name of Contact Arlene Biesiada	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Conerly Road school				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 35 Conerly Road				Square Feet	
City (5) Somerset, New Jersey 08873				# of Floors	
County (6)				Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (If or if be demolished)			
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 0057		Name of Abatement Contractor (9) Lilich Corporation	
Street Address PO Box 385		Street Address 606 McBride Avenue			
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424			
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833		Telephone No. 973-225-8400	
Start Date (10) 05 / 26 / 15		Scheduled Completion Date (11) 06 / 04 / 15		License No. 0104	
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/3:30PM-12:00AM		Name of OSHA Monitor J&S Environmental Laboratories, Inc.			
Street Address 2333 Route 22 West		City, State, Zip Code Union, New Jersey 07083			
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A			
boiler room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		boiler packing-2 boilers	
boiler room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		boiler gaskets-2 boilers	
boiler room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		boiler brick-2 boilers	
boiler room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		boiler rope	
Amount (Square Feet)		Abatement Type			
12 sf		Removal Repair Encapsulate Enclosure			
4 lf		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
3 sf		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
28 sf		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste n/a	
City, State Woodland Park, New Jersey 07424		Disposal Date		Name of Registered Landfill G.R.O.W.S Landfill	
Completed By (Print or Type) Momo Glavatovic		Title Vice President		Signature 	
				Date 05/21/2015	

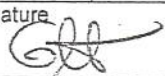
NOCK

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) Franklin Twp. Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1755 Amwell Road City, State, Zip Code Somerset, NJ 08873 Name of Contact Arlene Biesiada	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Sampson G Smith school		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc)	
Street Address 1649 Amwell Road		Square Feet	# of floors
City (5) Somerset, New Jersey 08873		Bldg. Age	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Former if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.	ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation	
Street Address PO Box 385		Street Address 606 McBride Avenue	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm John Smoyer	Telephone No. 609-652-1833	Telephone No. 973-225-8400	Licence No. 0104
Start Date (10) 05 / 26 / 15	Scheduled Completion Date (11) 06 / 11 / 15	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 Outside of Normal Facility Hours - Describe Time of Abatement: AM-PM/3:30PM-12:00 AM		Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	boiler packing-2 boilers
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	boiler gaskets-2 boilers
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	boiler brick-2 boilers
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	boiler rope
Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424		Disposal Date	City, State Morrisville Pennsylvania
Completed By (Print or Type) Momo Glavatovic	Title Vice President	Signature 	Date 05/21/2015

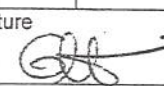
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <div style="text-align: center;">05 / 21 / 15</div>		Name of Building Owner/Operator (2) Franklin Twp. Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1755 Amwell Road	
		City, State, Zip Code Somerset, NJ 08873	
		Name of Contact Arlene Biesiada	
Telephone Number			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Franklin Middle school		Type of Facility () <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 415 Francis Street		Square Feet	# of Floors
City (5) Somerset, New Jersey 08873		Bldg. Age	
County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.	ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation	
Street Address PO Box 385		Street Address 606 McBride Avenue	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm John Smoyer	Telephone No. 609-652-1833	Telephone No. 973-225-8400	Licenses No. 011
Start Date (10) <div style="text-align: center;">06 / 05 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">06 / 19 / 15</div>	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 Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u>3:30</u> PM - <u>12:00</u> AM		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, New Jersey 07083	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a
City, State Woodland Park, New Jersey 07424		Disposal Date	Name of Registered Landfill G.R.O.W.S I andfill
			City, State Morrisville, Pennsylvania
Completed By (Print or Type) Momo Glavatovic	Title Vice President	Signature 	Date 05/21/2015

NOCK

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

Date of Notification (1) <u>05</u> / <u>21</u> / <u>15</u>		Name of Building Owner/Operator (2) Franklin Twp. Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1755 Amwell Road City, State, Zip Code Somerset, NJ 08873 Name of Contact Arlene Biesiada	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MacAfee Road school		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 homes, etc.)	
Street Address 53 MacAfee Road		Square Feet	# of Rooms Bldg. Age
City (5) Somerset, New Jersey 08873		County Code (7) (STATE USE ONLY)	
County (6)		Current Use (If or if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) AMERA Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation
Street Address PO Box 385		Street Address 606 McBride Avenue	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400
Start Date (10) <u>06</u> / <u>05</u> / <u>15</u>		Scheduled Completion Date (11) <u>06</u> / <u>12</u> / <u>15</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u>PM 3:30</u> - <u>12:00</u> AM		Name of OSHA Monitor J&S Environmental Laboratories	
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"/> 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)
	Yes	No	
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2 boilers
boiler room	<input type="checkbox"/>	<input type="checkbox"/>	boiler gaskets
boiler room	<input type="checkbox"/>	<input type="checkbox"/>	boiler brick
boiler room	<input type="checkbox"/>	<input type="checkbox"/>	boiler rope
Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a	Name of Registered Landfill G.R.O.W.S Landfill
City, State Woodland Park, New Jersey 07424		Disposal Date	City, State Morrisville, Pennsylvania
Completed By (Print or Type) Momo Glavatovic	Title Vice President	Signature 	Date 05/21/2015

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

Date of Notification (1) 5-20-15		Name of Building Owner/Operator (2) Raj Jetley	
Agencies Notified	Type Notification	Street Address 252 Hlton Ave	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Union, NJ, 07083	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Raj Jetley	
<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) Same as above			Type of Facility (4)		
Street Address			<input type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter S (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial building, homes, etc.)		
			Square Feet	# of floors	Bldg. Age
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (prior to being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Scheduled Start Date (10) 6-1-15		Sched. Completion Date (11) 6-2-15	Name of OSHA Monitor N/A	
Month Day Year		Month Day Year		
Occupancy Status During Abatement (Check only one)			Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»			City, State, Zip Code	
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»				

Scope of Work (Check all that apply)


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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify or %)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	30 sf	X			

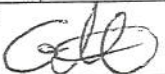
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 6-3-15	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>C Vivian</i>		Date 5-20-15

CK 3017

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

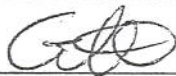
Date of Notification (1) <div style="text-align: center;">05 / 20 / 15</div>		Name of Building Owner/Operator (2) Franklin Twp. Public Schools							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1755 Amwell Road							
		City, State, Zip Code Somerset, NJ 08873							
		Name of Contact Arlene Biesiada	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sampson G Smith school		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1649 Amwell Road		Square Feet	# of Floors Bldg. Age						
City (5) Somerset, New Jersey 08873		County Code (7) (STATE USE ONLY)							
County (6)		Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 385		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400						
Start Date (10) <div style="text-align: center;">05 / 26 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">06 / 11 / 15</div>	License No. 0110						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u>PM 3:30</u> PM - <u>12:00</u> AM		Name of OSHA Monitor J&S Environmental Laboratories Inc							
Street Address 2333 Route 22 West		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	complete boilers(gaskets,ribs,rope)	2-1 rib	<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 Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date	City, State Morrisville, Pennsylvania						
Completed By (Print or Type) Momo Glavatovic		Title Vice President	Signature 		Date 5/20/15				

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) Franklin Twp. Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1755 Amwell Road	
		City, State, Zip Code Somerset, NJ 08873	
		Name of Contact Arlene Biesiada	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Pine Grove Elementary		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 130 Highland Ave		Square Feet	# of Floors
City (5) Somerset, New Jersey 08873		Bldg. Age	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation
Street Address PO Box 385		Street Address 606 McBride Avenue	
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424	
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400
Start Date (10) 05 / 26 / 15		Scheduled Completion Date (11) 06 / 04 / 15	License No. 0110
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 / 3:30 PM - 12:00 AM		Name of OSHA Monitor J&S Environmental Laboratories Inc	
Street Address 2333 Route 22 West		City, State, Zip Code Union, New Jersey 07083	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
boiler room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	complete boilers(gaskets,ribs,rope)	2-1lb
	<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"/>		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a
City, State Woodland Park, New Jersey 07424		Disposal Date	Name of Registered Landfill G.R.O.W.S Landfill
Completed By (Print or Type) Momo Glavatovic		Title Vice President	Signature 
		Date 5/20/15	

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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) Franklin Twp. Public Schools		MAY 20 2015					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1755 Amwell Road City, State, Zip Code Somerset, NJ 08873		Telephone Number				
			Name of Contact Arlene Biesiada						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Conerly Road school			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 35 Conerly Road									
City (5) Somerset, New Jersey 08873			Square Feet	# of Floors	Bldg. Age				
County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation						
Street Address PO Box 385		Street Address 606 McBride Avenue							
City, State, Zip Code Oceanville, New Jersey 08231		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400	License No. 0111					
Start Date (10) 05 / 26 / 15		Scheduled Completion Date (11) 06 / 04 / 15		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 Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/3:30 PM- 12:00 AM			Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
boiler room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	complete boilers(gaskets,ribs,rope)	2-1 lb	<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 Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste n/a	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date		City, State Morrisville, Pennsylvania					
Completed By (Print or Type) Momo Glavatovic		Title Vice President		Signature 					
				Date 5/20/15					

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

Check#2197

Date of Notification (1) 05 / 22 / 15		Name of Building Owner/Operator (2) Lois Schmidt	
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 502 Thompson Avenue City, State, Zip Code Roselle, NJ 07203	
		Name of Contact Lois Schmidt	Telephone Number

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 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 502 Thompson Avenue		Square Feet	# of Floors
City (5) Roselle, NJ 07203		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (If or if be 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
Telephone No.	Licensure No. 0112

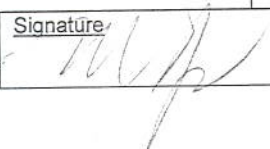
Start Date (10) 06 / 02 / 15	Scheduled Completion Date (11) 06 / 03 / 15	Name of OSHA Monitor Envirovision Consultants, Inc
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check all that apply)		<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	
<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		

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 in SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	105 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 05/22/2015

State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) May 20, 2015		Name of Building Owner/Operator (2) Elmwood Park Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 60 E 53rd St		City, State, Zip Code Elmwood Park, NJ 07407	
Name of Contact Louise Gerardi		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Gantner Avenue Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than I-12) Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 99 Roosevelt Avenue		Sq. Feet: NA # of Floors 2 Bldg. Age: 1951	
City (5) Elmwood Park	County (6) Bergen	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 Contractor (9) Panoramic Window & Door Systems, Inc.
Street Address		Street Address 712 Sergeantsville Road	
City, State, Zip Code		City, State, Zip Code Stockton, NJ 08859	
Project Manager for Monitoring Firm	Telephone Number		License Number 01237
Scheduled Start Date (10) May 30, 2015	Scheduled Completion Date (11) June 27, 2015		Name of OSHA Monitor IAQ GURU LLC
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: M-F 15:00 -23:00 Sat 0700-15:00		Street Address 87 Main Street City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <p>≥ 3 sf or ≥ 3 lf</p> <p><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf</p> </div> <div> <p><input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition</p> </div> <div> <p><input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glue bag procedure <input checked="" type="checkbox"/> Non-removable procedure</p> </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Spec or LF)
Exterior Windows 1 st floor		Perimeter caulk	2170
Exterior Windows 2 nd Floor		Perimeter Caulk	2660
Gym/multipurpose room		Perimeter Caulk	570
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc		NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste
Name of Registered Landfill Chrin Landfill		City, State Allentown, PA	Date May 20, 2015
Completed by (Print or Type) Mark M Jovic		Title Consultant	Signature 

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

CL# 25899

Date of Notification (1) 05 / 19 / 15		Name of Building Owner/Operator (2) NJ-Dept. of Environmental Protection-Natural & Historic Resources-Office of Resource Development	
Agencies Notified [X] EPA [X] DOL [X] DOH [] DCA	Type of Notification [X] Initial Notification [] Amended Notification Amendment [] Cancellation [] Emergency	Street Address 501 EAST STATE STREET, 4TH FLOOR City, State, Zip Code TRENTON, NJ 08626-0420 Name of Contact MR. AL PAYNE	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE - ALLAIRE STATE PARK Street Address 270 SQUANKUM ROAD City (5) HOWELL County (6) MONMOUTH County Code (7) (STATE USE ONLY)		Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.) Square Feet Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC. Street Address 344 WEST STATE STREET TRENTON, NJ 08618 Project Manager for Monitoring Firm WILLIAM WEISGARBER Telephone Number 609-656-8101		Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC. Street Address 1141 ROUTE 23 City, State, Zip WAYNE, NJ 07470 Telephone Number 973 628-9500 Name of OSHA Monitor ENVIRO VISION CONSULTANTS, INC. Street Address 20-21 WAGARAW ROAD, BLDG. #34 City, State, Zip Code FAIR LAWN, NJ 07410	
Scheduled State Date (10) 06 / 15 / 15 Month / Day / Year Scheduled Completion Date (11) 06 / 26 / 15 Month / Day / Year		Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility [X] Hours - Describe: Mon & Fri - 7:00 a.m. - 3:30 p.m. [] Other - Describe:	
Scope of Work (Check all that apply) [] ≥ 3 sf or ≥ 3 lf [X] ≥ 160 sf or ≥ 260 lf		[X] Demolition [] Renovation [] Full Containment With Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [X] Non Exempted (* and Non-liable Procedure)	
Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Abatement Type R E N E M E C C O P P O V A S S A I U U L R L R E E
Exterior	X	Transite Siding Panels	1,125
Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc. City, State Wayne NJ 07470		NJDEP Waste Hauler ID No 17819 Cubic Yards of Waste 20 Disposal Date	Name of Registered Landfill Grand Central Landfill City, State Penn Artyl, PA
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature	Date 05/19/15

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

MAY 22 2015
CK # 25100

Date of Notification (1) 05 / 19 / 15		Name of Building Owner/Operator (2) NJ-Dept. of Environmental Protection-Natural & Historic Resources-Office of Resource Development	
Agencies Notified [X] EPA [X] DOL [X] DOH [] DCA		Type of Notification [X] Initial Notification [] Amended Notification Amendment [] Cancellation [] Emergency	
Street Address 501 EAST STATE STREET, 4TH FLOOR		City, State, Zip Code TRENTON, NJ 08626-0420	
Name of Contact MR. AL PAYNE		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE - ALLAIRE STATE PARK		Type of Facility (4) [] School (K-12) [] Subchapter S (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 4290 ATLANTIC AVENUE		Square Feet	
City (5) WALL TOWNSHIP	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Price if being demolished) RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC.		ASCM 00112	Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.
Street Address 344 WEST STATE STREET		Street Address 1141 ROUTE 23	
TRENTON, NJ 08618		City, State, Zip WAYNE, NJ 07470	
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone Number 609-656-8101	Telephone Number 973 628-9500
Scheduled State Date (10) 06 / 08 / 15		Scheduled Completion Date (11) 06 / 19 / 15	
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility [X] Hours - Describe: Mon & Fri - 7:00 a.m. - 3:30 p.m. [] Other - Describe:		Name of OSHA Monitor ENVIRO VISION CONSULTANTS, INC.	
Street Address 20-21 WAGARAW ROAD, BLDG. #34		City, State, Zip Code FAIR LAWN, NJ 07410	

Scope of Work (Check all that apply)			
[X] Demolition [] Full Containment With Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [X] Non Exempted (*) and Non-Removable Procedure		[] ≥ 3 sf or ≥ 3 lf [X] ≥ 160 sf or ≥ 260 lf	

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			R	E	N	C	E		
Interior Walls			X	Drywall and Assoc. Joint Compound	5,400 SF	X						
Exterior Roof			X	Black Tar Flashing at Vent & Chimney Seams	1 SF	X						

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill
City, State Wayne NJ 07470		Disposal Date		City, State Penn Arg, PA
Completed by (Print or Type) Jerry Bijelonic	Title Project Manager	Signature		Date 05/19/15

MO#2274278757

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

Date of Notification (1) 05 / 23 / 15		Name of Building Owner/Operator (2) Janusz Golian							
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 105 Hadley Avenue City, State, Zip Code Clifton, NJ 07011 Name of Contact Janusz Golian							
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 105 Hadley Avenue		Square Feet	# of floors						
City (5) Clifton, NJ 07011		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Former if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	Lic. No. 0112						
Start Date (10) 06 / 04 / 15	Scheduled Completion Date (11) 06 / 05 / 15	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E 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 SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	60 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 05/23/2015			

ASB-41

MAY 11

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

May 22 2015 10:27 AM

P001/001

MO#22436291553

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

Emergency Notification

Date of Notification (1) 05 / 22 / 15		Name of Building Owner/Operator (2) Jody Suden		MAY 22 2015 NJ Dept. of Health Date: 5/22/15		VED Senior Services Time: 10:14 AM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address 7 Edgemont Road City, State, Zip Code Montclair, NJ 07042		Name of Contact Jody Suden	
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 S (other than homes, etc.) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, etc.)			
Street Address 7 Edgemont Road				Square Feet		Bldg. Age	
City (5) Montclair, NJ 07042				County (6) Essex		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC				Name of Abatement Contractor (9) Gr Tech LLC			
Street Address				Street Address			
City, State, Zip Code				City, State, Zip Code			
Project Manager for Monitoring Firm				Telephone No.			
Start Date (10) 05 / 24 / 15				Scheduled Completion Date (11) 05 / 28 / 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.			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 M <input checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
		Yes No N/A					
Kitchen		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Ceiling sheetrock		200 SF	
Kitchen		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Wall plaster		350 SF	
		<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				NJ DEP 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.	
Completed By (Print or Type) N Levitic				Title Owner		Signature [Signature]	
ASB-41 MAY 11						Date 5/22/2015	

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May 22 2015 10:27

P001/001

MO#22436291553

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

Emergency Notification

Date of Notification (1) 05 / 22 / 15		Name of Building Owner/Operator (2) Jody Suden		MAY 22 2015 N.J. Dept. of Health APPROVED Senior Services 10:14 AM	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation		Street Address 7 Edgemont Road City, State, Zip Code Montclair, NJ 07042 Name of Contact Jody Suden	
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 12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 7 Edgemont Road			Square Feet		
City (5) Montclair, NJ 07042			of Floors		
County (6) Essex			Bldg. Age		
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)	
Street Address				Gr Tech LLC	
City, State, Zip Code				Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470	
Start Date (10) 05 / 24 / 15		Scheduled Completion Date (11) 05 / 28 / 15		Telephone No. 973-638-1777	
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.		License No. 0127	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >150 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Processure	
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)	
Kitchen		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Ceiling sheetrock 200 SF	
Kitchen		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Wall plaster 350 SF	
		<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	
City, State Wayne, NJ 07470		Disposal Date TBD		Name of Registered Landfill T.R.R.F. Inc.	
Completed By (Print or Type) N.Jevtic		Title Owner		City, State Tullytown, PA	
Signature N.Jevtic		Signature Jody Suden		Date 5/22/2015	

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

Check#2198

Date of Notification (1) 05 / 23 / 15		Name of Building Owner/Operator (2) Maxine Sembell					
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 8 Tuxedo Place City, State, Zip Code Morristown, NJ 07960					
		Name of Contact Maxine Sembell	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 8 Tuxedo Place City (5) Morristown, NJ 07960		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.)					
County (6) Morris		County Code (7) (STATE USE ONLY)	Current Use (Pre or if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)				
Street Address		Street Address					
City, State, Zip Code		City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.	License No.				
Start Date (10) 06 / 03 / 15		Scheduled Completion Date (11) 06 / 04 / 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 5E 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 checked="" 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) <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 (Square Footage) (14) 50 LF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 05/23/2015			

ASB-41

MAY 11

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

CH 5630

Date of Notification (1) 5/22/15		Name of Building Owner/Operator (2) OCTAVIANO ZUNIGA	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 199 CAMBRIDGE AVE	
		City, State, Zip Code GARFIELD, NJ 07026	
		Name of Contact AL ZUNIGA	
<div style="text-align: right;">Tel: one Number 3</div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR ZUNIGA		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 199 CAMBRIDGE AVE		Square Feet 2000	# of Doors 2
City (5) GARFIELD		Bldg. Age 90 YEARS	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use RESIDENCE	Prior if being demolished
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	Lic. No. 00388
Start Date (10) 6/5/15	Scheduled Completion Date (11) 6/6/15	Name of OSHA Monitor Omega Environmental 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 <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St	
		City, State, Zip Code Hackensack, N.J. 07601	
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-liable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION
	Amount (Specify SF or LF) 160 LF		
		Removal	Repair
		Encapsulate	Enclosure
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2
City, State Hackensack, N.J. 07601		Disposal Date 6/6/15	Name of Registered Landfill Minerva Enterprises LLC
Completed by J. Maiorano		Title Estimator	Signature <i>[Signature]</i>
		Date 5/22/15	

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

EC C 5631
MAY 28 2015

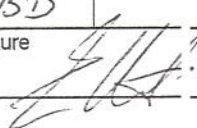
Date of Notification (1) 5/22/14		Name of Building Owner/Operator (2) AL PONTONE	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 11-06 FLORAL AVE City, State, Zip Code FAIR LAWN, NJ 07410 Name of Contact MR PONTONE	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) AL PONTONE		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 11-06 FLORAL AVE		Square Feet 1800	# of floors 2
City (5) FAIR LAWN		Bldg. Age 80 YEARS	
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (8) (if demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	Lic. No. 00388
Start Date (10) 6/4/15	Scheduled Completion Date (11) 6/5/15	Name of OSHA Monitor Omega Environmental 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 <input checked="" type="checkbox"/> Other - Describe: 8AM TO 5PM		Street Address 280 Huyler St City, State, Zip Code Hackensack, N.J. 07601	
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-Exempted (**) Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENTS	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) THERMAL SYSTEM INSULATION	Amount Specified (F or LF) 35 LF
			Abatement Type Removal Repair Encapsulate Enclosure Removal
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2
City, State Hackensack, N.J. 07601		Disposal Date 6/5/15	Name of Registered Waste Management Company Minerva Enterprises LLC
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i> Date 5/22/15

ASB-41

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NO CK

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

Date of Notification (1) 05/14/15		Name of Building Owner/Operator (2) NEIL HETTINGER	
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 69 DEMAREST ST. City, State, Zip Code NORWOOD N.J. 07048 Name of Contact NEIL HETTINGER
	Name of Facility Where Abatement is Taking Place (3) 261 MILFORD AVE Street Address NEW MILFORD, N.J. 07646 City (5) BERGEN, NEW MILFORD County (6) BERGEN		Type of Facility (4) <input type="checkbox"/> School (K-2) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1200 # of floors 1 Bldg. Age approx 75 years
	County Code (7) (STATE USE ONLY) _____ Current Use (If not demolished) HOME		Name of Monitoring Firm Hired by Building Owner (8) INDIAN ARROW INDUSTRIES CORP. Street Address 144 MILL ST. City, State, Zip Code PATERSON, N.J. 07501 Project Manager for Monitoring Firm Telephone No. 973 653 9652
Start Date (10) 05/24/15 Scheduled Completion Date (11) 08/24/15		Name of OSHA Monitor INDIAN ARROW INDUSTRIES CORP. Street Address 144 MILL ST. City, State, Zip Code PATERSON, N.J. 07501	
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: _____			
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 Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT TSI	Amount (Specify in LF) 127 SF 2 LF
Name of Registered Waste Hauler ATLANTIC CARTING City, State WAYNE NJ		NJDEP Waste Hauler ID No. 26085 Disposal Date TBD	Name of Registered Landfill C7.1.0.W.S. City, State TOWNSHIP, PA
Completed by GORAN IGLEV		Title SECRETARY	Signature  Date 05/14/15

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**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 / 15 / 15</div>		Name of Building Owner/Operator (2) Johnson & Johnson	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 501 George Street	
		City, State, Zip Code New Brunswick, NJ 08901	
		Name of Contact Nandita Kamdar	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kilmer Museum		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 501 George Street		Square Feet 9500	# of Floors 2
City (5) New Brunswick		Bldg. Age +/- 70	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc.		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.
Street Address 655 West Shore Trail		Street Address 8436 Enterprise Avenue	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Philadelphia, PA 19153	
Project Manager for Monitoring Firm William Kerbel	Telephone No. 973-729-5649	Telephone No. 215-365-5810	Licensure No. 119
Start Date (10) <div style="text-align: center;">5 / 20 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">5 / 29 / 15</div>	Name of OSHA Monitor USA Environmental Management, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>4:00</u> PM - <u>11:00</u> PM AM		Street Address 8436 Enterprise Avenue	
		City, State, Zip Code Philadelphia, PA 19153	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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	
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Floor Tile & Mastic
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Pipe Fitting Insulation
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler USA Environmental Mgmt., Inc		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 1
City, State Philadelphia, PA		Disposal Date 5/21/2015	Name of Registered Landfill GROWS Landfill
Completed By (Print or Type) Dilip Kumar		Title Program Manager	Signature <i>Dilip Kumar</i>
			Date

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

Date of Notification (1) 5-11-15		Name of Building Owner/Operator (2) Mary Ann Lombardi	
Agencies Notified	Type Notification	Street Address 159 Walnut Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Bloomfield, NJ, 07003	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Mary Ann Lombardi	
<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) Same as above			Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter S (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial building, homes, etc.)		
Street Address			Square Feet 1700	# of Floors 2	Bldg. Age 75
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (prior to being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT Inc.	
Street Address			Street Address 86 Christopher St	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Scheduled Start Date (10) 5-21-15		Sched. Completion Date (11) 5-25-15		License Number 00377
Month Day Year 5-21-15		Month Day Year 5-25-15		MAY 20 11 49
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: <u>Off Hours Descript</u> <input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>			Name of OSHA Monitor N/A	
			Street Address	
			City, State, Zip Code	

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify Size or Weight)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	40	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.
City, State Montclair, NJ 07042		Disposal Date 5-23-15	City, State Morrisville, PA 19067	

Completed By (Print or Type) Constantine Vivian	Title President	Signature <i>CVivian</i>	Date 5-11-15
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CK 006017

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

D&S Proj. #: 2015-172

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 05/11/15		Name of Building Owner/Operator (2) COURTNEY CALLAGHAN	
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 345 MAOLIS AVENUE		City, State, Zip Code GLEN RIDGE, NJ 07028	
Name of Contact COURTNEY CALLAGHAN		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) COURTNEY CALLAGHAN			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> School Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 345 MAOLIS AVENUE			Square Feet # of Floors Bldg. Age	
City (5) GLEN RIDGE	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) 06/02/15		Sched. Completion Date (11) 06/18/15	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"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-Exempt (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition	

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 SF or LF)	Removal	Repair	Encapsulation	Enclosure
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	01 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 06/03/15	City, State TULLYTOWN, PA	

Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/19/2015
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D&S Proj. #: 2015-173

State of NJ
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) MARC ROMANOFF	
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 9 ELM COURT WAY City, State, Zip Code LLEWELLYN PARK, WEST ORANGE, NJ 07052 Name of Contact MARC ROMANOFF	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) MARC ROMANOFF			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 9 ELM COURT WAY			Square Feet	# of Floors
City (5) WEST ORANGE	County (6) ESSEX	County Code (7) (State use only)	Bldg. Age	
Current Use (Prior if being demolished)				

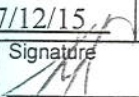
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm Phone Number		Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 05/29/15	Sched. Completion Date (11) 06/10/15	Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503		

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				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) Yes No N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
BASEMENT/CRAWL SPACE		PIPE INSULATION	53 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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCES RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/01/15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/19/15

CK #24820

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

Date of Notification (1) <u>5/22/15</u>		Name of Building Owner/Operator (2) <u>Kubiak</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>8 Sharon Rd.</u> City, State, Zip Code <u>Robbinsville, NJ</u> Name of Contact <u>Gary Kubiak</u>
			Telephone Number _____
	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 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>8 Sharon Rd.</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>
City (5) <u>Robbinsville, NJ</u>		Bldg. Age <u>60+/-</u>	
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY) _____	
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 061501</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>7/10/15</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: _____		Name of OSHA Monitor <u>DB Environmental</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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>Exterior</u>	<input checked="" type="checkbox"/>		<u>Siding</u>
<u>Stairwell / 2nd floor</u>	<input checked="" type="checkbox"/>		<u>Joint Compound</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>5 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/12/15</u>	Name of Registered Landfill <u>GROVES Landfill</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	City, State <u>Morrisville, PA</u>
		Signature 	Date <u>5/22/15</u>