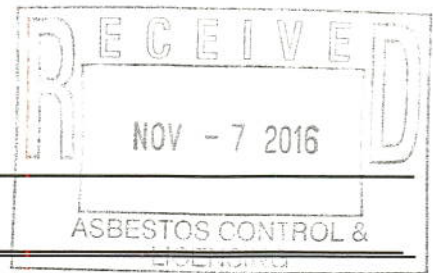


D&S Proj. #: 16-332

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



Date of Notification (1) 11/10/16		Name of Building Owner/Operator (2) EDWIN MATTHEWS	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SO. ORANGE, NJ 07079	
		Name of Contact EDWIN MATTHEWS	Telephone Number [REDACTED]

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 11/14/16	Sched. Completion Date (11) 12/16/16	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT + 2 crawl spaces		<input checked="" type="checkbox"/>		PIPE INSULATION	346 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor		<input checked="" type="checkbox"/>		PIPE INSULATION	16 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement chimney packing		<input checked="" type="checkbox"/>		chimney thimble packing	4 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 4 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/30/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [REDACTED]	Date 10/31/2016

CH8096

B & G proj. #: 2016-162

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

Check # 8096 NOV - 7 2016

ASBESTOS CONTROL &

Date of Notification (1)

11/1/04/11/16

Name of Building Owner/Operator (2)

Jacob Brenza

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Morristown, NJ 07960

Name of Contact

Jacob Brenza

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Jacob Brenza

Street Address

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

City (5)

Morristown, NJ 07960

County (6)

Morris

County Code (7)
(State use only)

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

ASCM No.
n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

11/16/2016

Sched. Completion Date (11)

11/17/2016

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	95 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1Name of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJDisposal Date
11/17/2016City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date
11/04/2016

CH 8095

B & G proj. #: 2016-161

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

Check # 8095 NOV - 7 2016

RECEIVED
ASBESTOS CONTROL &
LICENSING

Date of Notification (1)

11/11/014/11/16/

Name of Building Owner/Operator (2)

Estate of Louise McCann

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Secaucus, NJ 07094

Name of Contact

Karen Imbach

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Estate of Louise McCann

Street Address

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

City (5)

Secaucus, NJ 07094

County (6)

Hudson

County Code (7)
(State use only)Current Use (Prior if being demolished)
residential

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

ASCM No.
n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)

11/15/2016

Sched. Completion Date (11)

11/16/2016

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	210 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
2 1/2Name of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJDisposal Date
11/16/2016City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

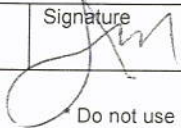
Signature

Gordana Luna

Date
11/04/2016

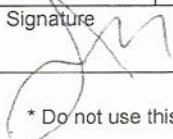
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK # 2749

Date of Notification (1) 11/2/16		Name of Building Owner/Operator (2) NJDPMC							
Agencies Notified	Type Notification	Street Address 35 West State St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Trenton, NJ							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Walter Fernandez	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 12 First Street		Square Feet 1500	# of Floors 2						
City (5) Stafford Twp. NJ		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Flood House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address 10 DAY EXEMPT-NJ DEP "BLUE ACRES"		Street Address 135 Kinnelon Rd Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 11/22/16	Scheduled Completion Date (11) 11/23/16	Name of OSHA Monitor Yannuzzi Environmental Services, 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 type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd Suite 102							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-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
Mastic under VCT			x	Mastic under VCT	150sf	x			
Roofing & Flashing			x	Roofing & Flashing	600sf	x			
Firestop			x	Firestop on electric	10lf	x			
Chimney			x	Putty around Chimney	5lf	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 10	Name of Registered Landfill Grows					
City, State Hillsborough, NJ		Disposal Date 11/23/16		City, State Morrisville, PA					
Completed by John Mucha		Title Sr. Project Manager		Signature 		Date 11/2/16			

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

CK# 2749

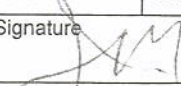
Date of Notification (1) 11/2/16		Name of Building Owner/Operator (2) NJDPMC							
Agencies Notified	Type Notification	Street Address 35 West State St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ							
		Name of Contact Walter Fernandez	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 239 Black Duck Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Stafford Township		Square Feet 2000	# of Floors 2						
		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Residential							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd Suite 102							
City, State, Zip Code 10 DAY EXEMPT-NJ DEP "BLUE ACRES"		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
			License No. 01228						
Start Date (10) 11/16/16	Scheduled Completion Date (11) 11/17/16	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd Suite 102							
<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 Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
House			x	Racm	3000sf	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 100	Name of Registered Landfill GROWS					
City, State Hillsborough, NJ		Disposal Date 11/23/16		City, State Morrisville, PA					
Completed by John Mucha		Title Sr. Project Manager		Signature 			Date 11/2/16		

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

CK# 2749

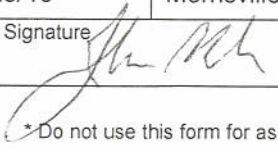
Date of Notification (1) 11/2/16		Name of Building Owner/Operator (2) N.J.D.P.M.C.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 West State St.	
		City, State, Zip Code Trenton, NJ	
		Name of Contact Walter Fernandez	Telephone Number

NOV - 7 2016

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood 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 20 Ralph Lane		Square Feet 1500	# of Floors 2						
City (5) Stafford Twp.		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) 10 DAY EXEMPT - NJ DEP "BLUE ACRES"		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address		Street Address 135 Kinnelon Rd suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 11/18/16	Scheduled Completion Date (11) 11/21/16	Name of OSHA Monitor Yannuzzi Environmental Services							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd suite 102							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	insulation	2000sf	x			
Exterior			x	vapor barrier	3500sf	x			
Exterior			x	transite siding	2000sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill Grows					
City, State kinnelon NJ		Disposal Date 11/23/16		City, State Morrisville PA					
Completed by John Mucha		Title Project Mang	Signature 	Date 11/2/16					

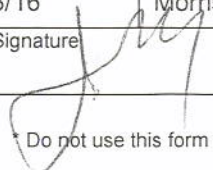
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK# 2749

Date of Notification (1) 11/2/16		Name of Building Owner/Operator (2) NJDPMC							
Agencies Notified	Type Notification	Street Address 35 West State St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ							
		Name of Contact Walter Fernandez	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 136 Bernard Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Stafford Township		Square Feet 1500	# of Floors 1						
		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Residential							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd Suite 102							
City, State, Zip Code 10 DAY EXEMPT-NJ DEP "BLUE ACRES"		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		908-218-0880	01228						
Start Date (10) 11/17/16	Scheduled Completion Date (11) 11/18/16	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd Suite 102							
<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 Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input 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
Bathroom			x	Linolcum	25sf	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 100	Name of Registered Landfill GROWS					
City, State Hillsborough, NJ			Disposal Date 11/23/16	City, State Morrisville, PA					
Completed by John Mucha		Title Sr. Project Manager	Signature 	Date 11/2/16					

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

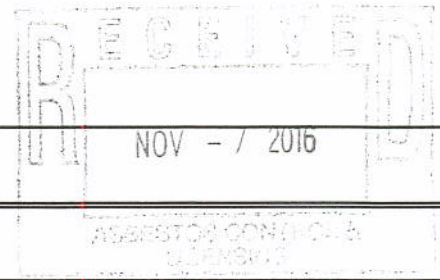
OK # 2749

Date of Notification (1) 11/2/16		Name of Building Owner/Operator (2) NJDPMC							
Agencies Notified	Type Notification	Street Address 35 West State St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ							
		Name of Contact Walter Fernandez	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 8 David Drive		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Stafford Township		Square Feet 1500	# of Floors 1						
		Bldg. Age 50+							
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Residential						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd Suite 102							
City, State, Zip Code 10 DAY EXEMPT-NJ DEP "BLUE ACRES"		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 908-218-0880						
			License No. 01228						
Start Date (10) 11/17/16	Scheduled Completion Date (11) 11/18/16		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd Suite 102							
<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 Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Front Entrance Closet			x	Linolcum	20sf	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 100	Name of Registered Landfill GROWS					
City, State Hillsborough, NJ		Disposal Date 11/23/16		City, State Morrisville, PA					
Completed by John Mucha		Title Sr. Project Manager		Signature 			Date 11/2/16		

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

D&S Proj. #: 16-334

Cl # 10888



Date of Notification (1) 11/01/16		Name of Building Owner/Operator (2) sam ardolino	
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 [REDACTED]		City, State, Zip Code MADISON, NJ 07940	
Name of Contact sam ardolino		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) sam ardolino			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) MADISON	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 11/10/16	Sched. Completion Date (11) 11/30/16			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

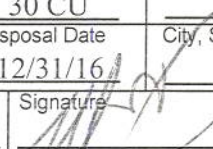
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		X		PIPE INSULATION	60 l ft	X			
basement gas meter closet		X		BARE HEATING PIPES	2 l ft			X	
GARAGE		X		PIPE INSULATION	12 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/11/16		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature [REDACTED]		Date 10/31/ 2016

CK#25317

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

RECEIVED
NOV 17 2016

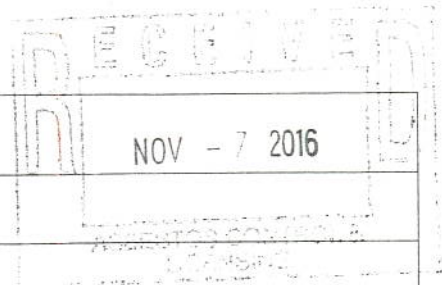
Date of Notification (1) <u>11/2/16</u>		Name of Building Owner/Operator (2) <u>Warwick Garden Condos</u> NOV - 1 2016						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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>36 Pinckney Street</u>						
		City, State, Zip Code <u>Red Bank, NJ 07701</u>						
		Name of Contact <u>Bill Dolan</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Warwick Garden Condos</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>36 Pinckney Street</u>		Square Feet	# of Floors <u>2</u>					
City (5) <u>Red Bank, NJ</u>		Bldg. Age <u>55+/-</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>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 240-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>11/17/16</u>	Scheduled Completion Date (11) <u>12/31/16</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Crawlspaces (12)</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>2400 lf</u>	<input checked="" type="checkbox"/>			
<u>Crawlspaces (12)</u>	<input checked="" type="checkbox"/>		<u>Pipe Debris Clean up</u>	<u>600 lf</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>30 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/31/16</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>11/2/16</u>					

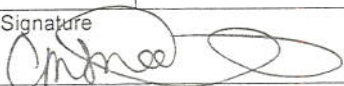
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 9258

Date of Notification (1) 11/3/16		Name of Building Owner/Operator (2) TOWNSHIP OF LIVINGSTON		NOV - 7 - 2016	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 356 S. LIVINGSTON AVE City, State, Zip Code LIVINGSTON, N.J. 07039	
		Name of Contact JOHN FIGURELLI		Telephone Number 1	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORCE HOUSE Street Address 386 SOUTH LIVINGSTON AVE City (5) LIVINGSTON County (6) ESSEX				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2,000 # of Floors 2 Bldg. Age +100	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) MUSEUM	
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES INC. Street Address 300 GRAND AVE SUITE #104 City, State, Zip Code ENGLEWOOD, N.J. 07631 Project Manager for Monitoring Firm ANTHONY VALENTINE		ASCM No. 0012 Telephone No. 201-569-6708		Name of Abatement Contractor (9) A.MAC Contracting Inc. Street Address 185 Vreeland Ave. City, State, Zip Code Midland Park, NJ Telephone No. (201)262-5841 License No. 00156	
Start Date (10) 11/12/16		Scheduled Completion Date (11) 11/15/16		Name of OSHA Monitor Omega Environmental Services	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 280 Huyler St City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 sf or ≥250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT		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) PIPE INSULATION	
				Amount (Specify SF or LF) 150 LF	
				Abatement Type Removal Repair Encapsulate Enclosure /	
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2	
City, State Newark, NJ		Disposal Date 11/12/16		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA		Signature J. Vocaturo		Date 11/3/16	
Completed by Joseph Vocaturo		Title Vice President			

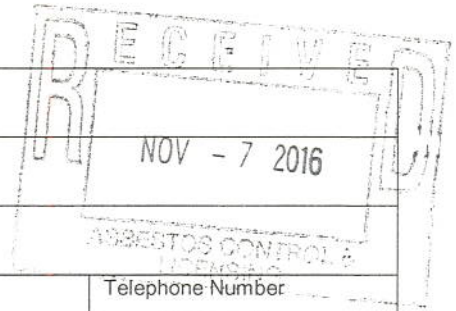
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)




Date of Notification (1) <div style="text-align: center;">11 / 2 / 16</div>		Name of Building Owner/Operator (2) United States Air Force		NOV - 7 2016					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Joint Base McGuire/Dix/Lakehurst City, State, Zip Code Wrightstown, NJ Name of Contact Barbara Hopkins - Volmar Construction					
				Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) McGuire Air Force Base Building 2415				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address Joint Base McGuire/Dix/Lakehurst									
City (5) Wrightstown		Square Feet 10,000	# of Floors 1	Bldg. Age 80					
County (6) Burlington		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Auto Hobby Shop					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address 411 Southgate Court, Suite E		Street Address 623 Cutler Avenue							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) <div style="text-align: center;">11 / 16 / 16</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 25 / 16</div>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
Bay 14 and 15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bay 14 and 15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking and Glazing	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Area and Break Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	240 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Door	28 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5	Name of Registered Landfill Cumberland County Landfill				
City, State Freehold, NJ				Disposal Date 11/25/2016	City, State Newburg, PA				
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 11/2/16			

CK# 6604

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



Date of Notification (1) November 3, 2016		Job #: 9597.03		Name of Building Owner/Operator (2) Delaware River Port Authority					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. Box 4262 City, State, Zip Code Lindenwold, NJ 08021 Name of Contact Thomas Zamorski Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camden City Hall Station Street Address 5th & Market Streets City (5) Camden County (6) Camden				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & (commercial buildings, homes, etc.) Square Feet 30,000 # of Floors 1 Bldg. Age 110 years Current Use (prior if being demolished) Public transit					
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs Street Address 3700 Progress Way City, State, Zip Code Bensalem, PA 19020		ASCM No. 178		Name of Contractor (9) Prime Group Remediation, Inc. Street Address 1400 Adams Road, Suite I, P.O. Box 6 City, State, Zip Code Bensalem, PA 19020					
Project Manager for Monitoring Firm Michael Panepresso		Telephone Number 215-244-1300 Ext. 26		Telephone Number 215-533-3503 License Number 00858					
Scheduled Start Date (10) November 13, 2016		Scheduled Completion (11) November 20, 2016		Name of OSHA Monitor Criterion Labs Street Address 3700 Progress Way City, State, Zip Code Bensalem, PA 19020					
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: _____									
Source 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 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
Storage Areas	x			Transite	48 SF	X			
Common Area	x			Transite	64 SF	X			
Name of Reg. Waste Hauler Prime Group Remediation Inc. City, State Bensalem, PA 19020		NJDEP Waste Hauler ID # 19272		Cubic Yards of Waste 5 Disposal Date 11/13/2016	Name of Reg. Landfill Western Berk Community Landfill City, State Birdsboro, PA 19608				
Completed by Vincent Primavera	Title Project Manager			Signature 		Date November 3, 2016			

ASB-41

*Do not use this form for asbestos licensure exempted activities

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification NOV - 7 2016	
I. TYPE OF NOTIFICATION (O-Original / R= Revised): <div style="text-align: right;">O - Original</div>				
II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)				
OWNER: Delaware River Port Authority				
Address: P.O. Box 4262				
City: Lindenwold	State: NJ	Zip: 08021		
Contact: Thomas Zamorski		Tel: 856-772-6914		
REMOVAL CONTRACTOR: Prime Group Remediation, Inc. (NJ DOL# 00858)				
Address: 1400 Adams Road, Suite I, P.O. Box 6				
City: Bensalem	State: PA	Zip: 19020		
Contact: Vincent Primavera		Tel: 215-533-3503		
OTHER OPERATOR: There is no other operator.				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
III. TYPE OF OPERATION (D = Demolition / R – Renovation): <div style="text-align: right;">R - Renovation</div>				
IV. IS ASBESTOS PRESENT? (Yes/No): <div style="text-align: right;">Yes</div>				
V. FACILITY DESCRIPTION (include building name, number and floor or room number):				
Building Name: Camden City Hall Station				
Address: 5 th & Market Streets				
Address:				
City: Camden	State: NJ	County: Camden		
Site Location: Platform				
Building Size: n/a	SqMeter:	SqFt: 30,000	# of Floors: 1	Age in Years: 110
Present Use: Public Transit			Prior Use: Public Transit	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Polarized light microscopy (PLM) analysis of suspect materials by a building inspector.				
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:				
	RACM to be Removed		Non-friable Asbestos Material Not to be removed	
			Category I	Category II
Pipes – Linear Feet				
Pipes – Linear Meters				
Surface Area – Square Feet Transite	112		X	
Surface Area – Square Meters				
Volume RACM off Facility Component – Cubic Feet				
Volume RACM off Facility Component – Cubic Meters				
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 11/13/2016 Completion: 11/20/2016				
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: n/a Completion: n/a				

Federal Notification

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

NOV - 7 2016

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Asbestos Abatement of Transite in 8 Storage Areas (6 SF Each) as well as 64 SF of Transite in the Common Area.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Prime Group intends to follow all Federal and State of New Jersey Asbestos Regulations and Code in reference to all major and minor asbestos abatement work.

XII. WASTE TRANSPORTER #1

Name: Prime Group Remediation, Inc.
Address: 1400 Adams Road, Suite I, P.O. Box 6
City: Bensalem State: PA Zip: 19020
Contact: Vincent Primavera Tel: 215-533-3503
WASTE TRANSPORTER #2

Name: David Geppert Recycling
Address: 2692 Woodstream Drive
City: Hatfield State: PA Zip: 19440
Contact: Joe Rispo Tel: 215-842-0122

XIII. WASTE DISPOSAL SITE

Name: Western Berk Community Landfill
Address: 455 Poplar Neck Road
City: Birdsboro State: PA Zip: 19608
Tel: 610-375-2772

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: This is not an "Ordered Demolition." Title:
Authority:
Date if Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY): This is not an "Emergency Renovation."
Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

The work will stop. The affected area will be isolated using plastic and caution signs. The materials will be adequately wetted. The area will be cleaned using HEPA vacuuming and wet wiping techniques. Air monitoring for re-occupancy, if required, will be performed.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE 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 1 year after promulgation).

Signature of Owner/Operator
Vincent Primavera, Project Manager

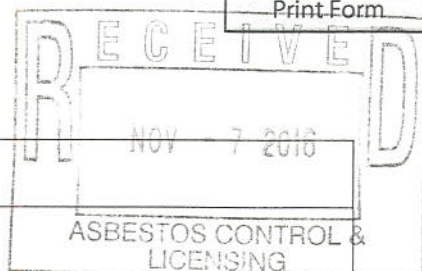
11/3/2016
Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator
Vincent Primavera, Project Manager

11/3/2016
Date

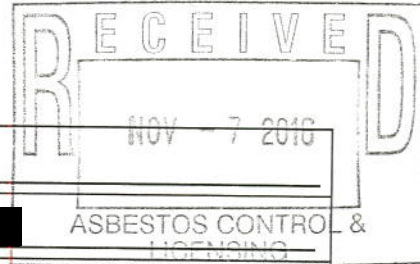
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

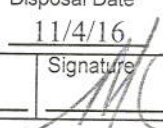


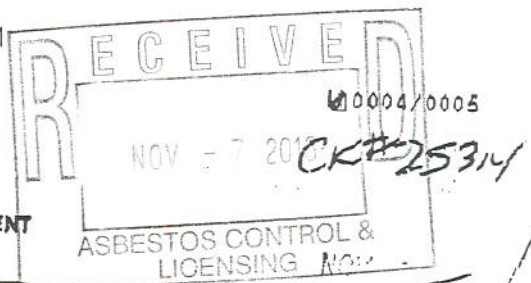
Date of Notification (1) 11/3/16		Name of Building Owner/Operator (2) Jim Moore Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beach Haven NJ 08008							
		Name of Contact Jim	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jim Moore Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2						
City (5) Beach Haven NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address _____		Street Address PO Box 329							
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 00727						
Start Date (10) 11/14/16	Scheduled Completion Date (11) 11/18/16	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 Sf	x			
Name of Registered Waste Hauler United Roll off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G. R. O W.S.					
City, State Elm NJ			Disposal Date 11/18/16	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 11/3/16			

CK#25314

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



Date of Notification (1) <u>11/1/16</u>		Name of Building Owner/Operator (2) <u>Ringenbach</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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>							
		City, State, Zip Code <u>Hillside, NJ 07205</u>							
		Name of Contact <u>Lorraine Ringenbach</u>	Telephone Number <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>		Square Feet <u>1400</u>							
City (5) <u>Hillside, NJ</u>		# of Floors <u>2</u>	Bldg. Age <u>85+/-</u>						
County (6) <u>Union</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>	License No. <u>00493</u>						
Start Date (10) <u>11/3/16</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 type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>							
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Boiler Insulation</u>	<u>30 sf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>15 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>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>11/1/16</u>					



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:20 and 8:16)

ASBESTOS CONTROL &
LICENSING

Date of Notification (1) 11/1/16		Name of Building Owner/Operator (2) Ringenbach					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [Redacted]	City, State, Zip Code Hillside, NJ 07205				
Name of Facility Where Abatement is Taking Place (3) Residential		Name of Contact Lorraine Ringenbach					
Street Address [Redacted]		Telephone Number					
City (3) Hillside, NJ		FACILITY INFORMATION					
County (6) Union		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.)					
County Code (7) (STATE USE ONLY)		Square Feet 1400	# of Floors 2				
Name of Monitoring Firm Hired by Building Owner (8) MECS		Bldg. Age 85+/-					
Street Address PO Box 341		Current Use (Prior to being demolished)					
City, State, Zip Code Crosswicks, NJ 08515		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Project Manager for Monitoring Firm Bill Weisgarber		Street Address PO Box 322					
Telephone No. (609) 240-4070		City, State, Zip Code Allentown, NJ 08501					
Start Date (10) 11/3/16	Scheduled Completion Date (11) 11/4/16	Telephone No. (609) 259-9688	License No. 00493				
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: 8 am to 4 pm		Name of OSHA Monitor MECS					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 50 sf or ≥ 200 lf <input 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		Street Address PO Box 341					
City, State, Zip Code Crosswicks, NJ 08515							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement	X	Boiler Insulation	30 sf	X			
Basement	X	Thermal Pipe Insulation	15 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 CU	Name of Registered Landfill GROWS Landfill			
City, State Allentown, NJ		Disposal Date 11/4/16	City, State Morrisville, PA	Date 11/1/16			
Completed by Mahlon E. Stevens		Project Manager [Signature]					

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

Date of Notification (1) 10/28/2016		Name of Building Owner/Operator (2) Michael Epstein	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 7 2016 ASBESTOS CONTROL & LICENSING </div>
[] EPA	<input checked="" type="checkbox"/> Initial Notification	[REDACTED]	
[] DEP	[] Amended Notification	City, State, Zip Code Maplewood, NJ, 07040	
[X] DOL	<input checked="" type="checkbox"/> EMERGENCY	Name of Contact Michael Epstein	
[X] DOH	[] Cancellation	Telephone Number	
[] DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Michael Epstein			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		
City (5) Maplewood			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 10-28-2016		Sched. Completion Date (11) 10-29-2016		Name of OSHA Monitor N/A	
Month Day Year		Month Day Year			
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe insulation	20 LF 45 LF	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 0.5	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 10-30-2016	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Dimitri G TENIDIS	Title Sales	Signature <i>[Signature]</i>	Date 10/28/2016		

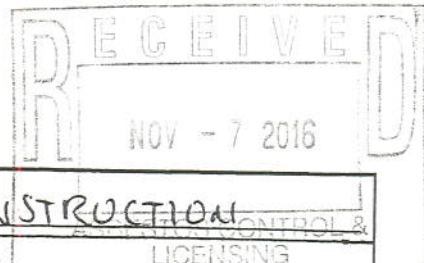
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 15785

Date of Notification (1) 11/1/16		Name of Building Owner/Operator (2) Nouvelle LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 7 2016 CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address PO Box 853			
<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 Franklin Lakes, NJ 07417			
						Name of Contact Luciano Bruni			
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)					
Street Address 356 West Englewood Avenue				<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) Englewood				Square Feet 2400	# of Floors 2				
County (6) Bergen				County Code (7) (STATE USE ONLY) _____	Bldg. Age 65				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished)					
ASCM No.				Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address				Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm				Telephone No. 973-764-2276	License No. 703				
Start Date (10) 11/10/16		Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor					
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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	2 LF	x			
house			x	window glazing	20	x			
Name of Registered Waste Hauler Freehold Cartage				NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill			
City, State Freehold, NJ				Disposal Date TBD	City, State Birdsboro, PA				
Completed by A. Scott Higgins				Title President	Signature 	Date 11/1/16			

CK # 4095

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



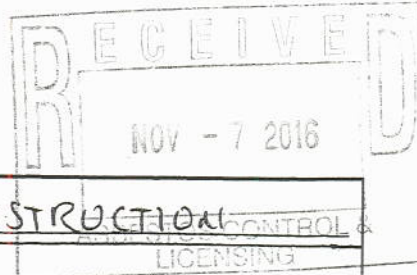
Date of Notification (1) <u>11-1-16</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 7TH ST.</u>							
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>							
		Name of Contact <u>FRANK</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>AVALON</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. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>11-14-16</u>	Scheduled Completion Date (11) <u>11-21-16</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	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2250sf</u>	<u>X</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>					
City, State <u>MAPLE SHADE N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>						
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>11-1-16</u>						

ASB-41

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

CK 4095

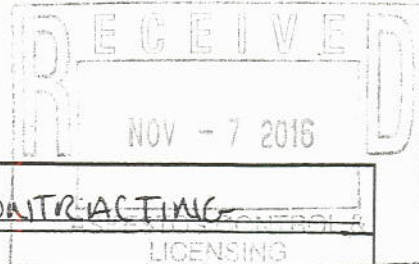
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>12/1/16</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 7TH ST.</u>	
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>	
		Name of Contact <u>KRANIC</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]			
City (5) <u>AVULON</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <u>50+</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		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. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>11/1/16</u>	Scheduled Completion Date (11) <u>11/18/16</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>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____
City, State <u>MAPLE SHADE N.J 08052</u>		Disposal Date _____	Name of Registered Landfill <u>C.M.C.M.U.-A.</u>
City, State <u>WOODBINE N.J</u>			
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>11-1-16</u>

CK # 4095

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



Date of Notification (1) <u>11-1-16</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 N.J. 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]									
City (5) <u>OCEAN CITY</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>						
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	Bldg. Age <u>50+</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO 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>11-10-16</u>	Scheduled Completion Date (11) <u>11-17-16</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)	Amount (Specify SF or LF) <u>800 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>800 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO 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>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>						
Completed By <u>MICHAEL KLEMAN</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>			Date <u>11-1-16</u>			


Ch 1507

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

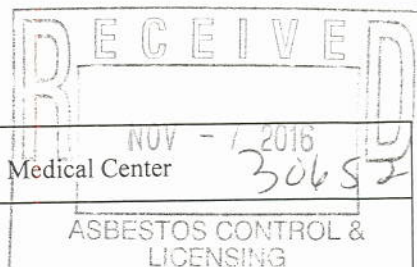
Print Form

NOV - 7 2016

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/31/16		Name of Building Owner/Operator (2) Northvale Public Schools							
Agencies Notified	Type Notification	Street Address 441 Tappan Rd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Northvale, NJ 07647							
		Name of Contact Anthony Coppola	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Northvale Public School		Type of Facility (4)							
Street Address 441 Tappan Rd.		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Northvale		Square Feet 71,000	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address 20-21 Wagaraw Rd. Bldg. 35E		Street Address 156 Maple Ave.							
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm Frederik Larson		Telephone No. 973-636-9145	License No. 01107						
Start Date (10) 11/10/16	Scheduled Completion Date (11) 11/11/16	Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One)		Street Address 156 Maple Ave.							
<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 Wallington, NJ 07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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
hallway	*			pipe insulation	170lf.		*		
roof drains			*	pipe insulation	9lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 1	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date 11/12/16		City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 10/31/16			

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



Date of Notification (1) November 2, 2016		Name of Building Owner/Operator (2) Jersey Shore University Medical Center	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	1945 Route 33	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Neptune, New Jersey 07754	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		Lisa Fritz	

FACILITY INFORMATION

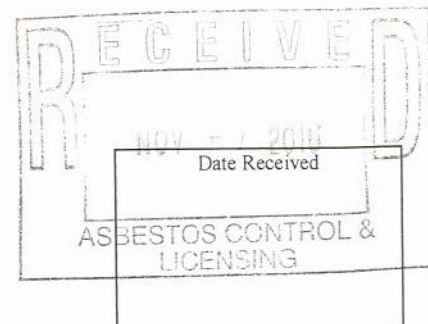
Name of Facility Where Abatement is Taking Place (3) Jersey Shore University Medical Center			Type of Facility (4)		
Street Address 1945 Route 33			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Neptune	Monmouth		750,000	7	60
			Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 64 Broad Street			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Matawan, NJ 07747			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/2/16		Scheduled Completion Date (11) 11/4/16		Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Encapsulation	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Full-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) 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
Ackerman 1 Board Room		X		Mastic	100 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/4/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Femicola	Title Project Manager	Signature 	Date 11/2/2016

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

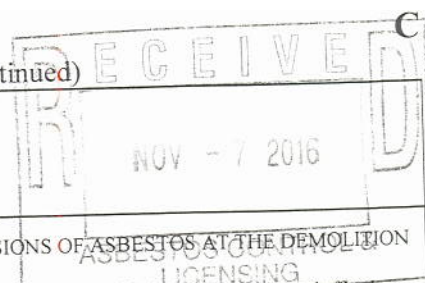
GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755

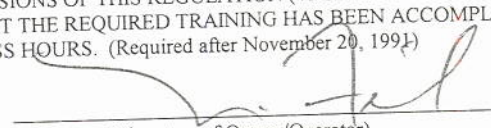
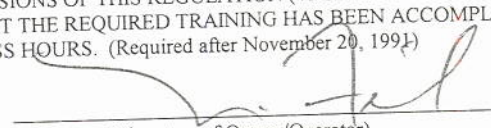
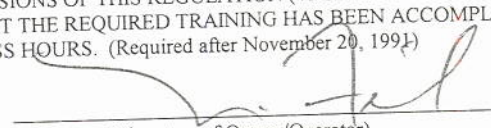
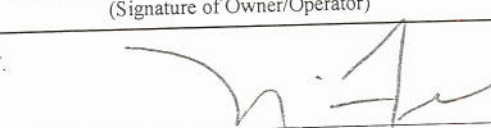
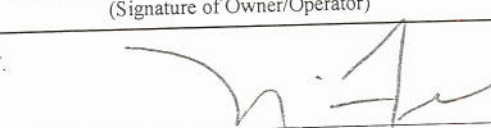
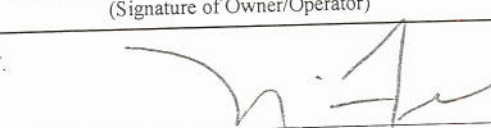


DEMOLITION / RENOVATION NOTIFICATION

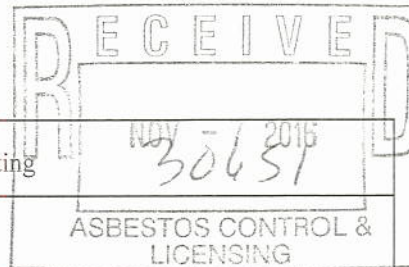
Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O			II. IS ASBESTOS PRESENT? (Yes/No): Y		
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Jersey Shore University Medical Center					
Address: 1945 Route 33					
City: Neptune		State: New Jersey		Zip: 07754	
Contact: Lisa Fritz				Tel: 732-776-4219	
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): R					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Jersey Shore University Medical Center					
Address: 1945 Route 33					
City: Neptune		State: New Jersey		County: Monmouth	
Site Location: Ackerman 1 Board Room					
Building Size: 750,000 sf		# of Floors: 7		Age in Years: 60	
Present Use: Hospital			Prior Use: Hospital		
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				Nonfriable Asbestos Material Not To Be Removed	
2. Category I ACM not removed				Cat I	
3. Category II ACM not removed				Cat II	
Pipes (Linear feet):					
Surface Area (Square feet): 100 sf		Mastic		Ackerman 1 Board Room	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/2/16 Complete: 11/4/16					

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)



x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED						
xi.	<p>DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:</p> <p>Full enclosure procedures, negative air (HEPA) units to be put in place prior to removal. All asbestos containing materials will blast track, place in double 6 mil. Bags, sealed and affixed with appropriate warning labels and placed in a closed/locked container for disposal.</p>						
xii.	<p>WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.</p> <p>Address: 1889 Route 9, Unit 61</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City: Toms River</td> <td style="width: 33%;">State: New Jersey</td> <td style="width: 33%;">Zip: 08755</td> </tr> </table> <p>Contact Person: Nicholas Fernicola</p> <p>WASTE TRANSPORTER #2 Name:</p> <p>Address:</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City:</td> <td style="width: 33%;">State:</td> <td style="width: 33%;">Zip:</td> </tr> </table> <p>Contact Person:</p>	City: Toms River	State: New Jersey	Zip: 08755	City:	State:	Zip:
City: Toms River	State: New Jersey	Zip: 08755					
City:	State:	Zip:					
xiii.	<p>WASTE DISPOSAL SITE Name: T.R.R.F.</p> <p>Location: Bordentown Road</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City: Tullytown</td> <td style="width: 33%;">State: Pennsylvania</td> <td style="width: 33%;">Zip: 19007</td> </tr> </table> <p>Telephone: 215-943-9732 Permit #: 101494</p>	City: Tullytown	State: Pennsylvania	Zip: 19007			
City: Tullytown	State: Pennsylvania	Zip: 19007					
xiv.	<p>IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name:</td> <td style="width: 50%;">Title:</td> </tr> <tr> <td colspan="2">Authority:</td> </tr> <tr> <td>Date of Order (MM/DD/YY):</td> <td>Date Ordered to Begin (MM/DD/YY):</td> </tr> </table>	Name:	Title:	Authority:		Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):
Name:	Title:						
Authority:							
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):						
xv.	<p>FOR EMERGENCY RENOVATIONS</p> <p>Date and Hour of Emergency (MM/DD/YY):</p> <p>Description of the Sudden, Unexpected Event:</p> <p>Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:</p>						
xvi.	<p>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</p>						
xvii.	<p>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)</p> <table style="width: 100%;"> <tr> <td style="width: 45%;"> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </td> <td style="width: 45%; text-align: right;">  (Signature of Owner/Operator) </td> <td style="width: 10%; text-align: right;"> <u>November 2, 2016</u> (Date) </td> </tr> </table>	<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>November 2, 2016</u> (Date)			
<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>November 2, 2016</u> (Date)					
xviii.	<p>I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</p> <table style="width: 100%;"> <tr> <td style="width: 45%;"> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </td> <td style="width: 45%; text-align: right;">  (Signature of Owner/Operator) </td> <td style="width: 10%; text-align: right;"> <u>November 2, 2016</u> (Date) </td> </tr> </table>	<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>November 2, 2016</u> (Date)			
<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>November 2, 2016</u> (Date)					

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



Date of Notification (1) November 2, 2016		Name of Building Owner/Operator (2) Jacobs Demolition & Carting	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address P O Box 9	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code Manasquan, NJ 08736	
		Name of Contact Linda	
		Telephone Number _____	

FACILITY INFORMATION

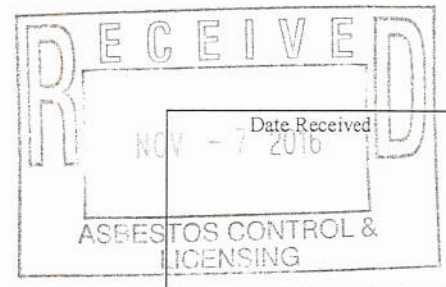
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]					
Brick	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1000 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 11/14/16	Scheduled Completion Date (11) 11/15/16		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] 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			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	1000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/16/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Femicola	Title Project Manager	Signature 	Date 11/2/2016

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

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

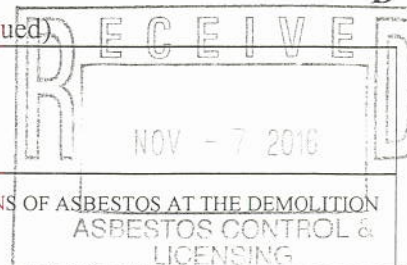


DEMOLITION / RENOVATION NOTIFICATION

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: Jacobs Demolition & Carting					
Address: P O box 9					
City: Manasquan		State: New Jersey		Zip: 08736	
Contact: Linda				Tel: 732-528-3800	
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: 741 Drum Point Road					
City: Brick		State: New Jersey		County: Ocean	
Site Location: Exterior					
Building Size: 1000 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): 1000 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start:		11/14/16		Complete: 11/15/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

D



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 CRUMBLER, 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
(Printed Name/Title)

(Signature of Owner/Operator)

November 2, 2016
(Date)

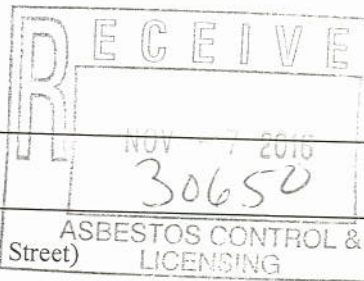
xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager
(Printed Name/Title)

(Signature of Owner/Operator)

November 2, 2016
(Date)

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



Date of Notification (1) November 1, 2016		Name of Building Owner/Operator (2) Tradewinds Builders, LLC	
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 type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 34 West Sailboat Lane (89th Street)	
		City, State, Zip Code Peahala Park, NJ 08008	
		Name of Contact Travis Lepley	Telephone Number _____

FACILITY INFORMATION

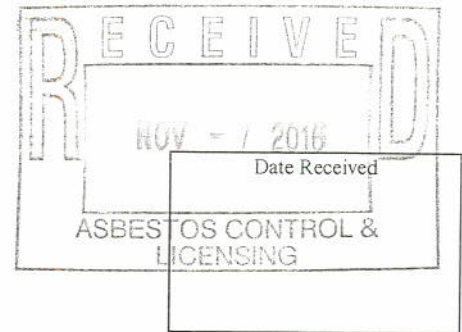
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square feet 2000 sf		
City Harvey Cedars	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Residence		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 11/3/16			License Number 00624		
Scheduled Completion Date (11) 11/4/16			Name of OSHA Monitor E.M.S.L. Analytical		
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 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input 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)			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
Exterior		X		Asbestos transite skirt	600 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 11/4/16	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 11/1/2016	

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

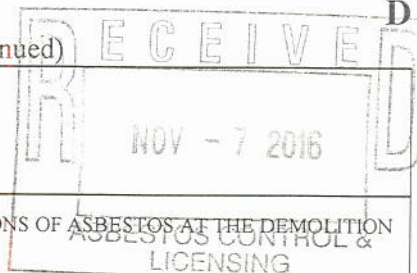
GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755



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: Tradewinds Builders, LLC					
Address: 34 West Sailboat Lane (89 th Street)					
City: Peahala Park		State: New Jersey		Zip: 08008	
Contact: Travis Lepley				Tel: 609-290-4081	
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: 8 E Middlesex Avenue					
City: Harvey Cedars		State: New Jersey		County: Ocean	
Site Location: exterior					
Building Size: 2000 sf		# of Floors: 2		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	
Pipes (Linear feet):				Cat I Cat II	
Surface Area (Square feet): 600 sf		Asbestos transite skirt		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start:		11/3/16		Complete: 11/4/16	

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 CRUMBLLED, 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
(Printed Name/Title)

(Signature of Owner/Operator)

November 1, 2016
(Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

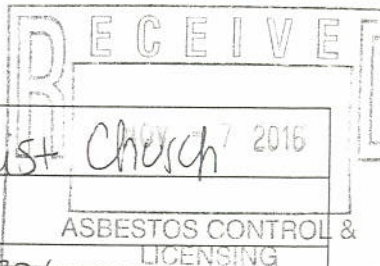
Nicholas Fernicola / Project Manager
(Printed Name/Title)

(Signature of Owner/Operator)

November 1, 2016
(Date)

CH 2017


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



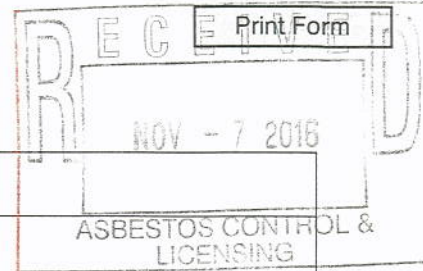
Date of Notification (1) 10/31/16		Name of Building Owner/Operator (2) Manasquan United Methodist Church							
Agencies Notified	Type Notification	Street Address 23 Church St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manasquan, NJ 08736							
		Name of Contact Eric Plackis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Manasquan United Methodist Church		Type of Facility (4)							
Street Address 23 Church St.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Manasquan	Square Feet 5000	# of Floors 2	Bldg. Age 65						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Brick Industries Inc.							
City, State, Zip Code		Street Address P.O. Box 915							
Project Manager for Monitoring Firm		City, State, Zip Code Brick, New Jersey 08723							
Telephone No.		Telephone No. (732)899-7499	License No. 01196						
Start Date (10) 11/9/16	Scheduled Completion Date (11) 1/9/17	Name of OSHA Monitor							
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 type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
				Asbestos Pipe Insulation	1500 LF	X			
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 12	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey			Disposal Date 1/10/17	City, State PA					
Completed by Eric Plackis		Title President	Signature 			Date 10/31/16			

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

CHECK # 2136

Date of Notification (1) 11/01/2016		Name of Building Owner/Operator (2) Ms. Lisa Kennedy		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 7 2016 ASBESTOS CONTROL & CENSING </div>					
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 checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Scotch Plains, NJ 07076							
		Name of Contact Mr. Lisa Kennedy							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Residential - Single Family				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) Scotch Plains, NJ 07076				Square Feet 3,000	# of Floors 2				
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____		Name of Abatement Contractor (9) Sky Contracting, LLC					
Street Address				Street Address 1385 Valley Road, Suite K					
City, State, Zip Code				City, State, Zip Code Wayne, New Jersey 07470					
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. (973) 928-5040	License No. 00874				
Start Date (10) 11/10/2016		Scheduled Completion Date (11) 11/44/2016		Name of OSHA Monitor Sky Contracting, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 1385 Valley Road, Suite K					
<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 Wayne, New Jersey 07470					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		X		Vermiculite Insulation	550 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware				Disposal Date TBD	City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 11/01/2016			

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



Date of Notification (1) 11/2/2016		Name of Building Owner/Operator (2) New Jersey Schools Development Authority							
Agencies Notified	Type Notification	Street Address 32 E Front Street							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact David Benfer	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) George Washington Carver Elementary School		Type of Facility (4)							
Street Address 404 N. Grove Street		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) East Orange		Square Feet 35,000	# of Floors 3						
		Bldg. Age 25+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (3) TTI Environmental, Inc		ASCM No. 00003	Name of Abatement Contractor (9) Site Enterprises, Inc						
Street Address 1253 North Church Street		Street Address 6626 Delilah Road							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm Mike Seocku		Telephone No. 856-840-8800	License No. 01172						
Start Date (10) 11/7/2016	Scheduled Completion Date (11) 03/03/2017	Name of OSHA Monitor TTI Environmental, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1253 North Church Street							
<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: Vacant		City, State, Zip Code Moorestown, NJ 08057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
See Attached			X	See Attached	200 yd per reg	X			
Unsafe Structure				Unsafe Structure					
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill					
City, State Egg Harbor Township, NJ			Disposal Date 3/3/17	City, State Bristol, PA					
Completed by Eric Keys		Title OM	Signature 			Date 11/2/16			

10-24-'16 09:29 FROM-

Ch2122

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

T-046 P0002/0004 E-333

Print Form

9102 L - NOV 7 2016

Date of Notification (1) 10/24/2016		Name of Building Owner/Operator (2) City of Garfield							
Agencies Notified	Type Notification	Street Address 111 Outwater Lane							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Garfield, NJ 07026							
<input checked="" type="checkbox"/> BOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Kevin Boswell							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Firehouse # 3		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 68-60 Willard Street		Square Feet 38,000	# of Floors 6						
City (5) Garfield, NJ 07026		Bldg. Age 60							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (973) 928-5040						
		License No. 00874							
Start Date (10) 10/24/2016		Scheduled Completion Date (11) 11/04/2016							
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 Other - Describe: _____		Name of OSHA Monitor Sky Contracting, LLC							
		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2160 sf or 2260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible 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
Roof - Controlled Demo		X		Roofing Material	1,820 SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 90	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcevic		Title Vice President		Signature				Date 10/24/2016	

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

B & G proj. #: 2016-159

EMERGENCY

Check # 8084

Date of Notification (1) <u>10/12/16</u>		Name of Building Owner/Operator (2) Union County College-Elizabeth Campus	
Agencies Notified	Type Notification	Street Address 12 West Jersey Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Elizabeth, NJ 07201 Name of Contact Robert Hogan, Director of Facilities Telephone Number 	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Union County College Lessner Building (NON-Sub 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 12 West Jersey Street			Square Feet # of Floors Bldg. Age		
City (5) Elizabeth	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) Non-Sub 8		

Name of Monitoring Firm Hired by Bldg. Owner (8) The Whitman Companies		ASCM No. 110	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 7 Pleasant Hill Road			Street Address 105 Ryerson Road	
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Kevin Lovely		Phone Number 732-390-5858	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 10/31/2016	Sched. Completion Date (11) 11/4/2016		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input checked="" type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <u>Start: 3:00 p.m.</u> <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
First Floor lobby			<input checked="" type="checkbox"/>	transite boards	520 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 10/31/16-11/4/16		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>	
				Date 10/28/2016	

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:50-7 and 12:120-7)
EMERGENCY

B & G proj. #: 2016-159

Check # 8084

NOV - 7 2016

Date of Notification (1) <u>10/12/16</u>		Name of Building Owner/Operator (2) Union County College-Elizabeth Campus	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 12 West Jersey Street	
		City, State, Zip Code Elizabeth, NJ 07201	
		Name of Contact Robert Hogan, Director of Facilities	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Union County College Lessner Building (NON-Sub 8)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 12 West Jersey Street			Square Feet	# of Floors
City (5) Elizabeth	County (6) Union	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) The Whitman Companies			ASOM No. 110	
Street Address 7 Pleasant Hill Road			Name of Abatement Contractor (9) B & G Restoration, Inc.	
City, State, Zip Code Cranbury, NJ 08512			Street Address 105 Ryerson Road	
Project Manager for Monitoring Firm Kevin Lively			Telephone Number (973) 696-6869	License Number 00378
Phone Number 732-390-5858			Name of OSHA Monitor B & G Restoration, Inc.	
Scheduled Start Date (10) 10/31/2016			Street Address 105 Ryerson Road	
Sched. Completion Date (11) 11/4/2016			City, State, Zip Code Lincoln Park, NJ 07035	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input checked="" type="checkbox"/> Abatement performed outside of normal facility hours. Describe: Start: 3:00 p.m. <input type="checkbox"/> Other-Describe:				

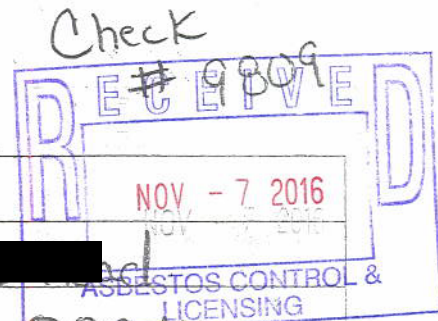
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	E	E
	Yes	No	N/A						
First Floor lobby			X	transite boards	520 sf				

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 10/31/16-11/4/16	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/28/2016

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



Date of Notification (1) 11-4-16		Name of Building Owner/Operator (2) Mark Daniele						
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 [REDACTED] City, State, Zip Code Edison NJ 08817 Name of Contact Mark Daniele Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet	# of Floors 2 Bldg. Age 60+-					
City (5) Edison NJ 08817	County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394					
Start Date (10) Nov 18, 2016	Scheduled Completion Date (11) Nov 18 2016	Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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	100 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 11-21-16	City, State Morrisville PA					
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 11-4-16			