

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

CK 30107

Date of Notification (1) 10 / 26 /16		Name of Building Owner/Operator (2) MERCK SHARP & DOHME 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		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact Sandra M. Schenk Telephone Number _____	

RECEIVED
 NOV - 1 2016
 ASBESTOS CONTROL & LICENSING

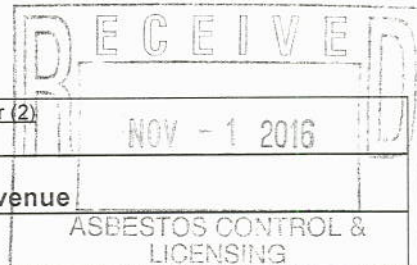
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - EXTERIOR BETWEEN BUILDINGS 89 & 32		Square Feet	# of Floors
City (5) RAHWAY		County (6) UNION	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) OFFICE	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 845-369-7500	
Expected State Date (10) 11 / 5 /16		Sched. Completion Date (11) 11 / 30 /16	
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 checked="" type="checkbox"/> Other - Describe: SATURDAY 7 AM-5 PM		City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
EXTERIOR PIPE RACK -BETWEEN BUILDINGS 89 & 32			X	PIPE INSULATION	20 LN. FT.				
						X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Disposal Date 11/5/16-11/30/16		Signature 	
Completed by (Print or Type) BENJAMIN SANCHEZ		Date 10/26/16	

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



<u>Date of Notification (1)</u> October 26, 2016		<u>Name of Building Owner/Operator (2)</u> Borough of Bergenfield	
<u>Agencies Notified</u> x EPA DCA x DOL x DEP x DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> 198 North Washington Avenue	
		<u>City, State, Zip Code</u> Bergenfield, NJ 07621	
		<u>Name of Contact</u> Phil Neville	<u>Telephone Number</u>
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Bergenfield DPW		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> Unknown <u># of Floors:</u> 2 <u>Bldg. Age:</u> 70 years	
<u>Street Address</u> 198 North Washington Avenue		Current Use (prior if being demolished):	
<u>City (5)</u> Bergenfield	<u>County (6)</u> Bergen	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> EnviroVision Consultants inc.		<u>ASCM No.</u> 00079	<u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC.
<u>Street Address</u> 20-21 Wagaraw Road, Bldg # 35E		<u>Street Address</u> 511 MAIN STREET	
<u>City, State, Zip Code</u> Fairlawn, NJ 07410		<u>City, State, Zip Code</u> Butler, NJ 07405	
<u>Project Manager for Monitoring Firm</u> Fred Larson	<u>Telephone Number</u> 973-636-9145	<u>Telephone Number</u> 973-492-0477	<u>License Number</u> 00840
<u>Scheduled Start Date (10)</u> October 27, 2016	<u>Scheduled Completion Date (11)</u> October 28, 2016	<u>Name of OSHA Monitor</u> EMSL inc.	
<u>Occupancy Status During Abatement (Check only one)</u> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 7am-6pm		<u>Street Address</u> 1056 Stelton Road	
		<u>City, State, Zip Code</u> Piscataway, NJ 08854	
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> Renovation Demolition </div> <div> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure x Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> Bsmt Mech Room	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> Pipe & fitting insulation	<u>Amount (Specify SF or LF)</u> 9
		<u>Abatement Type</u> Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2	<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> 1	<u>Name of Registered Landfill</u> Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP # Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		<u>Disposal Date</u> October 28, 2016	<u>City, State</u> Route 2, Box 68 Bridgeport, WVA 304-842-2784
<u>Completed by (Print or Type)</u> Marin Graure	<u>Title</u> SENIOR PROJECT MANAGER	<u>Signature</u> <i>Marin Graure</i>	<u>Date</u> October 26, 2016

GAC # 2016-586

From: GREENWOOD ABATEMENT

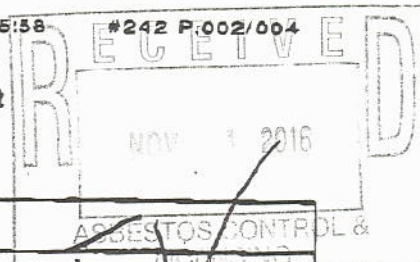
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10/26/2016 15:58

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State of New Jersey - Notification of Asbestos Abatement

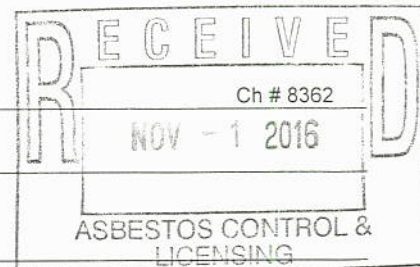
(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)



Date of Notification (1) October 28, 2016		Name of Building Owner/Operator (2) Borough of Bergenfield	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input type="checkbox"/> DEP <input type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancelled	
Street Address 198 North Washington Avenue		City, State, Zip Code Bergenfield, NJ 07621	
City (5) Bergenfield		County (6) Bergen	
County Code (7) (State Use Only)		Name of Facility Where Abatement is Taking Place (3) Bergenfield DPW	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants Inc.		ASCM No. 00078	
Street Address 20-21 Wagaraw Road, Bldg # 35E		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 70 years Current Use (prior if being demolished):	
City, State, Zip Code Fairlawn, NJ 07410		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Project Manager for Monitoring Firm Fred Larson		Street Address 511 MAIN STREET	
Telephone Number 973-636-9145		City, State, Zip Code Butler, NJ 07408	
Scheduled Start Date (10) October 27, 2016		Telephone Number 973-492-0477	
Scheduled Completion Date (11) October 28, 2016		License Number 00840	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: 7am-8pm		Name of OSHA Monitor EMSL Inc.	
		Street Address 1056 Stalton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260			
<input type="checkbox"/> Renovation <input 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) 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)
Bent Mech Room	<input checked="" type="checkbox"/>	Pipe & fitting insulation	9
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJ DEP Waste Hauler ID# See Below	Cubic Yards of Waste: 1	Name of Registered Landfill Meadowhill Landfill G.R.O.W.S Minerva Ent. Ohio
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07408 NJ DEP # 12641 NY DEP #			Disposal Date October 28, 2016
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Completed by (Print or Type) Marin Grause	Title SENIOR PROJECT MANAGER	Signature Marin Grause	Date October 28, 2016

GAC # 2016-586

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



Date of Notification (1) 10/27/16		Name of Building Owner/Operator (2) Ramapo Developers	
Agencies Notified	Type of Notification	Street Address 1080 Ramapo Valley 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	City, State, Zip Code Mahwah, NJ	
		Name of Contact Frank Decarlo	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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 			Square Feet 2000		
City (5) Tenafly			County (6) Bergen	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age ~70		
Name of Monitoring Firm Hired by Building Owner N/A			Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 			Street Address 323 Changebridge Rd., Suite 100		
City, State, Zip Code 			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm 			Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 11/5/16		Sched. Completion Date (11) 11/8/16		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

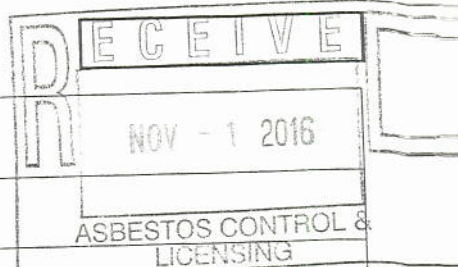
- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf | | <input type="checkbox"/> Mini – Enclosure |
| <input checked=""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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
exterior		x		siding	900 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 5	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 11/15/16		City, State Taylor, PA	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 10/27/16

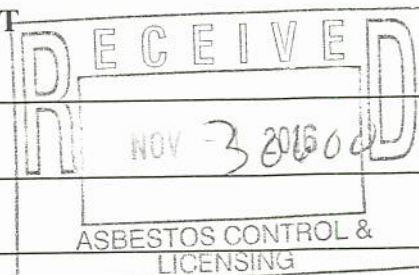
MO#19730021354

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



Date of Notification (1) 10 / 27 / 16		Name of Building Owner/Operator (2) John Brennfleck	
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 Ewing, NJ 08618	
Name of Contact John Brennfleck		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) Ewing, NJ 08618		County Code (7) (STATE USE ONLY)	
County (6) Mercer		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 11 / 05 / 16		License No. 01127	
Scheduled Completion Date (11) 11 / 06 / 16		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
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	
City, State, Zip Code Fair Lawn, NJ 07410			
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	
Basement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
Pipe insulation		120 LF	
Abatement Type			
Removal Repair Encapsulate Enclosure			
<input checked="" 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	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N. Jevtic		Disposal Date TBD	
Title Owner		Name of Registered Landfill T.R.R.F. Inc	
Signature N. Jevtic		City, State Tullytown, PA	
		Date 10/27/16	

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



Date of Notification (1) <p style="text-align: center;">October 26, 2016</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Ralph Passero</p>		RECEIVED NOV 3 2016 ASBESTOS CONTROL & LICENSING
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification 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 <p style="text-align: center;">Toms River, NJ 08753</p>		
		Name of Contact <p style="text-align: center;">Ralph Passero</p>	Telephone Number <p style="text-align: center;">-</p>	

FACILITY INFORMATION

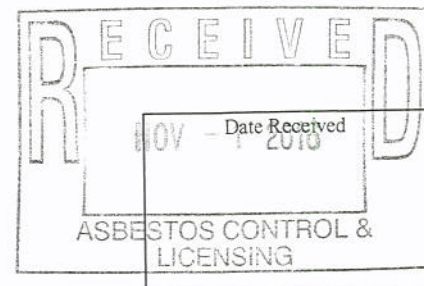
Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 100px; height: 20px;"></div>					
City <p style="text-align: center;">Toms River</p>	County (6) <p style="text-align: center;">Ocean</p>	County Code (7) (STATE USE ONLY)	Square feet <p style="text-align: center;">1500 sf</p>	# of Floors <p style="text-align: center;">1</p>	Bldg. Age <p style="text-align: center;">60</p>
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>			Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>		
Street Address			Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>		
City, State, Zip Code			City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <p style="text-align: center;">732-349-9932</p>		License Number <p style="text-align: center;">00624</p>
Scheduled Start Date (10) <p style="text-align: center;">11/8/16</p>		Scheduled Completion Date (11) <p style="text-align: center;">11/9/16</p>		Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>	
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 style="text-align: center;">1056 Stelton Road</p>		
			City, State, Zip Code <p style="text-align: center;">Piscataway, New Jersey 08854</p>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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	E N C L O S U R E
Exterior		X		Asbestos siding	1500 sf	X			

Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>	NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>	Cubic Yards of Waste <p style="text-align: center;">3</p>	Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>
City, State <p style="text-align: center;">Toms River, New Jersey</p>	Disposal Date <p style="text-align: center;">11/10/16</p>	City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>	
Completed by (Print or Type) <p style="text-align: center;">Nicholas Femicola</p>	Title <p style="text-align: center;">Project Manager</p>	Signature 	Date <p style="text-align: center;">10/26/16</p>

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

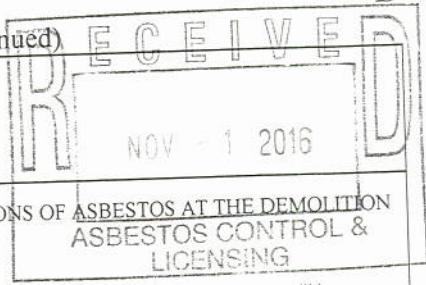
GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O		II. IS ASBESTOS PRESENT? (Yes/No): Y			
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Ralph Passero					
Address: [REDACTED]					
City: Toms River		State: NJ		Zip: 08753	
Contact: Ralph Passero				Tel: [REDACTED]	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 1856 Cable Drive					
City: Toms River		State: New Jersey		County: Ocean	
Site Location: Exterior					
Building Size: 1500 sf		# of Floors: 1		Age in Years: 60	
Present Use: Residence			Prior Use: Residence		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
				Cat I Cat II	
Pipes (Linear feet):					
Surface Area (Square feet): 1500 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/8/16 Complete: 11/9/16					

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)



x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.
 Address: 1889 Route 9, Unit 61
 City: Toms River State: New Jersey Zip: 08755
 Contact Person: Nicholas Fernicola
 WASTE TRANSPORTER #2 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.
 Location: Bordentown Road
 City: Tullytown State: Pennsylvania Zip: 19007
 Telephone: 215-943-9732 Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER
 Name: _____ Title: _____
 Authority: _____
 Date of Order (MM/DD/YY): _____ Date Ordered to Begin (MM/DD/YY): _____

xv. FOR EMERGENCY RENOVATIONS
 Date and Hour of Emergency (MM/DD/YY): _____
 Description of the Sudden, Unexpected Event: _____
 Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: _____

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)
Nicholas Fernicola / Project Manager _____ October 26, 2016
 (Printed Name/Title) (Signature of Owner/Operator) (Date)

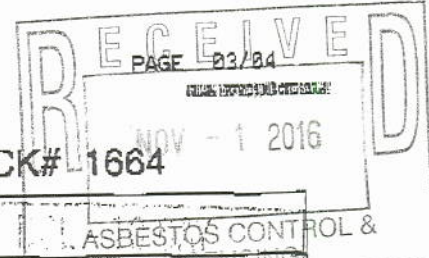
xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
Nicholas Fernicola / Project Manager _____ October 26, 2016
 (Printed Name/Title) (Signature of Owner/Operator) (Date)

10/24/2016 03:06PM 18562248799

ASSURED SERVICES

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:30 and 12:120)

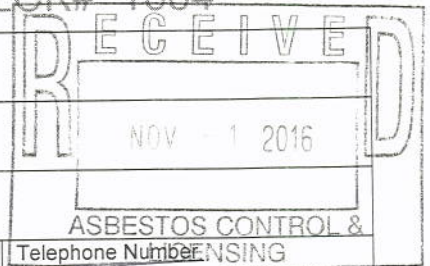
CHECK# 1664



Date of Notification (1) 10/24/2016		Name of Building Owner/Operator (2) MAPLEWOOD III LLC		ASBESTOS CONTROL & LICENSING						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2000 MAPLEWOOD DRIVE City, State, Zip Code MAPLE SHADE NJ 08052 Name of Contact MAUREEN WILLIAMS Telephone Number						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES				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 2000 MAPLEWOOD DRIVE				Square Feet 800						
City (5) MAPLE SHADE				# of Floors 1						
County (6) CAMDEN				Bldg. Age 50+						
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS						
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.			ASCM No.							
Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.			Street Address 570 CLEMS RUN							
Street Address 1012 INDUSTRIAL DRIVE			City, State, Zip Code MULLICA HILL NJ 08062							
City, State, Zip Code WEST BERLIN NJ 08091			Telephone No. 610-304-4676							
Project Manager for Monitoring Firm MATT DEPALMA			License No. 01145							
Telephone No. 856-809-1202			Name of OSHA Monitor EMSL							
Start Date (10) 10/25/2016			Scheduled Completion Date (11) 10/27/2016							
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: UNIT VACANT DURING REMOVAL			Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft \times ≥ 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
14 ASHWOOD COURT				X	JOINT COMPOUND	80 SF	X			
7 D HICKORY COURT				X	JOINT COMPOUND	408F	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES			NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 12		Name of Registered Landfill MINERVA LANDFILL			
City, State MULLICA HILL NJ			Disposal Date 10/27/2016		City, State WAYNESBURG, OH					
Completed by RON SWANSON			Title GENERAL MANAGER		Signature <i>Ron Swanson</i>		Date 10/24/2016			

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

CHECK# 1664



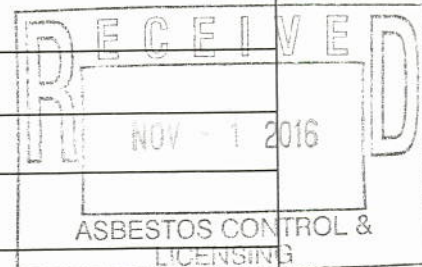
Date of Notification (1) 10/24/2016		Name of Building Owner/Operator (2) MAPLEWOOD III LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 MAPLEWOOD DRIVE							
		City, State, Zip Code MAPLE SHADE NJ 08052							
		Name of Contact MAUREEN WILLIAMS							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES		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 2000 MAPLEWOOD DRIVE		Square Feet 800	# of Floors 1						
City (5) MAPLE SHADE		Bldg. Age 50+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676						
License No. 01145									
Start Date (10) 10/25/2016	Scheduled Completion Date (11) 10/27/2016	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: UNIT VACANT DURING REMOVAL		Street Address 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
14 ASHWOOD COURT			X	JOINT COMPOUND	80 SF	X			
7 D HICKORY COURT			X	JOINT COMPOUND	40SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 12	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 10/27/2016	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 10/24/2016					

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

Check # 0489

Date of Notification (1) 10/24/16		Name of Building Owner/Operator (2) Township of Jackson							
Agencies Notified	Type Notification	Street Address 102 Jackson Dr							
<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 Jackson, NJ 08527							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Water Treatment Plant aka Building # 2		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 135 Manhattan Ave		Square Feet 5000	# of Floors 1						
City (5) Jackson		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
Start Date (10) 11/02/16		Scheduled Completion Date (11) 03/31/16	License No. 01255						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Harmony Contracting Inc							
		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
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
Throughout Building			x	Cement Transite Panels	2,600 SF	x			
Roof			x	Roof Flashing	400 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>			Date 10/24/16			

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



Date of Notification (1)

10 / 24 /16

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification - #1
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

NOVARTIS PHARMACUETICALS CORPORATION

Street Address

59 ROUTE 10

City, State, Zip Code

EAST HANOVER, NEW JERSEY 07936

Name of Contact

HASSAN NEKOUI

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

NOVARTIS

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

59 ROUTE 10 -BUILDING 710

Square Feet

27,800

of Floors

2

Bldg. Age

49

City (5)

EAST HANOVER

County (6)

MORRIS

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

LANGAN

ASCM No.

99

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

300 KIMBALL DRIVE

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

VIJAY PATEL

Telephone Number

973-560-4983

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

10 / 22 /16
Month Day Year

Sched. Completion Date (11)

10 / 24 /16
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: SATURDAY & SUNDAY 7AM-3:30PM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☒ >3SF OR LF
☐ >160 SF OR 260 LF

☒ Renovation

☐ Full Containment with Negative Pressure

☐ Mini-Enclos.

☒ Glovebag Procedure

☐ Non-Friable Procedure

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

Is Location
normally used
solely by
Maint/Custodial
Staff (12)
Yes No N/A

Description of Asbestos-
Containing Material (ACM)
(ie. Thermal systems
insulation, surfacing, VAT,
or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type
REMOVAL REPAIR ENCAPSULE ENCLOSURE

BOILER HOUSE -ABOVE OFFICES

X

PIPE FITTINGS INSULATION

56 LN. FT.

X

Name of Registered Waste Hauler
NEWARK CARTING, INC.
369 RAYMOND BLVD.

NJDEP Waste
Hauler ID No.
913

Cubic Yards of Waste
3

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY 07105

Disposal Date
10/22-11/15/2016

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

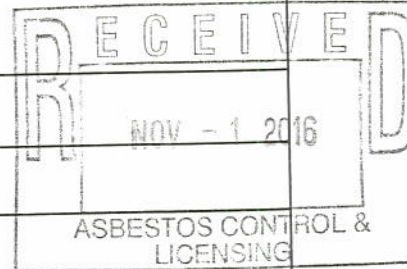
Date

10/24/16

RECEIVED
NOV - 1 2016
ASBESTOS CONTROL & LICENSING

10/12/16

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



Date of Notification (1)
10 / 24 /16

Name of Building Owner/Operator (2)
SOUTH STREET DELANCY LTD

Street Address
225 MILBURN AVENUE, STE 202

City, State, Zip Code
MILBURN, NEW JERSEY 07041

Name of Contact
MIKE ESPASA

Telephone Number

Agencies Notified

<input type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #3
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
UNITED AIRLINES WAREHOUSE BUILDING

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
105-119 AVENUE I

Square Feet
13,900

of Floors
1

Bldg. Age
52

City (5)
NEWARK

County (6)
ESSEX

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)
ATC GROUP SERVICES

ASCM No.
98

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
104 EAST 25TH STREET

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
NEW YORK, NEW YORK 10010

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
PATRICK SISK

Telephone Number
212-353-8280

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
10 / 12 /16
Month Day Year

Sched. Completion Date (11)
10 / 24 /16
Month Day Year

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

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 checked="" type="checkbox"/>	Other - Describe:

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

<input type="checkbox"/>	Demolition	<input checked="" type="checkbox"/>	Renovation
<input type="checkbox"/>	>3SF OR LF		
<input checked="" type="checkbox"/>	>160 SF OR 260 LF		

Full Containment with Negative Pressure
☒

Mini-Enclo ,
☐

Glovebag Procedure
☐

Non-Friable Procedure
☐

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1st Floor -Office Area			X	VAT	3,600 Sq. Ft.	X			
Exterior			x	Window Caulk	108 Sq. Ft.	x			
Exterior			x	Door Caulk	500 Sq. Ft.	x			

Name of Registered Waste Hauler
GLOBAL WASTE INDUSTRIES

NJDEP Waste Hauler ID No.
22147

Cubic Yards of Waste
40

Name of Registered Landfill
GROWS LANDFILL/TULLYSTOWN

City, State
HACKETTSTOW, NJ 07840

Disposal Date
10/10-12/30/16

City, State
MORRISTOWN, PA 19067/TOLLYSTOWN, PA

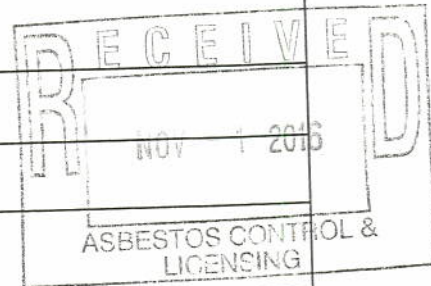
Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
10/24/16

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



Date of Notification (1)

10 / 11 /16

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #2
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

SOUTH STREET DELANCY LTD

Street Address

225 MILBURN AVENUE, STE 202

City, State, Zip Code

MILBURN, NEW JERSEY 07041

Name of Contact

MIKE ESPASA

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

UNITED AIRLINES WAREHOUSE BUILDING

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

105-119 AVENUE I

Square Feet
13,900

of Floors
1

Bldg. Age
52

City (5)

NEWARK

County (6)

ESSEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ATC GROUP SERVICES

ASCM No.

98

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

104 EAST 25TH STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

City, State, Zip Code

NEW YORK, NEW YORK 10010

Project Manager for Monitoring Firm

PATRICK SISK

Telephone Number

212-353-8280

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

10 / 12 /16
Month Day Year

Sched. Completion Date (11)

12 / 30 /16
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1st Floor -Office Area			X	VAT	3,600 Sq. Ft.	X			
Exterior			x	Window Caulk	108 Sq. Ft.	x			
Exterior			x	Door Caulk	500 Sq. Ft.	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
GLOBAL WASTE INDUSTRIES		22147		40		GROWS LANDFILL/TOLLYSTOWN			
City, State		Disposal Date		City, State		Date			
HACKETTSTOW, NJ 07840		10/10-12/30/16		MORRISVELL, PA 19067/TOLLYSTOWN, PA		10/11/16			
Completed by (Print or Type)		Title		Signature					
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS							

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

Date of Notification (1)

10 / 7 /16

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
SOUTH STREET DELANCY LTD

Street Address

225 MILBURN AVENUE, STE 202

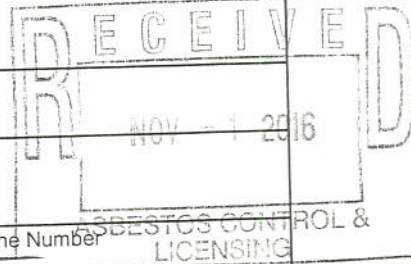
City, State, Zip Code

MILBURN, NEW JERSEY 07041

Name of Contact

MIKE ESPASA

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

UNITED AIRLINES WAREHOUSE BUILDING

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

105-119 AVENUE I

Square Feet
13,900

of Floors
1

Bldg. Age
52

City (5)

NEWARK

County (6)

ESSEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ATC GROUP SERVICES

ASCM No.
98

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address

104 EAST 25TH STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

NEW YORK, NEW YORK 10010

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

PATRICK SISK

Telephone Number

212-353-8280

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

10 / 10 /16
Month Day Year

Sched. Completion Date (11)

12 / 30 /16
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1st Floor -Office Area			X	VAT	3,600 Sq. Ft.	X			
Exterior			x	Window Caulk	108 Sq. Ft.	x			
Exterior			x	Door Caulk	500 Sq. Ft.	x			
Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES				NJDEP Waste Hauler ID No. 22147	Cubic Yards of Waste 40	Name of Registered Landfill GROWS LANDFILL/TOLLYSTOWN			
City, State HACKETTSTOW, NJ 07840				Disposal Date 10/10-12/30/16		City, State MORRISVELL, PA 19067/TOLLYSTOWN, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 10/7/16			

CK# 30002

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

Date of Notification (1)

9 / 29 /16

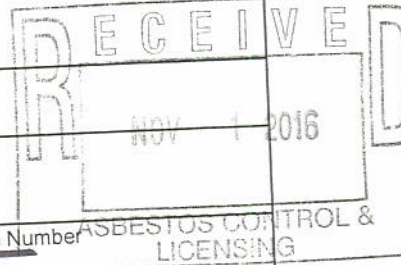
Name of Building Owner/Operator (2)
SOUTH STREET DELANCY LTD

Street Address
225 MILBURN AVENUE, STE 202

City, State, Zip Code
MILBURN, NEW JERSEY 07041

Name of Contact
MIKE ESPASA

Telephone Number



Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
UNITED AIRLINES WAREHOUSE BUILDING

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet 13,900 # of Floors 1 Bldg. Age 52

Street Address
105-119 AVENUE I

City (5)
NEWARK

County (6)
ESSEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)
ATC GROUP SERVICES

ASCM No.
98

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
104 EAST 25TH STREET
City, State, Zip Code
NEW YORK, NEW YORK 10010

Street Address
313 SPOOK ROCK ROAD
City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
PATRICK SISK

Telephone Number
212-353-8280

Telephone Number 845-369-7500 License Number 1101

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Expected State Date (10)
10 / 10 /16
Month Day Year

Sched. Completion Date (11)
12 / 30 /16
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:
☒ Other - Describe:

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

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

Abatement Type

REMOVAL REPAIR ENCAPSULE ENCLOSURE

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

Is Location normally used solely by Maint/Custodial Staff (12)

Yes No N/A

Description of Asbestos-Containing Material (ACM)
(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

1st Floor -Office Area

X

VAT

3,600 Sq. Ft.

X

Exterior

x

Window Caulk

108 Sq. Ft.

x

Exterior

x

Door Caulk

500 Sq. Ft.

x

Name of Registered Waste Hauler
GLOBAL WASTE INDUSTRIES

NJDEP Waste Hauler ID No.
22147

Cubic Yards of Waste
40

Name of Registered Landfill
GROWS LANDFILL/TULLYSTOWN

City, State
HACKETTSTOW, NJ 07840

Disposal Date
10/10-12/30/16

City, State
MORRISVELL, PA 19067/TULLYSTOWN, PA

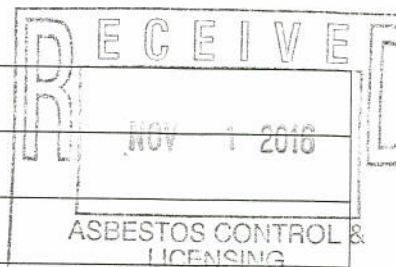
Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
9/30/16

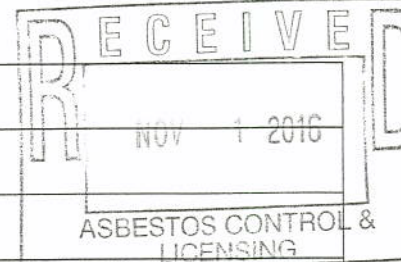
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/20/16		Name of Building Owner/Operator (2) 3224 Kennedy Blvd LLC							
Agencies Notified	Type Notification	Street Address 3224 Kennedy Blvd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City NJ 07306							
		Name of Contact Sunny Kumar	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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 3224 Kennedy Boulevard		Square Feet 1400	# of Floors 2						
City (5) Jersey City		Bldg. Age 78							
County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) CPC Environmental		ASCM No.	Name of Abatement Contractor (9) Turningpoint Contracting Corporation						
Street Address 142 North 13th Street		Street Address 51 Berkeley Terrace 1st Floor							
City, State, Zip Code Newark NJ 07107		City, State, Zip Code Irvington NJ 07111							
Project Manager for Monitoring Firm Chika Onwukaife		Telephone No. 973-688-8056	Telephone No. 973-372-2177						
		License No. 01238							
Start Date (10) 10/30/16	Scheduled Completion Date (11) 11/10/16	Name of OSHA Monitor JLC Environmental 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 checked="" type="checkbox"/> Other - Describe: <u>Abandoned</u>		Street Address 30 West 25th Street							
		City, State, Zip Code New York 10007							
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 Perimeter			X	Transit	3000	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 4506	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Refacility					
City, State Newark NJ 07102			Disposal Date	City, State Tully Town PA					
Completed by Emeka Okeke		Title President	Signature 	Date 10/20/16					

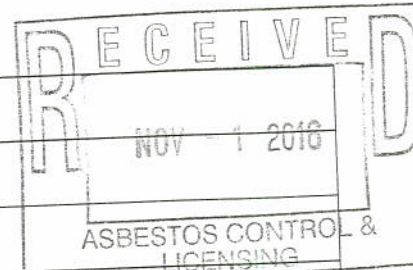
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CH 1027



Date of Notification (1) 10/25/2016		Name of Building Owner/Operator (2) La Porta Builders							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Metuchen NJ							
		Name of Contact Jim La porta	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		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) Metuchen NJ		Square Feet 850	# of Floors 1						
County (6) Middlesex		Bldg. Age +50							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address Po Box 7703							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-759-0008						
		License No. 01320							
Start Date (10) 11/5/2016	Scheduled Completion Date (11) 11/7/2016		Name of OSHA Monitor Iris Environmental Laboratories						
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other — Describe: _____			City, State, Zip Code Union NJ 07803						
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			x	Shingles Siding	1100SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Marcos Regato		Title President	Signature 			Date 10/25/2016			

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



Date of Notification (1) 10/25/2016		Name of Building Owner/Operator (2) Paramount Assets LLC							
Agencies Notified	Type Notification	Street Address 124 Broad Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth NJ 07201							
		Name of Contact Richard Nunn							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		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) Paterson NJ		Square Feet 4500	# of Floors 5						
County (6) Passaic		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address Po Box 7703							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-759-0008						
Start Date (10) 11/4/2016		Scheduled Completion Date (11) 11/10/2016	License No. 01320						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Iris Environmental Laboratories							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement boiler room			x	pipe insulation	130LF	x			
Basement boiler room			x	Boiler Insulation	150SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill				
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Marcos Regato		Title President		Signature <i>Marcos Regato</i>			Date 10/25/2016		

* 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)

Check #11219

Date of Notification (1) October 27, 2016 October 18, 2016		Name of Building Owner / Operator (2) Albert Coletta	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;"> RECEIVED NOV 1 2016 ASBESTOS CONTROL & TELEPHONE NUMBER </div>
<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 # <u>1</u> <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State & Zip Code Martinsville, NJ 08836	
		Name of Contact Jim Kalasky	
		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 & commercial buildings, home, etc.)	
Street Address <div style="background-color: black; width: 150px; height: 1.2em;"></div>		Square Feet 840	# of Floors 1
City (5) Ocean City, NJ 08751		Bldg. Age 62 years	
County (6) Ocean		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) October 31, 2016	Scheduled Completion Date (11) November 28, 2016	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

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

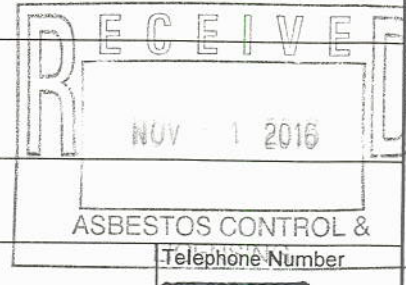
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Siding	900 SF	X			
Interior		X		Floor Tile	150 SF	X			
Interior		X		Joint Compound	150 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 20	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ	Disposal Date November 29, 2016	City, State Morrisville, PA	
Completed By Diane Aloia	Title Exec. Administrator	Signature 	Date October 27, 2016 October 18, 2016

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

Check # 11219

Date of Notification (1) October 18, 2016		Name of Building Owner / Operator (2) Albert Coletta	
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"/> Cancellation	Street Address [REDACTED]	
		City, State & Zip Code Martinsville, NJ 08836	
		Name of Contact Jim Kalasky	
		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 & commercial buildings, home, etc.)	
Street Address [REDACTED]		Square Feet: 840 # of Floors: 1 Bldg. Age: 62 years	
City (5) Ocean City, NJ 08751		Current Use (Prior if being demolished) Residence	
County (6) Ocean	County Code (7) USE ONLY		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	
Scheduled Start Date (10) October 28, 2016		License Number 00817	
Scheduled Completion Date (11) November 28, 2016		Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

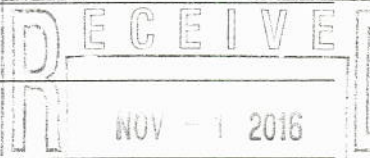

Scope of Work (Check all that apply)

<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 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 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
Exterior		X		Siding	900 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 20		Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ		Disposal Date November 29, 2016		City, State Morrisville, PA			
Completed By Ruthetta Roots		Title Administrative Assistant		Signature <i>Ruthetta Roots</i>		Date October 18, 2016	

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

Date of Notification (1) 10/26/2016		Name of Building Owner/Operator (2) Rob Rosa		  ASBESTOS CONTROL & LICENSING
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Nutley, NJ, 07110		
		Name of Contact Rob Rosa	Telephone Number #	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) ROB ROSA			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 Bldg. Age		
City (5) Nutley	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 11-4-2016 Month Day Year		Sched. Completion Date (11) 11-5-2016 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

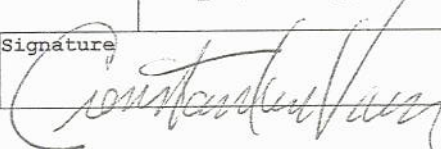
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

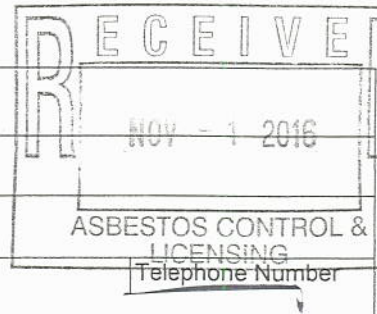
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	48 Lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 11-7-2016	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10/26/2016		

Check 1981

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

Date of Notification (1) 10/18/2016		Name of Building Owner / Operator (2) Rich-Mark Contracting Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 170 US 9	
		City, State & Zip Code Bayville, NJ 08721	
		Name of Contact Mark Tucker	
		Telephone Number	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Pushkin 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 9500
City (5) Jackson		County (6) Ocean	# of Floors 2
		County Code (7)	Bldg. Age 60+
Name of Monitoring Firm Hired by Building Owner (8)			Current Use (Prior if being demolished) Multi-Family Residence
Street Address			Name of Abatement Contractor (9) Alpha Environmental Services
City, State & Zip Code			Street Address PO Box 8297
Project Manager for Monitoring Firm		Telephone Number	City, State & Zip Code Trenton, NJ
Scheduled Start Date (10) 10/28/2016		Scheduled Completion Date (11) 11/04/2016	Telephone Number 609-847-2956
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			License Number 01222
Name of OSHA Monitor EMSL Analytical			Street Address 107 Haddon Ave.
			City, State & Zip Code Westmont, NJ 08108

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 ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" 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
Basement Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Furnace Insulation	250lf 60sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date Various		City, State Morrisville, PA	
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>[Signature]</i>		Date 10/18/2016

CK# 25310

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



Date of Notification (1) <u>10/10/16</u>		Name of Building Owner/Operator (2) <u>Kelly</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>Sea Girt, NJ 08750</u>	
		Name of Contact <u>Ginger Kelly</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 [REDACTED]		Square Feet <u>2000</u>	# of Floors <u>2</u>
City (5) <u>Sea Girt, NJ</u>		Bldg. Age <u>75+/-</u>	
County (6) <u>Monmouth</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) 240-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>10/24/16</u>	Scheduled Completion Date (11) <u>11/4/16</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: <u>8 am - 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

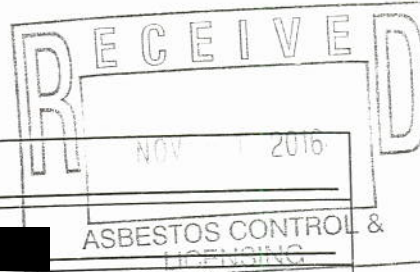
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Duct Insulation</u>	<u>40 lf</u>	<input checked="" type="checkbox"/>			
<u>1st floor</u>		<input checked="" type="checkbox"/>		<u>Duct Insulation</u>	<u>40 lf</u>	<input checked="" type="checkbox"/>			
				<u>(Wrap & Cut)</u>					
<u>2nd floor</u>		<input checked="" type="checkbox"/>		<u>Plaster skim coat</u>	<u>1050 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>8 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/4/16</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>10/26/16</u>

CR 25291

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



Date of Notification (1) <u>10/10/16</u>		Name of Building Owner/Operator (2) <u>Kelly</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 <input type="checkbox"/> 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 <u>Sea Girt, NJ 08750</u>	
		Name of Contact <u>Ginger Kelly</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 <div style="background-color: black; width: 150px; height: 1.2em; margin: 2px 0;"></div>		Square Feet <u>2000</u>	# of Floors <u>2</u>
City (5) <u>Sea Girt, NJ</u>		Bldg. Age <u>75+/-</u>	
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	

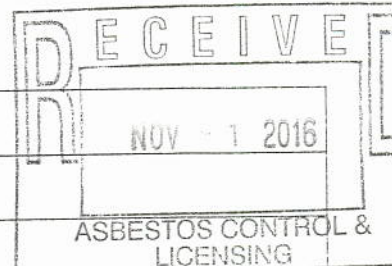
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 240-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>10/24/16</u>	Scheduled Completion Date (11) <u>11/4/16</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: <u>8</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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Duct Insulation</u>	<u>40 lf</u>	<input checked="" type="checkbox"/>			
<u>1st floor</u>		<input checked="" type="checkbox"/>		<u>Duct insulation</u>	<u>40 lf</u>	<input checked="" type="checkbox"/>			
				<u>(Wrap and Cut)</u>					

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/4/17</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>10/10/16</u>		

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



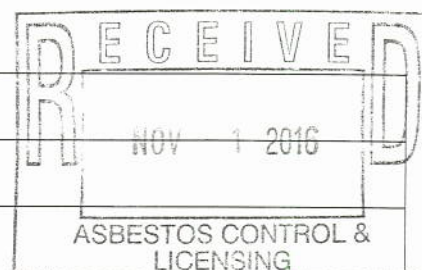
Date of Notification (1) 10/26/16		Name of Building Owner/Operator (2) SHLOMO HOROWITZ							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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) Lakewood		Square Feet 1500	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
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) 11/05/16	Scheduled Completion Date (11) 11/06/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥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				siding	2000sf	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 7 yards	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 11/06/16		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 10/10/16			

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

RECEIVED
NOV - 1 2016
ASBESTOS CONTROL &
TELEPHONE NUMBER

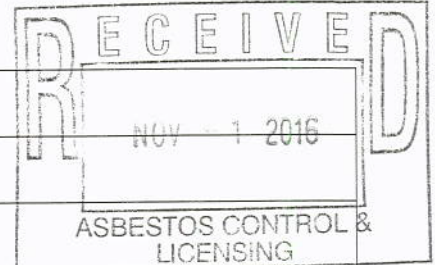
CH6774000821

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



Date of Notification (1) 10/26/2016		Name of Building Owner/Operator (2) Erik Skoog							
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 Cranford, NJ 07016							
		Name of Contact Erik Skoog							
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) Cranford		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
		License No. 01311							
Start Date (10) 11/08/2016	Scheduled Completion Date (11) 11/09/2016	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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
Crawl Space		X		Pipe Insulation	40 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 10/26/2016		

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



Date of Notification (1) 10/26/2016		Name of Building Owner/Operator (2) Sally Halloran						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code Ridgewood, NJ 07450						
Name of Contact Sally Halloran		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]		Square Feet N/A						
City (5) Ridgewood		# of Floors N/A						
County (6) Bergen		Bldg. Age N/A						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.						
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.						
City, State, Zip Code		Street Address 11 Rosengren Avenue						
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512						
Telephone No.		Telephone No. 973-345-8685						
Start Date (10) 11/09/2016		License No. 01311						
Scheduled Completion Date (11) 11/10/2016		Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Totowa, NJ 07512						
<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
Basement		X	Pipe Insulation	70 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management of PA		
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature [Signature]		Date 10/26/2016		

CK # 4088

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

RECEIVED
NOV - 1 2016

Date of Notification (1) 10-26-16		Name of Building Owner/Operator (2) D. L. MINOR	
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: 150px; height: 20px; margin: 5px 0;"></div> City, State, Zip Code CAPE MAY COURT HOUSE N.J. 08210	
		Name of Contact	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 & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div>		Square Feet 1500	
City (5) AVALON		# of Floors 1	Bldg. Age 50+
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEWCO INC	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 00444
Start Date (10) 11-7-16	Scheduled Completion Date (11) 11-14-16	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input 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) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
			TRANSITE
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3
City, State MAPLE SHADE N.J.		Name of Registered Landfill C. M. C. M. U. A	
		Disposal Date--	City, State WOODBINE
Completed By MICHAEL KLEWCO	Title SUP.	Signature <i>[Signature]</i>	Date 10-26-16

CK# 4088

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



Date of Notification (1) <u>10-26-16</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST</u> City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>	
		Name of Contact <u>FRANIC</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>1</u>
City (5) <u>AVULON</u>		Bldg. Age <u>50+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>11-8-16</u>	Scheduled Completion Date (11) <u>11-16-16</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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)
	Yes	No	
<u>SIDING</u>		<u>X</u>	<u>TRAIL SITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste
Name of Registered Landfill <u>C.M.C.M.U.-A.</u>		Disposal Date	
City, State <u>MAPLE SHADE N.J 08052</u>		City, State <u>WOODBINE N.J</u>	
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>10-26-16</u>

CK # 4088

EMERGENCY

CHECK IN MAIL WITH COPY

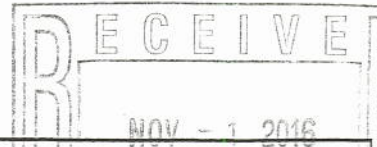
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
NOV - 1 2016

Date of Notification (1) <u>10-26-16</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>155 RT 50</u>		City, State, Zip Code <u>GREENFIELD NJ 08230</u>					
Name of Contact <u>BRUCE</u>		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet <u>1500</u>					
City (5) <u>ATLANTIC CITY</u>		# of Floors <u>2</u>					
County (6) <u>ATLANTIC</u>		Bldg. Age <u>50+</u>					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____					
Street Address _____		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>					
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE</u>					
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Telephone No. _____		Telephone No. <u>856-779-0472</u>					
Start Date (10) <u>10-26-16</u>		License No. <u>00444</u>					
Scheduled Completion Date (11) <u>11-2-16</u>		Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____					
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		City, State, Zip Code _____					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>2750 SF</u>	Abatement Type		
	Removal	Repair			Encapsulate		
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>ACUA</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	City, State <u>PLEASANTVILLE</u>				
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>		Date <u>10-26-16</u>		

CK4087

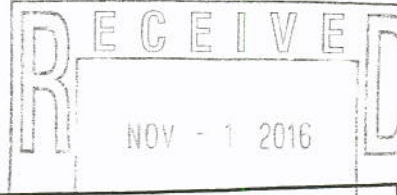
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>10-26-16</u>		Name of Building Owner/Operator (2) <u>JERRY'S EXCAVATING</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>274 INDIAN TRAIL RD</u> City, State, Zip Code <u>CAPE MAY COURT HOUSE</u>						
		Name of Contact <u>SAUL</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>2</u>					
City (5) <u>WILDWOOD CREST</u>		Bldg. Age <u>50+</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEWCO INC</u>						
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>						
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>						
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>11-7-16</u>	Scheduled Completion Date (11) <u>11-14-16</u>	Name of OSHA Monitor <u>N/A</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____						
		City, State, Zip Code _____						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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
<u>SIDING</u>			<u>X</u>	<u>2500 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill <u>C.M.C. M.D.A</u>				
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>WOODBINE</u>				
Completed By <u>MICHAEL KLEW</u>	Title <u>SUPERVISOR</u>	Signature <u>[Signature]</u>		Date <u>10-26-16</u>				

CK 40817


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



Date of Notification (1) 10-26-16		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING				
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 155 RT 50		City, State, Zip Code GREENFIELD NJ 08230				
Name of Contact BRUCE		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 & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet 1500	# of Floors 2			
City (5) VERMONT		Bldg. Age 50+				
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT				
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC				
Street Address		Street Address 369 S. SPROUCE AVE				
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 00444			
Start Date (10) 11-5-16	Scheduled Completion Date (11) 11-12-16	Name of OSHA Monitor N/A				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address				
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		City, State, Zip Code				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	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) TRANSITE	Amount (Specify SF or LF) 1500 SF	Abatement Type		
				Removal	Repair	Encapsulate
				<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler KLEMMCO INC	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3	Name of Registered Landfill ACUA			
City, State MAPLE SHADE N.J.		Disposal Date	City, State PLEASANTVILLE			
Completed By MICHAEL KLEMM	Title SUP.	Signature 	Date 10-26-16			

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

CK 5794

Date of Notification (1) 10/27/16		Name of Building Owner/Operator (2) Gateway Child Care Center		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 1 2016 STATE OF NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified	Type Notification	Street Address 605 North Delsea Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Vineland NJ 08360		Name of Contact Lou					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gateway Child Care Center				Type of Facility (4)					
Street Address 605 North Delsea Drive				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Vineland NJ 08360				Square Feet 1000+	# of Floors 1				
County (6) Cumberland		County Code (7) (STATE USE ONLY) _____		Bldg. Age 35+					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 10/28/16		Scheduled Completion Date (11) 10/31/16		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input 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
Boiler room			x	Pipe insulation	4 LF	x			
Bathroom			x	floor tile	9 SF	x			
Name of Registered Waste Hauler United Roll off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S				
City, State Elm NJ				Disposal Date 10/31/16	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 10/27/16			