

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

Check # 12186

GAC Project # 060-16

Date of Notification (1) May 17, 2016		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 letter) <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 Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PHARMACY, BLDG# 3750		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: 5 Bldg. Age: 60+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): EXTERIOR TRENCH	
City (5) PISCATAWAY	County (6) MIDDLESEX	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 268 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) 05/27/16	Scheduled Completion Date (11) 05/31/16	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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 3:00 PM - 5:00 AM Daily (24 hours as needed)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) 600 SF
4th Floor Corridor	<input checked="" type="checkbox"/>	VAT	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		Disposal Date 05/31/16	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067
Hauler #2) Newark Carting, Inc., Newark, NJ NJDEP # 04509			215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 17, 2016

Copies To: Rutgers, REHS, Attn: Mike Smith and

ATC, Attn: Brian Kearney

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

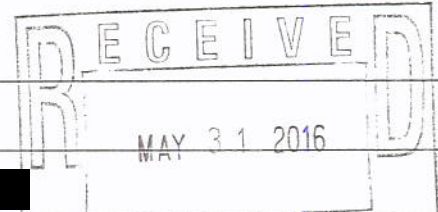
Check # 9665
MAY 31 2016
RECEIVED
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) 5-22-16		Name of Building Owner/Operator (2) Mark Franchi Demolition + Yard Services						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 348 Huerfville Greentech Road City, State, Zip Code Swell, NJ 08080						
		Name of Contact Mark Franchi	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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]								
City (5) Westville NJ 08093	Square Feet	# of Floors 2	Bldg. Age 60+-					
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Dwelling						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394					
Start Date (10) June 6, 2016	Scheduled Completion Date (11) June 10, 2016	Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533						
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 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
exterior walls			X Siding Shingles	1000 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 6-10-16	City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 5-22-16			

Open Window Time frame

NO CK

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




Date of Notification (1) 05/16/16		Name of Building Owner/Operator (2) PETER BROOKS						
Agencies Notified	Type Notification	Street Address	City, State, Zip Code					
<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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]	WESTFIELD, NJ, 07090					
		Name of Contact PETER BROOKS	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) BROOKS FAMILY HOME		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) WESTFIELD	Square Feet 1800	# of Floors 2	Bldg. Age 1928					
County (6) UNION	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) ASBESTOS ROBOTICS d.v.o. INDIAN ARROW					
Street Address		Street Address 144 MILL ST.						
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07102						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973 653 9652					
Start Date (10) 05/16/16		Scheduled Completion Date (11) 05/18/16	License No. 1257					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor GORAN IGEV						
<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 144 MILL ST.						
		City, State, Zip Code PATERSON, NJ, 07501						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
FIRST FLOOR EAST W/	<input checked="" type="checkbox"/>		TSI	8LF	<input checked="" type="checkbox"/>			
THROUGHOUT	<input checked="" type="checkbox"/>		PLASTER/SKIN ON GROUND	6000-8000 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler INDIAN ARROW / ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085	Cubic Yards of Waste 3 BAGS	Name of Registered Landfill G. R. O. W. S				
City, State PATERSON NJ / WAYNE NJ		Disposal Date TBD	City, State NORRISVILLE, PA					
Completed by GORAN IGEV		Title SECRETARY	Signature [Signature]		Date 05/16/16			

MO 106 7035-151

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

DECEIV

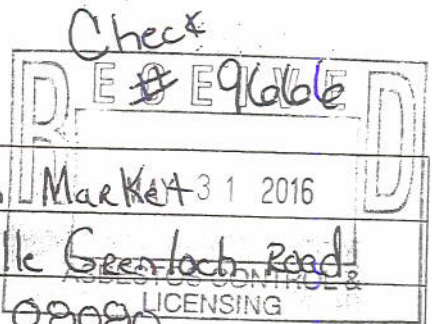
Date of Notification (1) 05/16/16		Name of Building Owner/Operator (2) PATRICIA JALAL	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 NAHWAH, NJ, 07430	
		Name of Contact PATRICIA JALAL	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JALAL'S HOME		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 900	
City (5) NAHWAH		# of Floors 2	
County (6) BERGEN		Bldg. Age 1910	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOME	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) ASBESTOS ROBOTICS div. of INDIAN ARROW	
City, State, Zip Code		Street Address 146 MILL ST.	
Project Manager for Monitoring Firm		City, State, Zip Code PATERSON NJ 07501	
Telephone No.		Telephone No. 9736539652	
Start Date (10) 05/25/16		License No. 1257	
Scheduled Completion Date (11) 06/05/16		Name of OSHA Monitor GORAN IGEV	
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 146 MILL ST.	
		City, State, Zip Code PATERSON NJ 07501	
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) ATTAC	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) VERMICULITE
	Yes	No	
Name of Registered Waste Hauler INDIAN ARROW		NJDEP Waste Hauler ID No. 36031	Cubic Yards of Waste TBD
City, State PATERSON, NJ		Name of Registered Landfill G.R.O.W.S.	
Disposal Date TBD		City, State MORRISVILLE, PA	
Completed by GORAN IGEV	Title SECRETARY	Signature 	Date 05/16/16

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

Check # C-5
9664
MAY 31 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5-22-16		Name of Building Owner/Operator (2) Gerard Buonpane							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Gerard Buonpane							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 2						
City (5) Ship Bottom NJ 08008		Bldg. Age 60+-							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) June 6 2016	Scheduled Completion Date (11) June 6 2016	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior walls			X	Siding Shingles	1700 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 6-7-16	City, State Morrisville PA						
Completed by Steve Schenker		Title President	Signature Steve Schenker				Date 5-22-16		

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



Date of Notification (1) 5-22-16		Name of Building Owner/Operator (2) Accent Garden Market							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 328 Hueffville Greenloch Road							
		City, State, Zip Code Swell NJ 08080							
		Name of Contact Phil Franchi Jr							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		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 2							
City (5) Williamstown NJ		Bldg. Age 80+							
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Current Use (Prior if being demolished) Single Family Dwelling							
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc							
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337							
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533							
Telephone No. 609 758-3365		Telephone No. 609 758-3365							
Start Date (10) June 8, 2016		License No. 00394							
Scheduled Completion Date (11) June 10, 2016		Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
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 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 walls	X			Siding Shingles	1800 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 8		Name of Registered Landfill Waste Management of PA			
City, State New Egypt NJ		Disposal Date		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 6-10-16			

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

Check
9163
DEC 1 2016

Date of Notification (1) 5-22-16		Name of Building Owner/Operator (2) Emile Schoffelen						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 20px;"></div>					
	City, State, Zip Code Princeton NJ 08540		ASBESTOS CONTROL & ABATEMENT					
	Name of Contact Emile Schoffelen		Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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: 20px;"></div>		Square Feet 2	Bldg. Age 75+					
City (5) Princeton NJ 08540		Current Use (Prior if being demolished)						
County (6) Mercer		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		License No. 00394						
Start Date (10) 6-2-16		Scheduled Completion Date (11) 6-2-16						
Name of OSHA Monitor EPC Technologies Inc		Street Address P.O. Box 337						
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 New Egypt NJ 08533						
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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Basement/Crawl space	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Paper Duct Wrap Pipe Insulation	Amount (Specify SF or LF) 100 SF 100 LF	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
					<input checked="" type="checkbox"/>			
					<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 2		Name of Registered Landfill Waste Management of PA		
City, State New Egypt NJ		Disposal Date 6-3-16		City, State Morrisville PA				
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 5-22-16		

CK 1171

Date of Notification (1) 05 /26/2016		Name of Building Owner/Operator (2) Saber Livingston LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 31 2016 LIVINGSTON </div>	
Agencies Notified	Type Notification	Street Address 80 Business Park Drive Suite 306			
<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 Armonk NY 10504			
		Name of Contact Joe Hogan		Telephone Number & E-mail Address	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) House			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) Livingston, NJ			Square Feet	# of Floors	Bldg. Age
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) AZ Solution LLC		ASCM No.	Name of Abatement Contractor (9) Divine Development LLC		
Street Address 27 Susquehanna Avenue		Street Address 572 South 12th. Strre			
City, State, Zip Code Rochelle Park NJ 07662		City, State, Zip Code Newark NJ 07103			
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 3476121572	Telephone No. 9172165472	License No. 01294	
Start Date (10) 06/06/2016	Scheduled Completion Date (11) 12/31/2016		Name of OSHA Monitor Az Solution LLC		
Occupancy Status During Abatement (Check Only One)			Street Address 27 Suquehanna Avenue		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Rochelle Park NJ 07662		
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	

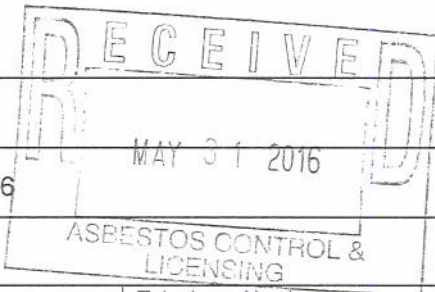
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Floor Tiles with Mastic	400	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As needed	Name of Registered Landfill IESI Landfill	
City, State Newark NJ		Disposal Date TBD		City, State Bethlehem PA	
Completed by Jovan Surdoski		Title Owner	Signature		Date 05/26/2016

CK117.1

Date of Notification (1) 05/26/2016		Name of Building Owner/Operator (2) Saber Livingston LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> DECEIVED MAY 31 2016 ASBESTOS CONTROL & Telephone Number </div>					
Agencies Notified	Type Notification	Street Address 80 Business Park Drive Suite 306							
<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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Armonk NY 10504 Name of Contact Joe Hogan							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House				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) Livingston, NJ				Square Feet	# of Floors				
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) AZ Solution LLC		ASCM No.		Name of Abatement Contractor (9) Divine Development LLC					
Street Address 27 Susquehanna Avenue		Street Address 572 South 12th. Strre							
City, State, Zip Code Rochelle Park NJ 07662		City, State, Zip Code Newark NJ 07103							
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 3476121572		Telephone No. 9172165472	License No. 01294				
Start Date (10) 06/06/2016		Scheduled Completion Date (11) 12/31/2016		Name of OSHA Monitor Az Solution LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 27 Suquehanna Avenue					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Rochelle Park NJ 07662					
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 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
Basement Stairwell		X		Transite Panels	100	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste As needed	Name of Registered Landfill IESI Landfill				
City, State Newark NJ				Disposal Date TBD	City, State Bethlehem PA				
Completed by Jovan Surdoski		Title Owner		Signature			Date 05/26/2016		

CK 1171

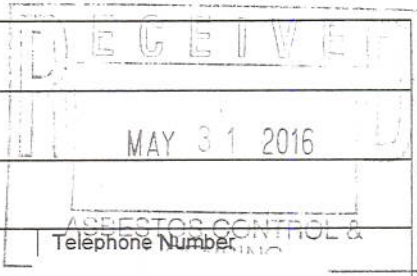


Date of Notification (1) 05/26/2016		Name of Building Owner/Operator (2) Saber Livingston LLC							
Agencies Notified	Type Notification	Street Address 80 Business Park Drive Suite 306							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <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 Armonk NY 10504							
		Name of Contact Joe Hogan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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) Livingston, NJ		Square Feet	# of Floors Bldg. Age						
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) AZ Solution LLC		ASCM No.	Name of Abatement Contractor (9) Divine Development LLC						
Street Address 27 Susquehanna Avenue		Street Address 572 South 12th. Strre							
City, State, Zip Code Rochelle Park NJ 07662		City, State, Zip Code Newark NJ 07103							
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 3476121572	Telephone No. 9172165472 License No. 01294						
Start Date (10) 06/06/2016	Scheduled Completion Date (11) 12/31/2016	Name of OSHA Monitor Az Solution LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 27 Suquehanna Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Rochelle Park NJ 07662							
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
Basement Steps		X		Stone Pattern Linoleum	100	X			
Kitchen		X		Stone Pattern Linoleum	300	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As needed	Name of Registered Landfill IESI Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Bethlehem PA					
Completed by Jovan Surdoski		Title Owner	Signature			Date 05/26/2016			

CK 1171

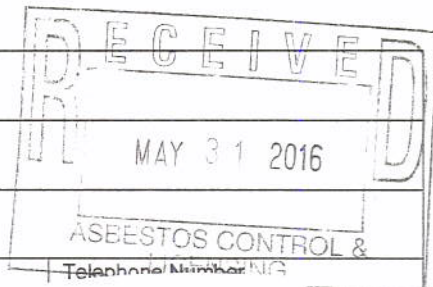
Date of Notification (1) 05/26/2016		Name of Building Owner/Operator (2) Saber Livingston LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 31 2016 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified	Type Notification	Street Address 80 Business Park Drive Suite 306							
<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 Armonk NY 10504 Name of Contact Joe Hogan							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House				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) Livingston, NJ				Square Feet	# of Floors				
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) AZ Solution LLC		ASCM No. _____		Name of Abatement Contractor (9) Divine Development LLC					
Street Address 27 Susquehanna Avenue		Street Address 572 South 12th. Strre							
City, State, Zip Code Rochelle Park NJ 07662		City, State, Zip Code Newark NJ 07103							
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 3476121572		Telephone No. 9172165472	License No. 01294				
Start Date (10) 06/06/2016		Scheduled Completion Date (11) 12/31/2016		Name of OSHA Monitor Az Solution LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 27 Suquehanna Avenue					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Rochelle Park NJ 07662					
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
Basement		X		Floor Tiles with Mastic(white)	500	X			
Roof on House		X		Roof Shinles	1200	X			
Roof on Shed		X		Roof Shingles	750	X			
Basement		X		Floor Tiles with Mastic(black)	500	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste As needed	Name of Registered Landfill IESI Landfill				
City, State Newark NJ				Disposal Date TBD	City, State Bethlehem PA				
Completed by Jovan Surdoski		Title Owner		Signature		Date 05/26/2016			

CK 1171

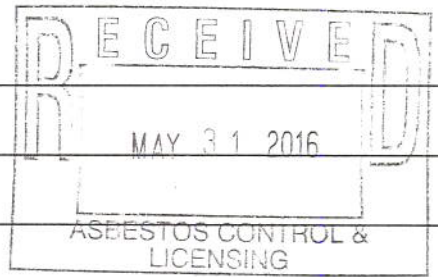
Date of Notification (1) 05/26/2016		Name of Building Owner/Operator (2) Saber Livingston LLC							
Agencies Notified	Type Notification	Street Address 80 Business Park Drive Suite 306							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 Armonk NY 10504 Name of Contact Joe Hogan							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House			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) Livingston, NJ			Square Feet	# of Floors	Bldg. Age				
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) AZ Solution LLC		ASCM No. _____	Name of Abatement Contractor (9) Divine Development LLC						
Street Address 27 Susquehanna Avenue		Street Address 572 South 12th. Strre							
City, State, Zip Code Rochelle Park NJ 07662		City, State, Zip Code Newark NJ 07103							
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 3476121572	Telephone No. 9172165472	License No. 01294					
Start Date (10) 06/06/2016	Scheduled Completion Date (11) 12/31/2016		Name of OSHA Monitor Az Solution LLC						
Occupancy Status During Abatement (Check Only One)			Street Address 27 Suquehanna Avenue						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Rochelle Park NJ 07662						
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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		Flue Packing	2	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As needed	Name of Registered Landfill IESI Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Bethlehem PA					
Completed by Jovan Surdoski		Title Owner	Signature		Date 05/26/2016				

CK 1171

Date of Notification (1) 05/26/2016		Name of Building Owner/Operator (2) Saber Livingston LLC							
Agencies Notified	Type Notification	Street Address 80 Business Park Drive Suite 306							
<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 Armonk NY 10504							
		Name of Contact Joe Hogan							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Livingston, NJ		Square Feet	# of Floors						
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) AZ Solution LLC		ASCM No.	Name of Abatement Contractor (9) Divine Development LLC						
Street Address 27 Susquehanna Avenue		Street Address 572 South 12th. Stre							
City, State, Zip Code Rochelle Park NJ 07662		City, State, Zip Code Newark NJ 07103							
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 3476121572	Telephone No. 9172165472						
Start Date (10) 06/06/2016		Scheduled Completion Date (11) 12/31/2016	License No. 01294						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Az Solution LLC							
		Street Address 27 Suquehanna Avenue							
		City, State, Zip Code Rochelle Park NJ 07662							
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 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		Flue Packing	5	X			
House Exterior		X		Exterior Siding	1200	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As needed	Name of Registered Landfill IESI Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Bethlehem PA					
Completed by Jovan Surdoski		Title Owner	Signature			Date 05/26/2016			



CE 1171



Date of Notification (1) 05/26/2016		Name of Building Owner/Operator (2) Saber Livingston LLC	
Agencies Notified	Type Notification	Street Address 80 Business Park Drive Suite 306	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____	City, State, Zip Code Armonk NY 10504	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe Hogan	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Livingston, NJ		Square Feet	# of Floors
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) AZ Solution LLC		ASCM No.	Name of Abatement Contractor (9) Divine Development LLC
Street Address 27 Susquehanna Avenue		Street Address 572 South 12th. Strre	
City, State, Zip Code Rochelle Park NJ 07662		City, State, Zip Code Newark NJ 07103	
Project Manager for Monitoring Firm Aleksandar Zivanov		Telephone No. 3476121572	Telephone No. 9172165472
Start Date (10) 06/06/2016		Scheduled Completion Date (11) 12/31/2016	Name of OSHA Monitor Az Solution 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 type="checkbox"/> Other - Describe: _____		Street Address 27 Suquehanna Avenue	
		City, State, Zip Code Rochelle Park NJ 07662	

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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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		Flue Packing	5	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As needed	Name of Registered Landfill IESI Landfill	
City, State Newark NJ		Disposal Date TBD		City, State Bethlehem PA	
Completed by Jovan Surdoski		Title Owner	Signature		Date 05/26/2016