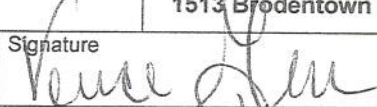
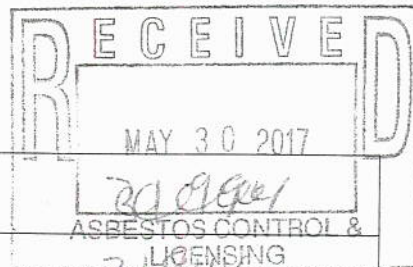


CHK# 1137

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

Date of Notification (1) 05 / 23 / 17		Name of Building Owner/Operator (2) Sharon Oaks		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAY 30 2017 NJ DEPT OF ENVIRONMENTAL CONTROL & AESTHETICS </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code WOODBURY NJ			
		Name of Contact KIM STOKES				Telephone Number 			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident				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 <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 5px;"></div>									
City (5) WOODBURY				Square Feet 1,688Sf	# of Floors 2 Floors				
County (6) US; Camden CO.				County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Resident				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.					
Street Address				Street Address 958 Jackson Rd					
City, State, Zip Code				City, State, Zip Code Mays Landing, NJ 08330					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 609-561-1901	License No. 01158				
Start Date (10) 06 / 10 / 17		Scheduled Completion Date (11) 06 / 14 / 17		Name of OSHA Monitor Graham-Tech Environmental Services, LLC.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM / ____ PM - ____ AM				Street Address 958 Jackson Rd					
				City, State, Zip Code Mays Landing, NJ 08330					
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input 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
Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Pape Insulation	40SqFt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Paper Insulation	6SqFt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown				
City, State 14 Read Drive Sicklerville, NJ 08081				Disposal Date	City, State 1513 Brodowntown Rd. Morrisville, PA				
Completed By (Print or Type) Vernice Graham		Title President		Signature 		Date 5-23-17			

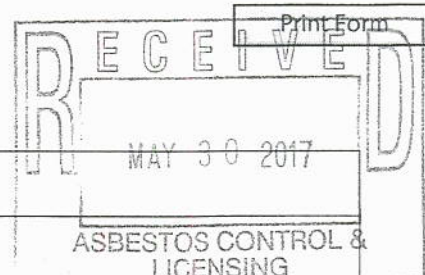
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 05 / 24 / 17		Name of Building Owner/Operator (2) Walters Residential							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin: 2px 0;"></div>							
		City, State, Zip Code Barnegat, NJ 08005							
		Name of Contact Victor	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 120px; height: 1.2em; margin: 2px 0;"></div>									
City (5) LB Twp.		Square Feet 2000 sf	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8) N/A		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							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-349-9932						
Start Date (10) 06 / 05 / 17		Scheduled Completion Date (11) 06 / 07 / 17	License No. 00624						
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 E.M.S.L. Analytical							
Street Address 1056 Stelton		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2250 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 06/08/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 5/24/17			

CH5582

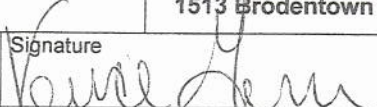
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/23/17		Name of Building Owner/Operator (2) YCHONON MILLER							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" 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 MR. MILLER	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 [REDACTED]		Square Feet	# of Floors						
City (5) Lakewood		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 5/26/17	Scheduled Completion Date (11) 5/29/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				Siding	2000SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 5/29/17	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

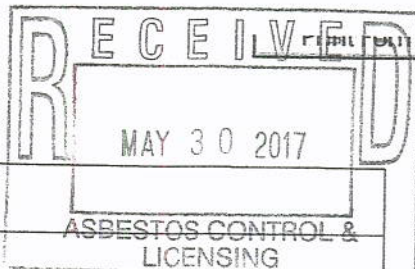
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Ch# 1130

Date of Notification (1) 05 / 23 / 17		Name of Building Owner/Operator (2) Michael and Joan Rise							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Plymouth, VT 05056							
		Name of Contact Michael and Joan Rise							
		Telephone Number ASBESTOS CONTROL & LICENSING							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		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 [REDACTED]									
City (5) Haddonfield		Square Feet 2,750Sf	# of Floors 3 Floors						
County (6) US; Camden CO.		County Code (7)(STATE USE ONLY)	Bldg. Age 1924						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Management Intern		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.							
Street Address 34 E. Germantown Pike #204		Street Address 958 Jackson Rd							
City, State, Zip Code E. Norriton		City, State, Zip Code Mays Landing, NJ 08330							
Project Manager for Monitoring Firm Raymond Giordano		Telephone No. 610-277-0405	License No. 01158						
Start Date (10) 06 / 07 / 17	Scheduled Completion Date (11) 06 / 11 / 17	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM/ _____ PM- _____ AM		Street Address 958 Jackson Rd							
		City, State, Zip Code Mays Landing, NJ 08330							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	100LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>
Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown					
City, State 14 Read Drive Sicklerville, NJ 08081			Disposal Date	City, State 1513 Brodentown Rd. Morrisville, PA					
Completed By (Print or Type) Vernice Graham		Title President	Signature 			Date 5-23-17			

CK 1198

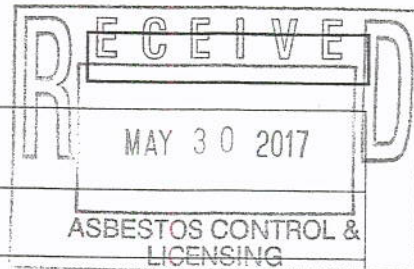
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05-19-2017		Name of Building Owner/Operator (2) SHARON YACURA							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RIDGEWOOD NJ. 07450							
		Name of Contact SHARON	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 [REDACTED]		Square Feet 2200	# of Floors 2						
City (5) RIDGEWOOD. NJ.		Bldg. Age 76							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.							
Street Address		Street Address 1126 51 STREET							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ.							
Project Manager for Monitoring Firm		Telephone No. 201-776-0642	License No. 01300						
Start Date (10) 05/30/2017	Scheduled Completion Date (11) 05/31/2017	Name of OSHA Monitor ENVIRO-PRO 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 108 LIBERTY. ST.							
		City, State, Zip Code METUCHEN NJ.							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement boiler room & storage		x		VAT FLOOR TILE 9X9	40 SF	x			
Basement		X		PIPE INSULATION	70 LF	x			
Name of Registered Waste Hauler TRI STATE. ASSOCC.		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG OHIO.					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 			Date 05/19/2017			

Check#2792

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



Date of Notification (1) 05 / 24 / 17		Name of Building Owner/Operator (2) James Edwards							
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 [REDACTED]		City, State, Zip Code Saddle Brook, NJ 07663							
Name of Contact James Edwards		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 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Saddle Brook, NJ 07663		County Code (7) (STATE USE ONLY)							
County (6) Bergen		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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.		License No. 01127							
Start Date (10) 06 / 02 / 17		Scheduled Completion Date (11) 06 / 03 / 17							
Name of OSHA Monitor Envirovision Consultants, Inc		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
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		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If		<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) <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 SIF 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	65 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 05/24/17			

 ASB-41
 MAY 11

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

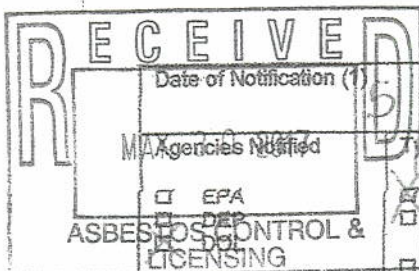
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

CK
7529

Date of Notification 5/22/17 Type Notification		Name of Building Owner / Operator (2) Richard Mahoney		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 30 2017 ASBESTOS LICENSING </div>	
Agencies Notified		Street Address			
EPA DEP X DOL X DOH DCA		Emergency Notification Initial Notification Amended Notification Cancellation			
		City, State & Zip Code Spotswood, NJ 08831 Name of Contact Richard Mahoney			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Garage			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 2,500		
City (5) Spotswood		County (6) Middlesex	County Code (7)	# of Floors 2	Bldg. Age 70
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc			ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street			Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ 07747			City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217		Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 6/2/17	Scheduled Completion Date (11) 6/5/17		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe: Work in mechanical area only			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)					
Demolition <input type="checkbox"/> X Renovation Large Project <input type="checkbox"/> Full Containment with Negative Pressure X Quantity is ≥ 3 SF or ≥ 3 LF ACM Mini-Enclosure Quantity is ≥ 160 SF or ≥ 260 LF ACM Glovebag Procedure X Other: Non-Friable					
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 Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Garage		N/A	Siding shingles	140 SF	Removal
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 5	Name of Registered Landfill TRRF	
City, State Trenton, NJ		Disposal Date 6/5/17	City, State Tullytown, Pa		
Completed By (Print or Type) Dominick Tringali		Title Pres.	Signature <i>Dominick Tringali</i>		Date 5/22/17

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

VIA U.S. MAIL
CH# 4033



Date of Notification (1) 5/24/17	Name of Building Owner/Operator (2) CRC COMMUNITIES AT SLEEPY HOLLOW INC
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> ASBESTOS CONTROL & LICENSING <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Street Address 326 ROUTE 22 WEST SUITE 16-B City, State, Zip Code GREEN BROOK, N.J. 08812
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact MR CARL CHECCHIO Telephone Number

Name of Facility Where Abatement is Taking Place (3) [REDACTED]	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, etc.)
Street Address [REDACTED]	Square Feet 2000
City (5) WARREN N.J. 07059	# of Floors 2
County (6) WARREN	Bldg. Age 90
County Code (7) (STATE USE ONLY) ASBESTOS CONTROL & LICENSING	Current Use (Prior if being demolished) HOUSE

Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]	ASCM No. [REDACTED]	Name of Abatement Contractor (9) NOVATECH INC
Street Address [REDACTED]	Street Address P.O. Box 814	City, State, Zip Code 010 Bridge N.J. 08857
City, State, Zip Code [REDACTED]	Telephone No. 732 232x7500	License No. 00806
Project Manager for Monitoring Firm [REDACTED]	Telephone No. [REDACTED]	Name of OSHA Monitor NOVATECH INC
Start Date (10) 6/2/17	Scheduled Completion Date (11) 6/30/17	Street Address P.O. Box 814
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: _____		City, State, Zip Code 010 Bridge N.J. 08857

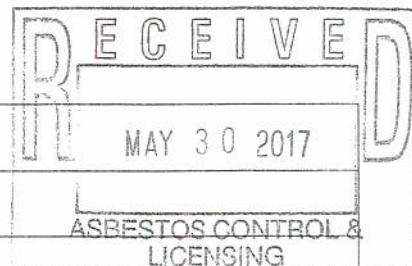
Scope of Work (Check All That Apply)

<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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair
EXTERIOR			X	SIDING	< 700 SF	X	

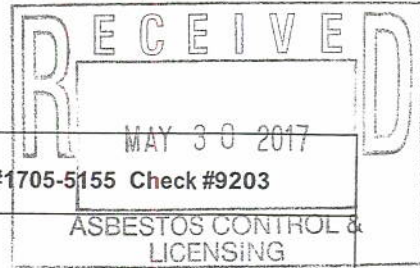
Name of Registered Waste Hauler NOVATECH INC	NJDEF Waste Hauler ID No. 18501	Cubic Yards of Waste 10	Name of Registered Landfill GROWS
City, State 010 Bridge N.J. 08857	Disposal Date 6/31/17	City, State Honesdale PA	
Completed by CARLOS ALVARADO	Title PRESIDENT	Signature [Signature]	Date 5/24/17

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



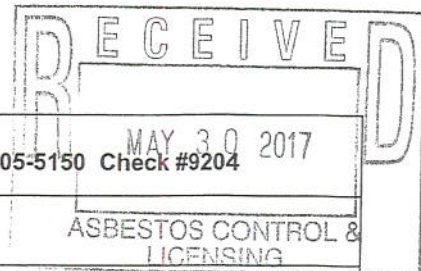
Date of Notification (1) 05/23/17		Name of Building Owner/Operator (2) Osbel Menendez							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07011							
		Name of Contact Zane Fashah	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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Clifton		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No. 01155						
Start Date (10) 06/03/17	Scheduled Completion Date (11) 06/10/17	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Asbestos Boiler		X			
Basement			X	Pipe Insulation	10 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>			Date 05/23/17			

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



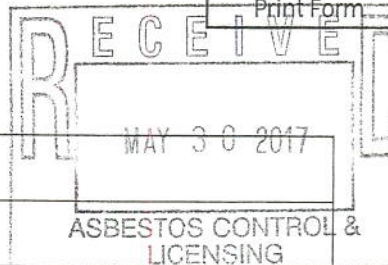
Date of Notification (1) <div style="text-align: center;">5 / 24 / 17</div>		Name of Building Owner/Operator (2) Rowan College at Burlington County / Job #1705-5155 Check #9203							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" 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 1 High Street City, State, Zip Code Mt. Holly, NJ Name of Contact Administration							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rowan-Culinary Arts Building		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 1 High Street									
City (5) Mt. Holly, NJ		Square Feet	# of Floors						
County (6) Burlington		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) T and M Associates		ASCM No.							
Street Address 40 Monument Park Highway, Suite 2		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code West Long Branch, NJ 07764		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Kevin Burns		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 908-347-4396		Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <div style="text-align: center;">6 / 12 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">6 / 30 / 17</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 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 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
Main Lower Lobby Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Plaster	1,950 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 6/30/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5/24/17			

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



Date of Notification (1) 5 / 24 / 17		Name of Building Owner/Operator (2) NJ Department of Transportation / Job #1705-5150 Check #9204							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 600 City, State, Zip Code Trenton, NJ 08625 Name of Contact Jed Soriano Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Freehold Maintenance Yard		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 200 Daniels Way		Square Feet	# of Floors						
City (5) Freehold, NJ 07728		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Yard							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 120 North Warren Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Dominick Dercole	Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 6 / 12 / 17	Scheduled Completion Date (11) 6 / 23 / 17	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 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 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
Break Room & Offices Bldg. 1371	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	2,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Above Garage Bldg. 1371	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ			Disposal Date 6/23/17	City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>			Date 5/24/17			

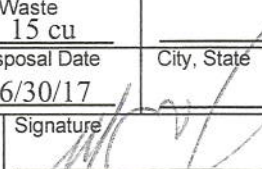
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/26/2017		Name of Building Owner/Operator (2) LA Casa Don Pedro							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ, 07107							
		Name of Contact Christopher Pagan	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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Belleville		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private house							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ 07524							
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 06/05/2017	Scheduled Completion Date (11) 06/06/2017	Name of OSHA Monitor EHW ABATEMENT 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 <input checked="" type="checkbox"/> Other - Describe: <u>occupie</u>		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	40LF	X			
Name of Registered Waste Hauler TRI STATE TRANSFER /YIMY BROTHER		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste N/A	Name of Registered Landfill MINERVA ENTERPRISES					
City, State 1199 RANDALL AVE BRONX NY			Disposal Date TBD	City, State 900 MINERVA RD WAYNESBURG					
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER	Signature 	Date 05/26/2017					

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

Check # 25512

Date of Notification (1) <u>5/26/17</u>		Name of Building Owner/Operator (2) <u>Unitarian Universalist Congregation</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>50 Cherry Hill Rd.</u> City, State, Zip Code <u>Princeton, NJ 08540</u> Name of Contact <u>Peter Machodt</u>							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Church</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>50 Cherry Hill Rd.</u>		Square Feet <u>15000</u>							
City (5) <u>Princeton, NJ 08540</u>		# of Floors <u>2</u>	Bldg. Age <u>70+/-</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>6/12/17</u>	Scheduled Completion Date (11) <u>6/30/17</u>	Name of OSHA Monitor <u>MECS</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
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 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)		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
<u>Lower Level</u>	<input checked="" type="checkbox"/>			<u>Thermal Pipe Insulation</u>	<u>250 lf</u>	<input checked="" type="checkbox"/>			
<u>Lower Level</u>	<input checked="" type="checkbox"/>			<u>Boiler Insulation</u>	<u>120 sf</u>	<input checked="" type="checkbox"/>			
<u>HVAC Room</u>	<input checked="" type="checkbox"/>			<u>Duct Insulation</u>	<u>80 sf</u>	<input checked="" type="checkbox"/>			
<u>Lower Level</u>		<input checked="" type="checkbox"/>		<u>VAT</u>	<u>300 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>15 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/30/17</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 			Date <u>5/26/17</u>			

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

B & G proj. #: 2017-67B-1

Check # 8403

Date of Notification (1) <u>01/21/14</u> / <u>11/17</u>		Name of Building Owner/Operator (2) DEVCO - New Brunswick Development Corp.		<div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">MAY 30 2017</div> <div style="border: 1px solid black; padding: 5px; font-size: 0.8em; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div>
Agencies Notified	Type Notification	Street Address Tower 1 - 120 Albany Street		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code New Brunswick, NJ 08901		
		Name of Contact Garrett Blitz	Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) "Former" George Street Playhouse			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 9 Livingston Avenue			Square Feet # of Floors Bldg. Age		
City (5) New Brunswick	County (6) Middlesex	County Code (7) (State use only)	Current Use (Prior if being demolished) Theatre		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHS Environmental		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 411 Southgate Ct., Suite E			Street Address 105 Ryerson Road		
City, State, Zip Code Mickleton, NJ 08056			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Jack Carney	Phone Number 856-224-0080		Telephone Number (973)696-6869	License Number 00378	
Scheduled Start Date (10) 06/06/2017	Sched. Completion Date (11) 07/14/2017				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					
Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code LincolnPark, NJ 07035					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Roof			X	Built-up roofing and flashing	18,000 SF	X			
Windows			X	Exterior window caulking	2,000 LF	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 150	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 06/09/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/26/2017

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

B & G proj. #: 2017-67A

Check # 8402

Date of Notification (1) <u>06/12/17</u>		Name of Building Owner/Operator (2) DEVCO - New Brunswick Development Corp.		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; margin: 0 auto;">RECEIVED</div> <div style="margin-top: 5px;">MAY 30 2017</div> <div style="margin-top: 5px; font-size: 0.8em;">NJ DEPT OF ENVIRONMENTAL CONTROL & LICENSING</div>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation			Street Address Tower 1 - 120 Albany Street	
					City, State, Zip Code New Brunswick, NJ 08901	
					Name of Contact Garret Blitz	
					Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) "Former" Crossroads Theatre				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 7 Livingston Avenue				Square Feet # of Floors Bldg. Age		
City (5) New Brunswick		County (6) Middlesex		County Code (7) (State use only)		
Current Use (Prior if being demolished) Theatre						
Name of Monitoring Firm Hired by Bldg. Owner (8) EHS Environmental			ASCM No. n/a		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 411 Southgate Ct., Suite E			Street Address 105 Ryerson Road			
City, State, Zip Code Mickleton, NJ 08056			City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Jack Carney			Phone Number 856-224-0080		Telephone Number (973)696-6869	
					License Number 00378	
Scheduled Start Date (10) 06/06/2017		Sched. Completion Date (11) 06/13/2017		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road		
				City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

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

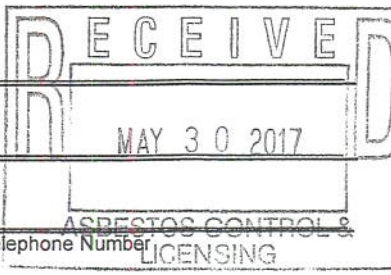
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Roof	<input checked="" type="checkbox"/>			Tar coating on ducts	2,000 SF	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 40	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 06/09/2017		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 05/26/2017

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

B & G proj. #: 2017-67B-2

Check # 8404

Date of Notification (1) 10/21/14/11/17		Name of Building Owner/Operator (2) DEVCO - New Brunswick Development Corp.		
Agencies Notified	Type Notification	Street Address Tower 1 - 120 Albany Street		
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code New Brunswick, NJ 08901		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Garrett Blitz		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) "Former" George Street Playhouse			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 9 Livingston Avenue			Square Feet # of Floors Bldg. Age		
City (5) New Brunswick	County (6) Middlesex	County Code (7) (State use only)	Current Use (Prior if being demolished) Theatre		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHS Environmental		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 411 Southgate Ct., Suite E			Street Address 105 Ryerson Road		
City, State, Zip Code Mickleton, NJ 08056			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Jack Carney		Phone Number 856-224-0080	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 06/12/2017		Sched. Completion Date (11) 07/14/2017	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

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

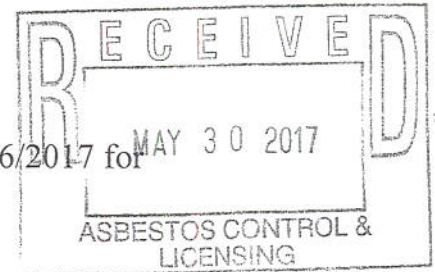
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
See attached									

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 150	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date various	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/26/2017

Re: Attachment to 14 day initial notification dated 05/26/2017 for
asbestos removal at:

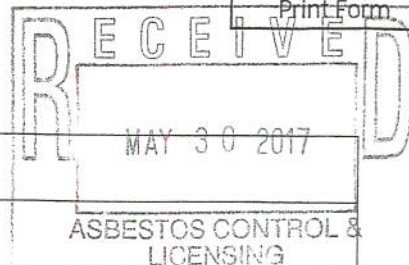
9 Livingston Avenue, New Brunswick, NJ

PROJECT Start date: 06/12/2017



Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
Basement	NO	Floor tile & mastic	300 sf	X	
1 st floor	NO	Floor tile & mastic	1,060 sf	X	
2 nd floor	NO	Floor tile & mastic	4,000 sf	X	
2 nd floor	NO	Cove base molding	700 lf	X	
3 rd floor	NO	Floor tile & mastic	5,366 sf	X	
4 th floor	NO	Floor tile & mastic	245 sf	X	
Basement	NO	Pipe insulation	200 lf	X	
1 st floor	NO	Pipe insulation	400 lf	X	
2 nd floor	NO	Pipe insulation	600 lf	X	
3 rd floor	NO	Pipe insulation	600 lf	X	
4 th floor	NO	Pipe insulation	600 lf	X	
	NO			X	
	NO			X	
	NO			X	
	NO			X	
	NO			X	

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



Date of Notification (1) 05/26/2017		Name of Building Owner/Operator (2) LA Casa Don Pedro							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ, 07107							
		Name of Contact Christopher Pagan	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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) East Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private house							
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC							
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ 07524							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-333-5144	License No. 01274						
Start Date (10) 06/006/2017	Scheduled Completion Date (11) 06/07/2017	Name of OSHA Monitor EHW ABATEMENT 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 <input checked="" type="checkbox"/> Other - Describe: <u>occupie</u>		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	40LF	X			
Name of Registered Waste Hauler TRI STATE TRANSFER /YIMY BROTHER		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste N/A	Name of Registered Landfill MINERVA ENTERPRISES					
City, State 1199 RANDALL AVE BRONX NY			Disposal Date TBD	City, State 900 MINERVA RD WAYNESBURG					
Completed by VICTOR ESRITU		Title PROJECT MANAGER	Signature <i>[Signature]</i>	Date 05/26/2017					

B & G proj. #: 2017-66

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

Check # 8397 MAY 30 2017

Date of Notification (1) 05/12/17		Name of Building Owner/Operator (2) Ken & Ivy Goldberg	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Short Hills, NJ 07078	
Name of Contact Ken & Ivy Goldberg		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ken & Ivy Goldberg			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) Short Hills, NJ 07078			# of Floors [REDACTED]		
County (6) Essex			Bldg. Age [REDACTED]		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code [REDACTED]		Telephone Number (973)696-6869		License Number 00378	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		Name of OSHA Monitor B & G Restoration, Inc.	
Scheduled Start Date (10) 06/06/2017		Sched. Completion Date (11) 06/07/2017		Street Address 105 Ryerson Road	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		City, State, Zip Code Lincoln Park, NJ 07035			

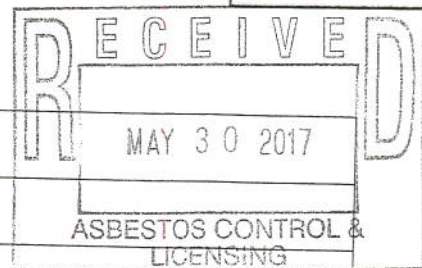
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Garage			<input checked="" type="checkbox"/>	duct insulation	54 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"/>

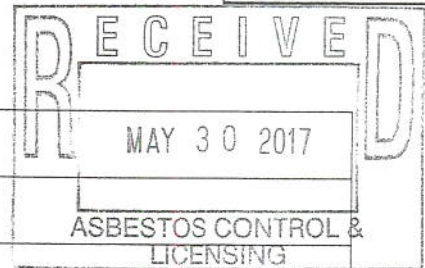
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 06/08/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/25/2017

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



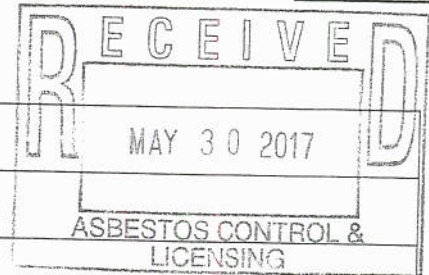
Date of Notification (1) 5/26/17		Name of Building Owner/Operator (2) NJ Schools Development Authority							
Agencies Notified	Type Notification	Street Address 32 E. Front St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ							
		Name of Contact Naimish Kathimi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned		Type of Facility (4)							
Street Address 351 Cleveland St		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ORANGE		Square Feet 3000	# of Floors 2						
		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental						
Street Address		Street Address 135 Kinnelon Rd							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
		License No. 01228							
Start Date (10) 6/5/17	Scheduled Completion Date (11) 6/23/17	Name of OSHA Monitor Yannuzzi Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>abandoned</u>		City, State, Zip Code Kinnelon Rd NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-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			x	Pipe Insulation	1,003 LF	x			
Basement			x	boiler breech	2 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 10 cy	Name of Registered Landfill Grows Fairless					
City, State Kinnelon NJ		Disposal Date 6/23/17		City, State Fairless Hills					
Completed by John Mucha		Title project manger		Signature 		Date 5/26/17			

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



Date of Notification (1) 5/26/17		Name of Building Owner/Operator (2) N.J. Schools Development Authority							
Agencies Notified	Type Notification	Street Address 32 E. Front St							
<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 Trenton, NJ							
		Name of Contact Naimish Kathiari	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER ABANDONED RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 347 Cleveland St		Square Feet 3000	# of Floors 3						
City (5) Orange NJ		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address		Street Address 135 Kinnelon Rd							
City, State, Zip Code		City, State, Zip Code Kinnelon NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
			License No. 01228						
Start Date (10) 6/5/17	Scheduled Completion Date (11) 6/23/17	Name of OSHA Monitor Yannuzzi Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>abandoned</u>		Street Address 135 Kinnelon Rd							
		City, State, Zip Code Kinnelon NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-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
2nd floor living			x	9x9vat & mastic	160 sf	x			
2nd floor kitchen			x	multiple vat and mastic	100 sf	x			
3rd floor bedrooms			x	red vat and mastic	600 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste	Name of Registered Landfill GROWS/FAIRLESS					
City, State Kinnelon, NJ			Disposal Date	City, State Fairless Hills					
Completed by John Mucha		Title Proj.Mgr.	Signature 	Date 5/26/17					

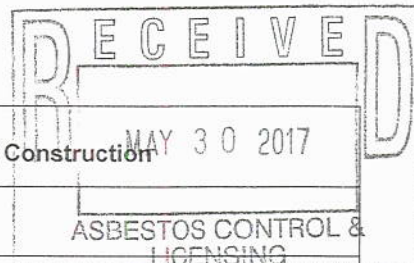
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/26/17		Name of Building Owner/Operator (2) NJ Schools Development Authority							
Agencies Notified	Type Notification	Street Address 32 E. Front St							
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ							
		Name of Contact Naimish Kathimi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned		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 349 Cleveland St		Square Feet 3000	# of Floors 2						
City (5) ORANGE		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental						
Street Address		Street Address 135 Kinnelon Rd							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ							
Project Manager for Monitoring Firm		Telephone No.	License No. 01228						
Start Date (10) 6/5/17	Scheduled Completion Date (11) 6/23/17	Name of OSHA Monitor Yannuzzi 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 <input checked="" type="checkbox"/> Other - Describe: <u>abandoned</u>		Street Address 135 Kinnelon Rd							
		City, State, Zip Code Kinnelon Rd NJ							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	980 LF	x			
Basement			x	chimney mod backing	5sf	x			
throughout			x	plaster	10,000 sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40 cy	Name of Registered Landfill Grows /Fairless					
City, State Kinnelon NJ		Disposal Date 6/23/17		City, State Fairless Hills NJ					
Completed by John Mucha		Title project manger		Signature 		Date 5/26/17			

CHK # 3212

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



Date of Notification (1) 5 / 24 / 17		Name of Building Owner/Operator (2) Princeton University - Office of Design and Construction	
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 # _____	Street Address 200 Elm Dr	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Princeton, NJ 08544	
	<input type="checkbox"/> Cancellation	Name of Contact Robert Ortego	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University- Engineering Quadrangle		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 Olden St		Square Feet	# of Floors
City (5) Princeton		Bldg. Age	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address Bromley Corporate Center-Three Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 6 / 7 / 17	Scheduled Completion Date (11) 6 / 17 / 17	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 Facility Hours - Describe Time of Abatement: _____AM-_____PM/3:30PM-12:30AM		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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

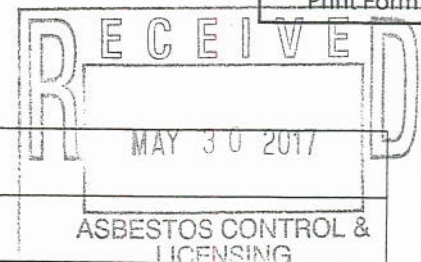
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
H121	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite panels	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H121	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	58 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H120	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floortile and mastic	34 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"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State BRISTOL, PA 19007			Disposal Date	City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature Brian Scafiro		Date 5/24/17	

ASB-41
MAY 11 BS17059

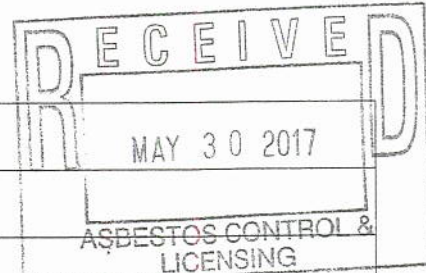
* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 5/25/17		Name of Building Owner/Operator (2) Gary Nickich							
Agencies Notified	Type Notification	Street Address 241 E. Main St Apt BE							
<input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bergenfield, NJ 07621							
		Name of Contact Gary Nickich	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Basement Unit in Apartment Complex		Type of Facility (4)							
Street Address 241 E. Main St. Apt BE		<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) Bergenfield		Square Feet 1000	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 6/5/17	Scheduled Completion Date (11) 6/10/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		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 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
Basement		x		VAT	800 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4 CU	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 5/25/17			

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



Date of Notification (1) 05/25/2017		Name of Building Owner/Operator (2) Westfield BOE							
Agencies Notified	Type Notification	Street Address 302 Elm Street							
<input type="checkbox"/> EPA <input checked="" 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 Westfield NJ 07042							
		Name of Contact Alexander Dohme	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Roosevelt 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 & commercial buildings, homes, etc.)							
Street Address 301 Clark Street		Square Feet	# of Floors						
City (5) Westfield		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No. 00112	Name of Abatement Contractor (9) VMC Company Inc						
Street Address 344 West State Street		Street Address 208 Piaget Avenue							
City, State, Zip Code Trenton NJ 08618		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-656-8101	License No. 00704						
Start Date (10) 06/05/2017	Scheduled Completion Date (11) 06/05/2017	Name of OSHA Monitor VMC Company 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 <input type="checkbox"/> Other - Describe: 3:30pm-11:30pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Air Handling Supply Room 2nd Fl	x			pipe insulation "wrap&cut"	42 LF	x			
Air Handling Return Room 2nd Fl	x			pipe insulation "wrap & cut"	12 LF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS					
City, State Newark NJ			Disposal Date	City, State Morrisville PA					
Completed by Voytek Roszkowski		Title President	Signature 	Date 05/25/2017					

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

Check # 25508

Date of Notification (1) <u>5/26/17</u>		Name of Building Owner/Operator (2) <u>Pompei</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>	
		City, State, Zip Code <u>Ledgewood, NJ 07852</u>	
		Name of Contact <u>Mark Pompei</u>	Telephone Number _____

RECEIVED
MAY 30 2017
ASBESTOS CONTROL & REMEDIATION

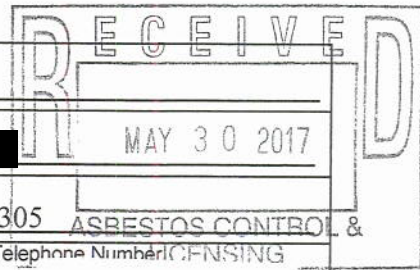
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>			
City (5) <u>Ledgewood, NJ 07852</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>
		Bldg. Age <u>75+/-</u>	
County (6) <u>Morris</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>
		License No. <u>00493</u>	
Start Date (10) <u>6/8/17</u>	Scheduled Completion Date (11) <u>6/16/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
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-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
<u>Basement</u>		X		<u>Thermal Pipe Insulation</u>	<u>155 lf</u>	X			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/16/17</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/26/17</u>		

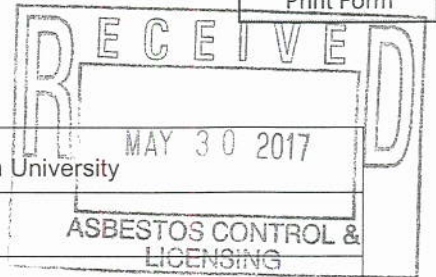
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Check # 25511



Date of Notification (1) <u>5/26/17</u>		Name of Building Owner/Operator (2) <u>Rice</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 _____
			City, State, Zip Code <u>Jersey City, NJ 07305</u>
			Name of Contact <u>Paul Rice</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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address _____			
City (5) <u>Jersey City, NJ 07305</u>		Square Feet <u>2400</u>	# of Floors <u>2</u>
		Bldg. Age <u>90+/-</u>	
County (6) <u>Hudson</u>		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>6/10/17</u>		Scheduled Completion Date (11) <u>6/16/17</u>	
Name of OSHA Monitor <u>MECS</u>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
<u>Basement</u>	<u>X</u>		<u>Thermal Pipe Insulation</u>
			<u>40 lf</u>
			<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 cu</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>Fairless Landfill</u>	
		Disposal Date <u>6/16/17</u>	
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/26/17</u>

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



Date of Notification (1) OK 5322		Name of Building Owner/Operator (2) Princeton University Trustees of Princeton University	
Agencies Notified	Type Notification	Street Address EA McMillan Building	City, State, Zip Code Princeton, NJ 08544
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Bob Ortega	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Gas Dynamics Lab - Machine Shop Compressor Room 143		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 Forrestal Campus		Square Feet 2125	# of Floors 1
City (5) Plainsboro		Bldg. Age 80	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Princeton Labs - vacant space	
Name of Monitoring Firm Hired by Building Owner (8) ATC Group		Name of Abatement Contractor (9) ecoservices, LLC	
Street Address 3 Terri Lane		Street Address 303 B National Road	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Exton, PA 19341	
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	License No. 01161
Start Date (10) 6/05/17	Scheduled Completion Date (11) 6/09/17	Name of OSHA Monitor EMSL	
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: Work area vacant & isolated.		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ	

Scope of Work (Check All That Apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <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)			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
Machine Room/Compressor R123	x			Thermal Pipe Insulation	120 lf	x			
Machine Room/Compressor R123	x			Floor Tile & Mastic	150 sf	x			

Name of Registered Waste Hauler Waste Management of New Jersey	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill
City, State Trenton, NJ	Disposal Date TBD	City, State Morrisville, NJ	
Completed by Joe White	Title Project Manager	Signature <i>Joe White</i>	Date 5/26/17

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT**

DOL CK#42001242

Date of Notification (1)

Date of Notification (1) <u>5</u> / <u>26</u> / <u>17</u>		Name of Building Owner / Operator (2) AT&T Corporation	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Street Address 200 Laurel Ave - Room 1A-117	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		City, State, Zip Code Bedminster NJ	
		Name of Contact Mark Morrison	
		Telephone Number --17	


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) AT&T Camden			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 bldgs., homes, etc.)		
Street Address 12 North 7th Street			Square Feet 24,000		
City (5) Camden			County (6) Camden		County Code (7)
			Current Use (Prior if being demolished) Office Building		Building Age +/- 50
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Group			ASCM NO		
Street Address 3 Terri Lane Suite 4			Name of Abatement Contractor (9) NorthStar Contracting Group, Inc.		
City, State, Zip Code Burlington, NJ 08016			Street Address 32 Williams Parkway		
Project Mngr. For Monitoring Firm John Lutz			City, State, Zip Code East Hanover NJ. 07936		
Telephone Number 609-479-8512			Telephone Number 973-772-3660		License Number 00860
Schedul Start Date (10) <u>6</u> / <u>12</u> / <u>17</u>			Sched. Completion Date (11) <u>6</u> / <u>13</u> / <u>17</u>		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>7:00AM - 3:30PM</u> <input checked="" type="checkbox"/> Other - Describe: <u>MON-FRI. 4:00PM to 12:30AM</u>			Name of OSHA Monitor NorthStar Contracting Group, Inc.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ. 07936		

Scope of Work (Check All That Apply)

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

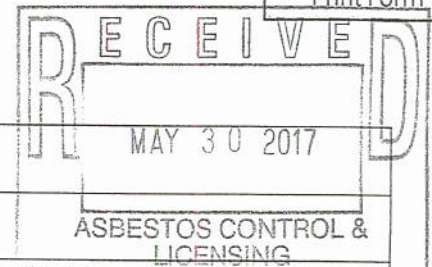
Location of Asbestos Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify 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 N C L O S U R
3rd Floor Battery Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor Tile & Mastic	625 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane City, State New Castle, DE.	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill City, State 8955 Minerva Road Waynesburg, OH. 44688
Completed by (Print or Type) Richard Semega		Title Project Manager	Signature 
		Date 05/26/17	

CK # 8172

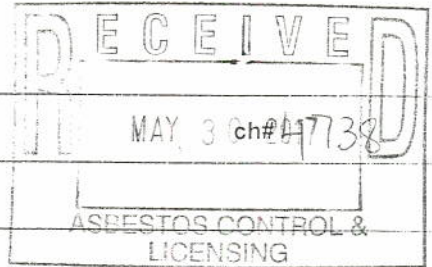
Print Form

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



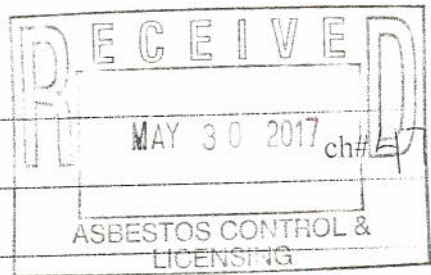
Date of Notification (1) 5/26/17		Name of Building Owner/Operator (2) PSE&G						
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080						
		Name of Contact CHARLIE MIRACOLA	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSE & G - TRENCH / EXCAVATION IN STREET		Type of Facility (4)						
Street Address 800 MORRIS 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) GLOUCESTER CITY		Square Feet N/A	# of Floors N/A					
County (6) CAMDEN		Bldg. Age N/A						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045						
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
City, State, Zip Code MATAWAN, NJ 07747		Street Address 396 WHITEHEAD AVE.						
Project Manager for Monitoring Firm TOM GEIGER		City, State, Zip Code SOUTH RIVER, NJ 08882						
Telephone No. 732-292-2217		Telephone No. 732-432-8350	License No. 01111					
Start Date (10) 6/7/17	Scheduled Completion Date (11) 6/9/17	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA						
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.						
<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: OUTDOORS		City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		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
IN TRENCH		X	TRANSITE PIPE	16 LF	X			
Name of Registered Waste Hauler VEOLIA		NJDEP Waste Hauler ID No. 080631369	Cubic Yards of Waste APPX 1	Name of Registered Landfill EQ-WAYNE DISPOSAL				
City, State FLANDERS, NJ		Disposal Date TBD		City, State BELLEVILLE, MI				
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>		Date 5/26/17			

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



Date of Notification (1) 05/15/2017		Name of Building Owner/Operator (2) Montclair Kimberly Academy							
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 201 Valley Road							
		City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Mark Dombroski							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Primary 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 & commercial buildings, homes, etc.)							
Street Address 224 Orange Road		Square Feet	# of Floors						
City (5) Montclair		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Ave		Street Address 606 McBride Ave							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	License No. 01104						
Start Date (10) 06-13-17	Scheduled Completion Date (11) 06-16-2017	Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>unoccupied</u>		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"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			Enclose
	Yes	No	N/A			Removal	Repair	Encapsulate	
Academic office		X		VAT/Mastic	233 sf	X			
Waiting room		X		VAT/Mastic	78 sf	X			
Faculty work room		X		VAT/Mastic	228 sf	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS, Landfill					
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President	Signature 	Date 05/15/2017					

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

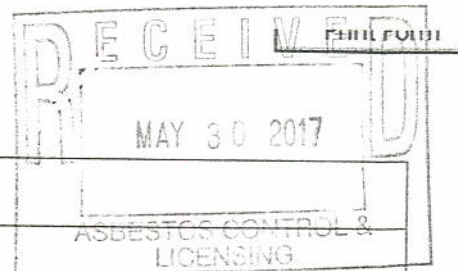


Date of Notification (1) 05/16/2017		Name of Building Owner/Operator (2) Montclair Kimberly Academy		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 30 2017 ch# 4739 ASBESTOS CONTROL & LICENSING </div>				
Agencies Notified	Type Notification	Street Address 201 Valley 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 # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042 Name of Contact Mark Dombroski						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Middle 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 & commercial buildings, homes etc.)				
Street Address 201 Valley Road				Square Feet	# of Floors			
City (5) Montclair				Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) school				
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc			ASCM No.	Name of Abatement Contractor (9) Lilich Corporation				
Street Address 300 Grand Ave			Street Address 606 McBride Ave					
City, State, Zip Code Englewood, NJ 07631			City, State, Zip Code Woodland Park, NJ 07424					
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708		Telephone No. 973-225-8400	License No. 01104			
Start Date (10) 06-16-2017		Scheduled Completion Date (11) 06-19-2017		Name of OSHA Monitor Iris Environmental Laboratories, LLC				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>unoccupied</u>				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 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
Room # 208		x		VAT and Mastic	608 SF	x		
Room # 209		x		VAT and Mastic	608 SF	x		
		x				x		
		x				x		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill			
City, State Woodland Park, New Jersey				Disposal Date	City, State Morrisville, PA			
Completed by Adriana Olejarova		Title president		Signature 		Date 05/16/2017		

ENCLOSURE

* 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)**



Ch 1199

Date of Notification (1) 05/23/2017		Name of Building Owner/Operator (2) FRANCIS D. MURRAY	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code LEONIA NJ. 07605	
		Name of Contact FRANCIS D. MURRAY	Telephone Num ¹

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)	
Street Address [REDACTED]		<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) LEONIA NJ. 07605		Square Feet 1,600	# of Floors 2
County (6) BERGEN		Bldg. Age 85	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.
Street Address		Street Address 1126 - 51 ST.	
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047	
Project Manager for Monitoring Firm N/A		Telephone No. 201. 776.0642	License No. 01300
Start Date (10) 05/27/17	Scheduled Completion Date (11) 05/28/17	Name of OSHA Monitor EMSL ANALITYCAL INC	
Occupancy Status During Abatement (Check Only One)		Street Address 307 W. 38TH. ST.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code NEW YORK NY. 10018	

Scope of Work (Check All That Apply)

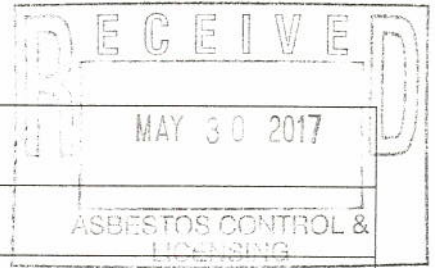
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
<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) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	85 LF	X			

Name of Registered Waste Hauler TRI - STATE TRANSFER		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC	
City, State BRONX NY.		Disposal Date TBD	City, State WAYNESBURG, OHIO		
Completed by CARLOS ESQUIVEL		Title SAFETY MANAYER	Signature 	Date 05/23/2017	

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

NO CK



Date of Notification (1) 12 / 30 / 16		Name of Building Owner/Operator (2) New Jersey Transit Authority	
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 checked="" type="checkbox"/> Amended Amendment # 2 + 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 581 Main Street	
		City, State, Zip Code Woodbridge, NJ 07095-5042	
		Name of Contact _____ Telephone Number _____	

FACILITY INFORMATION

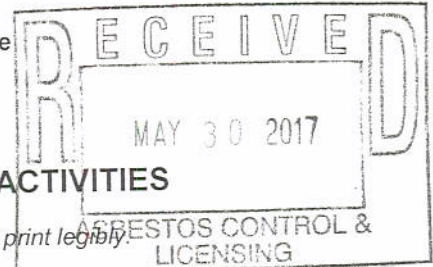
Name of Facility Where Abatement is Taking Place (3) Newark Bay Bridge - Structure N2.01W		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address Newark Bay Bridge (Spanning River) in sidewalk			
City (5) Bayonne & Newark		Square Feet 9500 LF	# of Floors N/A
		Bldg. Age >20 Trs	
County (6) Essex & Hudson Counties	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Bridge Sidewalk	
Name of Monitoring Firm Hired by Building Owner (8) Westcherster Environmental LLC		ASCM No. 127	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.
Street Address 307 N. Walnut Street		Street Address 14 Read Drive	
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Sicklerville, NJ 08081	
Project Manager for Monitoring Firm Matthew Abraham	Telephone No. 610-431-7545	Telephone No. 856-318-1341	License No. 01158
Start Date (10) 01 / 12 / 17	Scheduled Completion Date (11) 06 / 30 / 17	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.	
Occupancy Status During Abatement (Check only one): <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM / ____PM-____AM		Street Address 14 Read Drive	
		City, State, Zip Code Sicklerville, NJ 08081	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Encased in Sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4" Diam ACM Transite (Phase #1)	2,200LF	<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 Waste Management, Inc.		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 150CY	Name of Registered Landfill Waste Management of PA, Inc.	
City, State Keyport, NJ		Disposal Date		City, State Tullytown, PA	
Completed By (Print or Type) Vernice Graham	Title President	Signature 		Date 5-20-17	



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

NO CH

I. NOTIFICATION INFORMATION

Date of Notification: 5 / 24 / 2017

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: James McLaurin
Street Address: 69 Mainbridge Lane City: Willingboro State: NJ Zip: 08046
Name of Contact: Jamal Talib Telephone No.:

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: McLaurin Residence
Describe Facility Use: Residence
Street Address: [REDACTED] City: Willingboro State: NJ Zip: 08046
County Name: Burlington County Code (State Use Only):
Scheduled Start Date: 06 / 06 / 2017 Scheduled Completion Date: 06 / 07 / 2017

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity
☐ Activity Performed Outside Normal Facility Hours—Describe: _____
☐ Other—Describe: _____

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 386 SF Percentage Asbestos: %
☐ Mastic Square Footage: 386 SF Percentage Asbestos: %

IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842
Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

V. SIGNATURE

Completed By (type or print legibly): Christina Lynch Title: Vice President of Operations
Signature: [Signature] Date: May 24, 2017

NOTIFICATION OF ASBESTOS ABATEMENT

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



Date of Notification (1) 5/19/17		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-5/22/17 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 1830 us Route 130 North		City, State & Zip Code Burlington NJ 08016	
Name of Contact Mike Woods		Telephone Number 	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #6		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 651 Route 17 Suite 2		Square Feet 72500	# of Floors 1
City (5) Paramus	County (6) Bergen	County Code (7) 	Bldg. Age 50
Name of Monitoring Firm Hired by Building Owner (8) WCD Group LLC		ASCM No. 	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC
Street Address 1350 Broadway, Suite 1904		Street Address 1123 BEAVER STREET	
City, State & Zip Code New York, NY		City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Eric Telemaque		Telephone Number 212-631-9000	License Number 00509
Scheduled Start Date (10) May 22, 2017	Scheduled Completion Date (11) June 5, 2017		
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: (10:00 PM - 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
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-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
Phase 1 (see attached phasing plan)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	17000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceramic tile	4900	<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"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 55	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro/jl</i>		Date 5/19/17

PD17058

NOTE: PREP WORK 5/22 - 5/24/17 - 6 AM - 2:30 PM

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

NO CK

CL # 3211
RECEIVED
MAY 30 2017
ASBESTOS CONTROL NUMBER

Date of Notification (1) 5/19/17		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	1830 us Route 130 North	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Burlington NJ 08016	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	
<input type="checkbox"/> DCA		Mike Woods	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #6			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12)		
651 Route 17 Suite 2			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			Square Feet		# of Floors
Paramus			72500		
County (6)		County Code (7)	Bldg. Age		
Bergen			1		
			50		
Name of Monitoring Firm Hired by Building Owner (8) WCD Group LLC			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address			Street Address		
1350 Broadway, Suite 1904			1123 BEAVER STREET		
City, State & Zip Code			City, State & Zip Code		
New York, NY			BRISTOL, PA 19007		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
Eric Telemaque		212-631-9000	215-788-6040		00509
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
May 22, 2017	June 5, 2017		BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1123 BEAVER STREET		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm			City, State & Zip Code		
Describe: (10:00 PM – 6:00 AM)			BRISTOL, PA 19007		
<input type="checkbox"/> Facility Occupied During Abatement					

Scope of Work (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Phase 1 (see attached phasing plan)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	17000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceramic tile	4900	<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"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 55	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 5/19/17

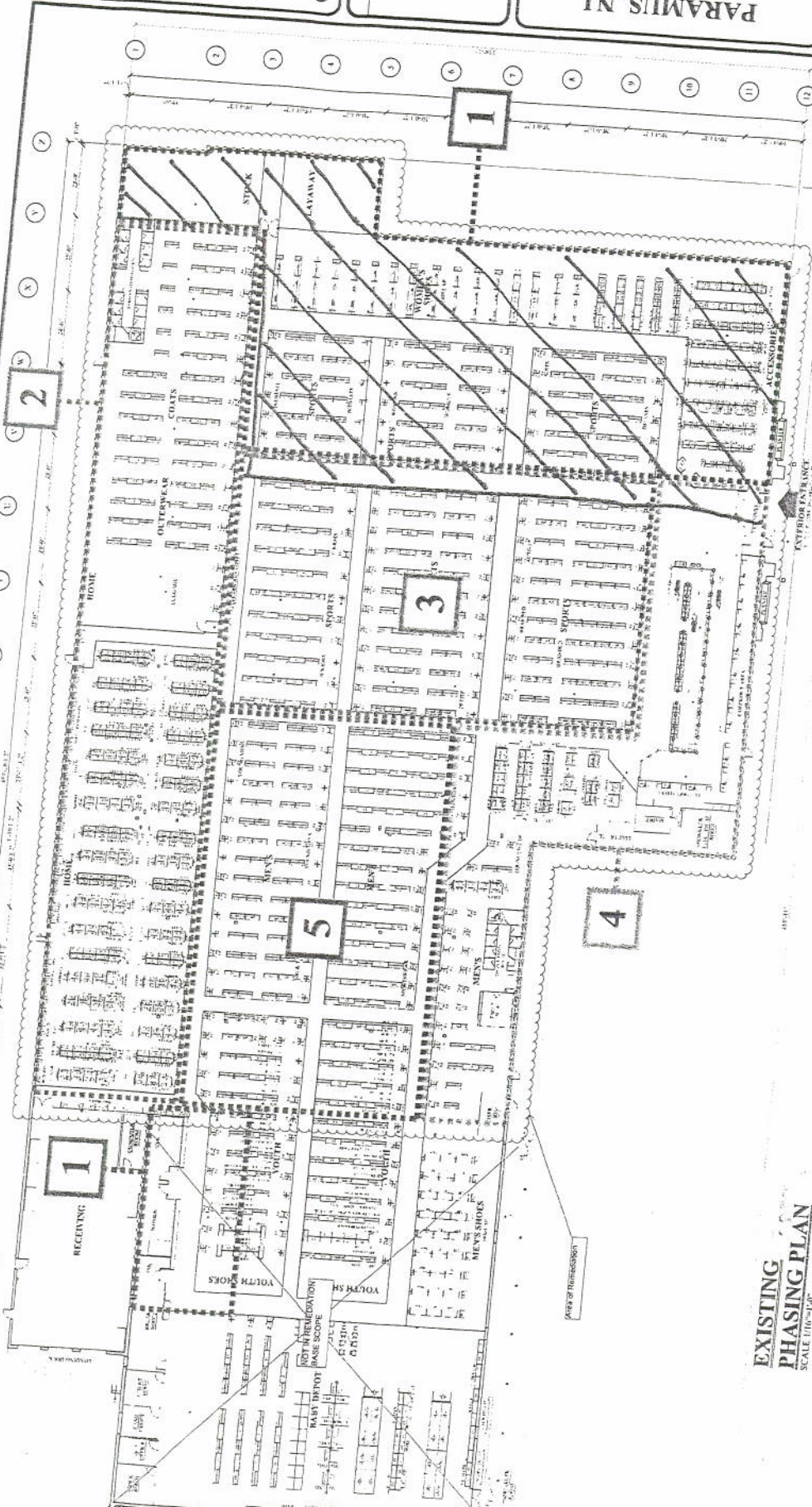
EXISTING PHASING PLAN

PHASE	NO.	DATE	BY
1	10/15	10/15	10/15
2	12	12	12

TEMPLE RIDGE SHOPPING CENTER
PARAMUS, NJ 07652-3105

Burlington
STORE PLANNING & DESIGN
1370 Route 130 North - Bridgewater, NJ 08808
Phone: 908-661-1100 Fax: 908-661-1101

6



PHASE #	CONST. START	CONST. FINISH	MERCH COMPLETED PHASE DE-MERCH NEXT PHASE	SQ. FT.
4			10/15	9,394
5			12	10,250

PUNCH LIST

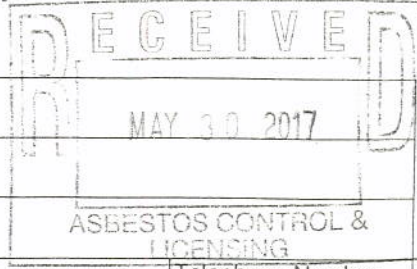
PHASE #	CONST. START	CONST. FINISH	MERCH COMPLETED PHASE DE-MERCH NEXT PHASE	SQ. FT.
1	12/15			17,381
2	12/12			13,920
3	12/12			11,592

HOLIDAYS:
EASTER 4/16/2017
MOTHER'S DAY 5/14/2017
MEMORIAL DAY 5/29/2017
FATHER'S DAY 6/18/2017
LABOR DAY 9/14/2017

EXISTING PHASING PLAN
SCALE 1/16"=1'-0"

RECEIVE
MAY 30 2017
ASBESTOS CONTROL & LICENSING

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



WOCK

Date of Notification (1) 5/19/17		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified	Type Notification	Street Address 1830 us Route 130 North	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Burlington NJ 08016	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1-5/22/17	Name of Contact Mike Woods	
<input checked="" type="checkbox"/> DOL	<input checked="" 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) Burlington Coat Factory Store #6			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 651 Route 17 Suite 2			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Paramus	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) WCD Group LLC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 1350 Broadway, Suite 1904			Street Address 1123 BEAVER STREET		
City, State & Zip Code New York, NY			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Eric Telemaque		Telephone Number 212-631-9000	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) May 22, 2017		Scheduled Completion Date (11) June 5, 2017		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: (10:00 PM – 6:00 AM) <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)

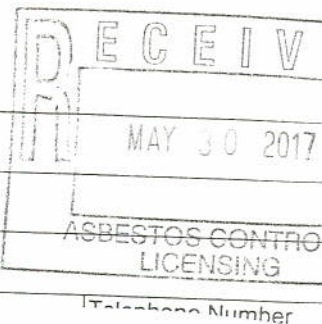
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Phase 1 (see attached phasing plan)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	17000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceramic tile	4900	<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"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 55	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 5/19/17

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

WOCK



Date of Notification (1) 5/19/17		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended R#1-5/22/17 <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 1830 us Route 130 North		City, State & Zip Code Burlington NJ 08016	
Name of Contact Mike Woods		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #6		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 651 Route 17 Suite 2		Square Feet 72500	# of Floors 1
City (5) Paramus	County (6) Bergen	Bldg. Age 50	
County Code (7)		Current Use (Prior if being demolished) Retail	
Name of Monitoring Firm Hired by Building Owner (8) WCD Group LLC		ASCM No.	
Street Address 1350 Broadway, Suite 1904		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
City, State & Zip Code New York, NY		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Eric Telemaque		City, State & Zip Code BRISTOL, PA 19007	
Telephone Number 212-631-9000		Telephone Number 215-788-6040	License Number 00509
Scheduled Start Date (10) May 22, 2017	Scheduled Completion Date (11) June 5, 2017		
Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		Street Address 1123 BEAVER STREET	
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: (10:00 PM - 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

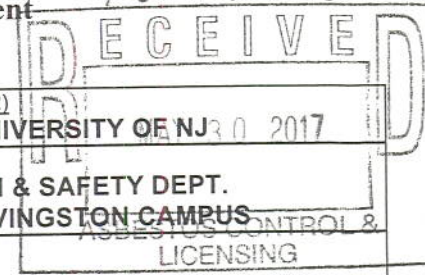
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Phase 1 (see attached phasing plan)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	17000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceramic tile	4900	<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"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 55	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 5/19/17

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

Check #1008



GAC Project # 060-17

Date of Notification (1) May 24, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CAMDEN SCIENCE, BLDG# 8331		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.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 80+ years	
Street Address CAMDEN CAMPUS		Current Use (prior if being demolished): ACADEMIC RESEARCH	
City (5) CAMDEN	County (6) CAMDEN	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/02/17	Scheduled Completion Date (11) 06/05/17	Name of OSHA Monitor 1 ENVIROVISION, 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: Schedule: 5PM - 5AM (24Hr & Weekends As Needed) <input type="checkbox"/> Other- Describe:		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Room 327	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TRANSITE	Amount (Specify SF or LF) 120 SF
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Name of Registered Landfill G.R.O.W.S. North Landfill			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 06/05/2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 24, 2017

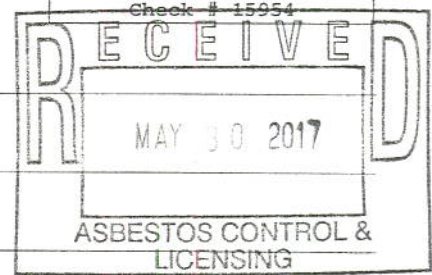
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CH 4040

RECEIVED
CH 4040
MAY 30 2017

Date of Notification (1) 5/24/17		Name of Building Owner/Operator (2) PH CONSTRUCTION Corp.				
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 1310 CENTRAL AVE City, State, Zip Code HILLSIDE N.J. 07205 Name of Contact MR KEVIN				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) FRONTSTREET 601 BOND ST		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 building etc.)				
Street Address		Square Feet 1,500	# of Floors 1			
City (5) ELIZABETH N.J.		Bldg. 90				
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) BLD			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NOVATECH INC			
Street Address		Street Address P.O. Box 814				
City, State, Zip Code		City, State, Zip Code Old Bridge N.J. 08857				
Project Manager for Monitoring Firm		Telephone No. 732 238x7500	License No. 00806			
Start Date (10) 6/2/17		Scheduled Completion Date (11) 6/30/17				
Name of OSHA Monitor NOVATECH INC		Street Address P.O. Box 814				
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:		City, State, Zip Code Old Bridge N.J. 08857				
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement
	Yes	No	N/A			
BAR/LOUNGE AREA			X	FLOOR TILE	4600 SF	
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.		
City, State Old Bridge N.J. 08857		Disposal Date 6/30/17		City, State Horseshoe P.A.		
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature (Signature)		Date 7/1/17

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



CK 15954

Date of Notification (1)

5/24/2017

Name of Building Owner/Operator (2)

Mr. Groisser

Agencies Notified

Type Notification

☐ EPA☒ Initial☐ DEP

Notification

☒ DOL☐ Amended

Notification

☒ DOH☐ EMERGENCY☐ DCA☐ Cancellation

Street Address

City, State, Zip Code

West Orange, NJ, 07052

Name of Contact

Linda Grotenstein

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

Street Address

☐ School (K-12)☐ Subchapter 8 (Other than K-12)☒ Other (i.e., private & commercial buildings, homes, etc.)

City (5)

West Orange

County (6)

Essex

County Code (7)

(STATE USE ONLY)

Square Feet

3672

of Floors

2

Bldg. Age

67

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

ASCM No.

Owner (8)

N/A

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)

06 02 2017

Sched. Completion Date (11)

06 03 2017

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

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

Is
Location
Normally
Used
Solely
By Maintenance/
Custodial
Staff (12)

Yes No N/A

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

Amount
(Specify
SF or
LF)

Abatement Type

R	R	E	E
E	E	N	N
M	P	C	C
O	A	A	C
V	I	S	L
A	R	P	O
L		S	S
		U	U
		L	R
		.	E

Basement

X

Duct Insulation

140 LF

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.
17040Cubic Yards
of Waste 1.5

Name of Registered Landfill

Minerva Enterprise INC

City, State

Montclair, NJ 07042

Disposal Date

06/04/2017

City, State

Waynesburg, Ohio 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Date

5/24/2017