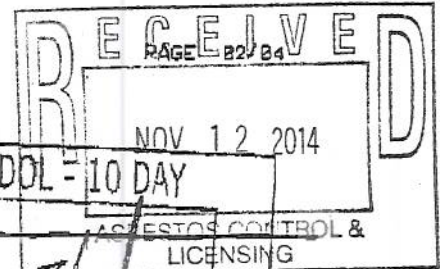


11/04/2014 04:02PM 9733459060

D&S RESTORATIO

D&S Proj. #: 2014-457

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



Date of Notification (1) 11/11/10/14/11/14		Name of Building Owner/Operator (2) bob chersi	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	151 valleyview avenue	RIDGEWOOD, NJ 07450
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	bob chersi	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

WAIVER APPROVED

Name of facility where abatement is taking place (3) bob chersi			Type of Facility (4)		
Street Address 151 valleyview avenue			<input type="checkbox"/> School (K-12)		
City (5) RIDGEWOOD			<input type="checkbox"/> Subchapter S (Other than K-12)		
County (6) bergen			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County Code (7) (State use only)			Square Feet # of Floors Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				D & S RESTORATION, INC.	
City, State, Zip Code				Street Address	
				20 California Ave.	
Project Manager for Monitoring Firm		Phone Number		City, State, Zip Code	
				Paterson, NJ 07503	
Start Date (10)		Sched. Completion Date (11)		Telephone Number	
11/05/14		11/28/14		973-345-8020	
Occupancy Status During Abatement (Check only one)				License Number	
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				01169	
<input type="checkbox"/> Abatement performed outside of normal facility hours.				Name of OSHA Monitor	
Describe:				D & S Restoration, Inc.	
<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)			Full Containment w/negative pressure		
<input checked="" type="checkbox"/> >2 sf or >3 lf			<input checked="" type="checkbox"/> Mini-enclosure		
<input type="checkbox"/> >160 sf or >250 lf			<input checked="" type="checkbox"/> Glovebag procedure		
<input type="checkbox"/> Renovation			<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		
<input type="checkbox"/> Demolition					

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remov	Repair	Encap	Enol
	Yes	No	N/A						
BASEMENT CRAWL SPACES		X		PIPE INSULATION	130 lf	X			
BASEMENT recreation room		X		PIPE INSULATION	2 lf	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/05/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/04/2014

* Do not use this form for asbestos license exempted activities

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

Date of Notification (1) 11/10/14		Name of Building Owner/Operator (2) bob chersi	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	151 valleyview avenue	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #:	RIDGEWOOD, NJ 07450	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	bob chersi	

FACILITY INFORMATION

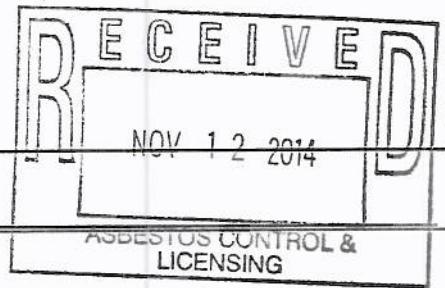
Name of facility where abatement is taking place (3) bob chersi			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12)		
151 valleyview avenue			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5)			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
RIDGEWOOD			Square Feet	# of Floors	Bldg. Age
County (6) bergen			Current Use (Prior if being demolished)		
County Code (7) (State use only)					
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)		
Street Address			D & S RESTORATION, INC.		
City, State, Zip Code			Street Address		
			20 California Ave.		
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code		
Start Date (10)		Sched. Completion Date (11)	Paterson, NJ 07503		
11/05/14		11/28/14	Telephone Number		
Occupancy Status During Abatement (Check only one)			License Number		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			973-345-8020		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			D & S Restoration, Inc.		
			Street Address		
			20 California Avenue		
			City, State, Zip Code		
			Paterson, NJ 07503		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
Location of asbestos-containing material (acm) 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT CRAWL SPACE		<input checked="" type="checkbox"/>		PIPE INSULATION	130 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT recreation room		<input checked="" type="checkbox"/>		PIPE INSULATION	2 l 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"/>
						<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 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/06/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/04/ 2014

D&S Proj. #: 2014-456

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



Date of Notification (1) 11/10/14		Name of Building Owner/Operator (2) john fleming	
Agencies Notified	Type Notification	Street Address 146 forest avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code hawthorne, nj 07506	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact john fleming	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) john fleming			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 146 forest avenue			Square Feet		
City (5) hawthorne			County (6) passaic		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 11/19/14		Sched. Completion Date (11) 11/28/14	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)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition
- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ 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	62 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 11/20/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/04/ 2014

11/04/2014 09:48AM 9733458260

D&S RESTORATIO

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8.60 and 12:120)

DOL - 10 DAY NOV 2 2014

D&S Proj. #: 2014-454

Date of Notification (1) 11/01/10 13/14		Name of Building Owner/Operator (2) marlene fridel	
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 66 gillespie road		City, State, Zip Code BLOOMFIELD, NJ 07003	
Name of Contact marlene fridel		Telephone Number _____	

WAIVER APPROVED

FACILITY INFORMATION			
Name of facility where abatement is taking place (3) marlene fridel		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 66 gillespie road		Square Feet # of Floors Bldg. Age	
City (5) BLOOMFIELD	County (6) ESSEX	County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) _____		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____		Street Address 20 California Ave.	
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm _____		Telephone Number 973-345-8020	
Phone Number _____		License Number 01169	
Start Date (10) 11/05/14		Sched. Completion Date (11) 11/18/14	
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.	
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> <3 sf or <3 lf <input type="checkbox"/> <180 sf or <260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 20 California Avenue	
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT		City, State, Zip Code Paterson, NJ 07503	

Full Containment w/negative pressure		Mini-enclosure		Glovebag procedure		Non-Exempted (*) and Non-liable procedure	
Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)		Removal		Encapsulation	
PIPE INSULATION		61 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 1/2 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/06/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 11/03/2014

Do not use this form for asbestos licensure exempted activities.

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

D&S Proj. #: 2014-454

Date of Notification (1) 10/13/14		Name of Building Owner/Operator (2) marlene fridel	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	66 gillespie road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	BLOOMFIELD, NJ 07003	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	marlene fridel	

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			D & S RESTORATION, INC.	
City, State, Zip Code			Street Address	
			20 California Ave.	
Project Manager for Monitoring Firm		Phone Number	City, State, Zip Code	
			Paterson, NJ 07503	
Start Date (10)	Sched. Completion Date (11)	Telephone Number		
11/05/14	11/18/14	973-345-8020		
Occupancy Status During Abatement (Check only one)		License Number		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.		01169		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____		Name of OSHA Monitor		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		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"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) 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	61 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1/2 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/06/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/03/2014

11/05/2014 09:15AM 9733458060

D&S RESTORATIO

D E C E P T I V E	
PAGE 02/04	NOV 12 2014
DOL - 10 DAY	
ASBESTOS CONTROL & LICENSING	

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

D&S Proj. #: 2014-458

Date of Notification (1) 10/14/10/11/14		Name of Building Owner/Operator (2) stacey doran	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	23 harrison avenue	milltown, nj 08850
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	stacey doran	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

WAIVER APPROVED

FACILITY INFORMATION

Name of facility where abatement is taking place (3) stacey doran			Type of Facility (4)		
Street Address 23 harrison avenue			<input type="checkbox"/> School (K - 12)		
City (5) milltown			<input type="checkbox"/> Subchapter S (Other than K-12)		
County (6) MIDDLESEX			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
County Code (7) (State use only)			Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
ASCM No.			Name of Abatement Contractor (9)		
Street Address			D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 11/06/14			License Number 01169		
Sched. Completion Date (11) 11/28/14			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 20 California Avenue		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			City, State, Zip Code Paterson, NJ 07503		
<input type="checkbox"/> Abatement performed outside of normal facility hours.					
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					

Scope of Work (check all that apply)				Full Containment w/negative pressure					
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input type="checkbox"/> Mini-enclosure					
<input type="checkbox"/> >180 sf or >360 lf				<input checked="" type="checkbox"/> Glovebag procedure					
<input type="checkbox"/> Renovation				<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input type="checkbox"/> Demolition									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/sustodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	R	E	E
	Yes	No	N/A			m	e	n	c
BASEMENT		X		PIPE INSULATION	70 L FT	X			
Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	City, State TULLYTOWN, PA	Disposal Date 11/07/14	Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/04/14

ASR-41

Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1) 10/4/10/14		Name of Building Owner/Operator (2) stacey doran	
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 23 harrison avenue	
		City, State, Zip Code milltown, nj 08850	
		Name of Contact stacey doran	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) stacey doran			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 23 harrison avenue			Square Feet # of Floors Bldg. Age		
City (5) milltown	County (6) MIDDLESEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 11/06/14		Sched. Completion Date (11) 11/28/14	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		

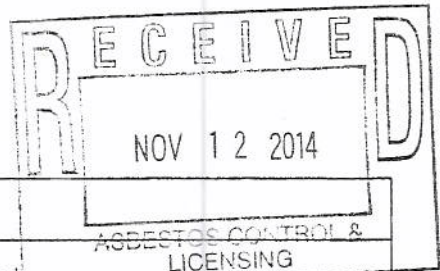
Scope of Work (check all that apply)

☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☐ Mini-enclosure☒ Glovebag procedure☐ 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		<input checked="" type="checkbox"/>		PIPE INSULATION	70 L 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/07/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/04/14

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



Date of Notification (1) 11-10-14		Name of Building Owner/Operator (2) Rowan University						
Agency 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 40 North Academy Street City, State, Zip Code Glassboro, NJ 08028 Name of Contact Anthony Gattone Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Rowan University-West Campus		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 722 Mullica Hill Road, Block 2.03 Lot 3		Square Feet 1200	# of Floors 2					
City (5) Glassboro		Bldg. Age +/-50						
County (6) Gloucester		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) abandoned house					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Svcs.		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.					
Street Address 318 12th Street		Street Address 2251 Fraley Street						
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Philadelphia, PA 19137						
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 01166					
Start Date (10) 11-19-14	Scheduled Completion Date (11) 11-21-14	Name of OSHA Monitor Health & Safety 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 318 12th St. City, State, Zip Code Hammonton, NJ 08037						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
				see attached				
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill A & L Salvage				
City, State Morrisville, PA		Disposal Date		City, State Libson, OH				
Completed by Jennifer Niven	Title Dir. of Operations			Signature 	Date 11-10-14			

Rowan University - Abandoned house

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***
transite on homasote (transite only)	attic and basement stairwells	200	SF	REM
tan linoleum	kitchen	150	SF	REM
window glazing	basement	50	LF	REM
window glazing	exterior	280	SF	REM
window door/caulk	exterior	170	LF	REM

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

B & G proj. #: 2014-209

Check # 6909

Date of Notification (1) 11/10/14		Name of Building Owner/Operator (2) Anthony Phelon		2014 NOV 12 AM 4:01	
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 1275 York Avenue	
				City, State, Zip Code New York, NY 10065	
				Name of Contact Ron Lockwood	
				Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Red Hill Road Office Building			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 480 Red Hill Road			Square Feet # of Floors Bldg. Age		
City (5) Middletown, NJ 07748	County (6) Monmouth	County Code (7) (State use only)	Current Use (Prior if being demolished) Office Building		
Name of Monitoring Firm Hired by Bldg. Owner (8) WCD		ASCM No. N/A	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 7 Tree Farm Road		Street Address 105 Ryerson Road			
City, State, Zip Code Pennington, NJ 08534		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Jim Carpriti		Phone Number 609-730-0007	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/18/2014		Sched. Completion Date (11) 12/08/2014		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code LincolnPark, NJ 07035			


Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
North Wing			X	Floor tile & mastic	1,500 sf	X			
South Wing			X	caulking associated w/window frames	570 windows	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 35	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 11/18/2014 - 12/09/2014		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 11/06/2014

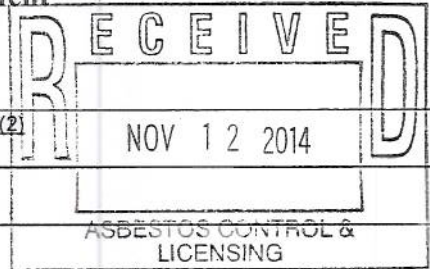
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 11 / 4 / 14 </div>		Name of Building Owner/Operator (2) Elwyn New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1667 East Landis Ave.							
		City, State, Zip Code Vineland, NJ 08361							
		Name of Contact Peter Thomas	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elwyn New Jersey		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1667 East Landia Ave.		Square Feet 12,950	# of Floors 1 - 3						
City (5) Vineland, NJ 08361		Bldg. Age 84+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant / Institutional							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Don Heim		Telephone No. 610-558-8902	License No. 00508						
Start Date (10) 10 / 15 / 14	Scheduled Completion Date (11) 12 / 19 / 14	Name of OSHA Monitor AET							
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: <u>7</u> AM- <u> </u> PM/ <u>3:30</u> PM- <u> </u> AM		Street Address 28 N. Pennel Road							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Old Job Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	690 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Job Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Job Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Job Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	320 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Red Oak Disposal Services		NJDEP Waste Hauler ID No. 15546	Cubic Yards of Waste 90	Name of Registered Landfill Cumberland Co. Improv. Auth.					
City, State Elmer, NJ		Disposal Date TBD		City, State Millville, NJ					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 			Date 11/4/14		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility				Description of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	YES	NO	N/A						
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	155 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wire Wrap	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	430 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Tar	3500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Dietary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Dietary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation Debris	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Dietary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	960 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chestnut Ave.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chestnut Ave.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State of New Jersey - Notification of Asbestos Abatement

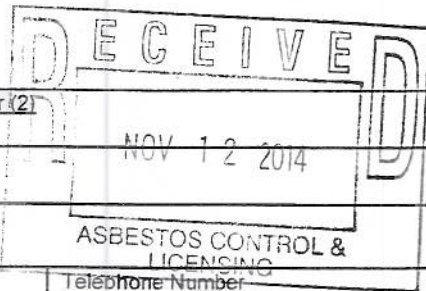
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) November 5, 2014		Name of Building Owner/Operator (2) Turnbull Residence	
Agencies Notified X EPA DCA x DOL X DEP x DOH		Notification Type Initial Notification <input checked="" type="checkbox"/> Amended Certification # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 92 Battle Road		City, State, Zip Code Princeton, NJ 08540	
Name of Contact Jane Harrison		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 92 Battle Road		Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 50 years	
City (5) Princeton	County (6) Mercer	County Code (7) (State Use Only)	
Current Use (prior if being demolished):			
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Forensics, LLC		ASCM No. AST # 84	
Street Address 3 Clementon Way		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Lawrence, NJ 08648		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Lance Berens		City, State, Zip Code Butler, NJ 07405	
Telephone Number 609-495-4069		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) October 13, 2014		Scheduled Completion Date (11) December 31, 2014	
Name of OSHA Monitor EMSL inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
1 st Floor		Floor Mastic & Tar Paper	1,000 SF
1 st & 2 nd Floor		Misc. Contaminated Household Goods	30 CYds
		Sheetrock/Plaster	800 SF
Exterior		Window Caulking & Glazing (21 W)	500 LF
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 100
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date December 31, 2014	
Hauler #3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784 9000 Minerva Road Waynesburg, OH	
Completed by (Print or Type) Marin Graure		Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>
		Date November 5, 2014	

State of New Jersey - Notification of Asbestos Abatement

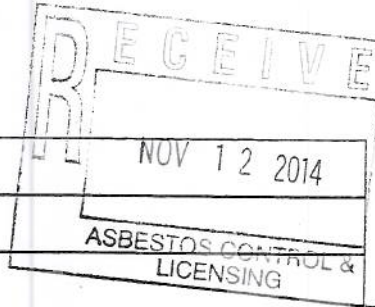
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) October 29, 2014		Name of Building Owner/Operator (2) Turnbull Residence	
Agencies Notified XEPA DCA x DOL x DEP x DOH		Notification Type Initial Notification <input checked="" type="checkbox"/> Amended Certification # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 92 Battle Road		City, State, Zip Code Princeton, NJ 08540	
Name of Contact Jane Harrison		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 92 Battle Road		Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 50 years	
City (5) Princeton	County (6) Mercer	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Forensics, LLC		ASCM No. AST # 84	
Street Address 3 Clementon Way		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Lawrence, NJ 08648		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Lance Berens		Telephone Number 609-495-4069	License Number 00840
Scheduled Start Date (10) October 13, 2014		Scheduled Completion Date (11) October 31, 2014	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Name of OSHA Monitor EMSL inc.	
		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type Remove Repair Encap Enclose
1 st Floor		<input checked="" type="checkbox"/> Floor Mastic & Tar Paper	1,000 SF <input checked="" type="checkbox"/>
1 st & 2 nd Floor		<input checked="" type="checkbox"/> Misc. Contaminated Household Goods	30 CYds <input checked="" type="checkbox"/>
Exterior		<input checked="" type="checkbox"/> Sheetrock/Plaster	800 SF <input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/> Window Caulking & Glazing (21 W)	500 LF <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 100	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date November 30, 2014	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Hauler #3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591		9000 Minerva Road Waynesburg, OH	
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date October 29, 2014

State of New Jersey - Notification of Asbestos Abatement

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

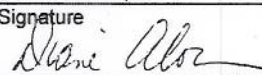


Date of Notification (1) October 1, 2014		Name of Building Owner/Operator (2) Turnbull Residence	
Agencies Notified XEPA DCA xDOL X DEP x DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 92 Battle Road		City, State, Zip Code Princeton, NJ 08540	
Name of Contact Jane Harrison		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 92 Battle Road		Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 50 years	
City (5) Princeton	County (6) Mercer	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Forensics, LLC		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 Clementon Way		Street Address 268 MAIN STREET	
City, State, Zip Code Lawrence, NJ 08648		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Lance Berens		Telephone Number 609-495-4069	License Number 00840
Scheduled Start Date (10) October 13, 2014		Scheduled Completion Date (11) October 31, 2014	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Name of OSHA Monitor EMSL inc.	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
1 st Floor 1 st & 2 nd Floor		Floor Mastic & Tar Paper Misc. Contaminated Household Goods Sheetrock/Plaster	1,000 SF 30 CYds 800 SF
Abatement Type Remove Repair Encap Enclose			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30
Name of Registered Landfill Meadowfill Landfill G.R.O.W.S Minerva Ent. Ohio			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date October 30, 2014	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784 9000 Minerva Road Waynesburg, OH
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 Hauler #3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date October 1, 2014

GAC # 2014-460

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

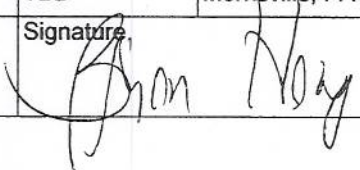
Check # 9231

Date of Notification (1) - November 5, 2014 November 7, 2014 October 21, 2014		Name of Building Owner / Operator (2) Bank of America		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2014 NOV 12 AM 1:00 </div>					
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>X2</u> <input type="checkbox"/> Cancellation	129 Hardenburgh Avenue							
		City, State & Zip Code							
		Demarest, NJ 07627							
		Name of Contact		Telephone Number					
		Dino Nappi							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)						
129 Hardenburgh Avenue									
City (5) Demarest			Square Feet 6,000	# of Floors 2	Bldg. Age 60				
			Current Use (Prior if being demolished) Bank						
County (6) Bergen		County Code (7) USE ONLY							
Name of Monitoring Firm Hired by Building Owner (8) New York Environmental & Material Testing			ASCM No.		Name of Abatement Contractor (9) Synatech, Inc.				
Street Address 88 Harbor Road					Street Address 829 Radio Road				
City, State & Zip Code Port Washington, NY 11050					City, State & Zip Code Little Egg Harbor, NJ 08087				
Project Manager for Monitoring Firm Stephen O'Doherty		Telephone Number 516-944-9500		Telephone Number 609-296-6916	License Number 00817				
Scheduled Start Date (10) November 8, 2014		Scheduled Completion Date (11) December 18, 2014		Name of OSHA Monitor Synatech, Inc.					
Occupancy Status During Abatement (Check only one)			Street Address 829 Radio Road						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Little Egg Harbor, NJ 08087						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" 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 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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsul	Enclosure
Main Banking Center				Plaster Ceiling Veneer	2,600 SF	X			
Main Banking Center				Ceiling Joint Compound	300 SF	X			
2 nd Floor Lavatories				Plaster Walls	450 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429		Cubic Yards of Waste 80	Name of Registered Landfill Grows Landfill				
City, State Little Egg Harbor, NJ 08087				Disposal Date December 19, 2014	City, State Morrisville, PA				
Completed By Diane Aloia		Title Executive Administrator		Signature 		Date November 7, 2014 November 5, 2014 October 21, 2014			

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

NO CK

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

Date of Notification (1) 11-07-2014		Name of Building Owner / Operator (2) 150-170 Main St Hackensack NJ 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 Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (New Start Date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 150-170 Main Street City, State & Zip Code Hackensack NJ, 07601 Name of Contact Shergoh Alkilani Telephone Number						
			2014 NOV 12 AM 1:02 AL						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Retail Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 170 Main Street		Square Feet 20,000	# of Floors 4 (including basement)						
City (5) Hackensack NJ, 07601		County (6) Bergen	Bldg. Age 100						
		Current Use (Prior if being demolished) Retail Building							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Bensalem, Pa. 19020		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	License Number 01185						
Scheduled Start Date (10) 11-21-2014	Scheduled Completion Date (11) 01-21-2015	Name of OSHA Monitor J&S Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 9:00am to 5:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulat	Enclosure
Rooms #: 28, 29, 31, 32, 33, 34, 36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Board	2,229 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms #: 24, 26, 27, 29, 32, 36, Hallway 7&8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	1,356 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room #'s: 15, 16 & 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	599 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Top	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing Material	2, 268 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 			Date 11/07/2014			

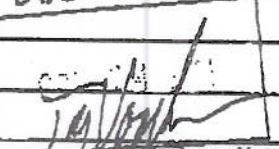
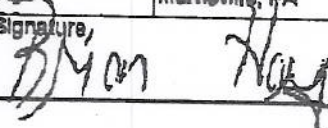
Oct 24 14:02:00p

Resource Management

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

Date of Notification (1) 10-24-2014		Name of Building Owner / Operator (2) 150-170 Main St Hackensack NJ LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> DOL - 10 DAY  WAIVER </div>					
Agencies Notified	Type Notification	Street Address 160-170 Main 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Hackensack NJ, 07601							
		Name of Contact Sherogh Aldant							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Retail Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 170 Main Street				Square Feet 20,000	# of Floors 4 (including basement)				
City (5) Hackensack NJ, 07601	County (6) Bergen	County Code (7)		Bldg. Age 100					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, LLC.				Name of Abatement Contractor (9) Resource Management Group, LLC					
Street Address P.O. Box 268				Street Address 2115 Hamilton Ave, Suite 202					
City, State & Zip Code Berlin, NJ 08009				City, State & Zip Code Trenton, NJ 08619					
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311		Telephone Number 609-977-6159	License Number 01185				
Scheduled Start Date (10) 10-28-2014		Scheduled Completion Date (11) 11-18-2014		Name of OSHA Monitor J&S Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed During 1st Shift Describe: 9:00am to 5:00pm <input type="checkbox"/> Facility Occupied During Abatement				Street Address 2333 Route 22 West					
				City, State & Zip Code Union, NJ 07083					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulated	Enclosure
Rooms # 26, 29, 31, 32, 33, 34, 36, 50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Board	3,152 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms # 24, 28, 27, 28, 32, 36, Hallway 7&8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	255 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Top	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing Material	2,268 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ		Disposal Date TBD		City, State Marionville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature 		Date 10/24/2014			

State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) November 5 2014		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification Emergency (including justification)	Street Address 223 North Van Dien Avenue City, State, Zip Code Ridgewood, NJ 07450-2736 Name of Contact William Stasiak Telephone Number	
3 FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital 1st Floor Cafeteria		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years	
Street Address 223 North Van Dien Avenue		Current Use (prior if being demolished): Hospital	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		ASCM No.	
Street Address 28 Washington Street		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Ballston Spa, NY 12020		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm Jim Miades		City, State, Zip Code Butler, NJ 07405	
Telephone Number 347.435.3561		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) November 17, 2014		Scheduled Completion Date (11) November 18, 2014	
Name of OSHA Monitor EMSL inc.		Street Address 1056 Stelton Road	
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: 7PM-4AM		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Cafeteria	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI Fittings	Amount (Specify SF or LF) 8 Each Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 1	Name of Registered Landfill Meadowfill Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date November 18, 2014	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Date November 5, 2014	
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date November 5, 2014

GAC # 2014-468

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

Check # 7660

Date of Notification (1) 11/7/14		Name of Building Owner/Operator (2) State of New Jersey Dept. of Corrections- Bayside State Prison	
Agencies Notified [x] EPA [] DEP [X] DOL [X] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification [] Emergency [] Cancellation	Street Address 4293 Rt. 47	
		City, State, Zip Code Leesburg, NJ 08327	
		Name of Contact John Liebrand	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bayside State Prison – exterior pipe bank			Type of Facility (4) [] School (K-12) [x] Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 4293 Route 47			Square Feet 4000	# of Floors 2	Bldg. Age ~65
City (5) Leesburg	County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Correctional facility		
Name of Monitoring Firm Hired by Building Owner AHERA Consultants		ASCM No.	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address P.O. 385			Street Address 3 Lynn Court		
City, State, Zip Code Oceanville, NJ 08321-0385			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer		Telephone Number 609-652-1833	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 11/17/14	Sched. Completion Date (11) 11/30/14		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours – Describe: [x] Other – Describe: exterior			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

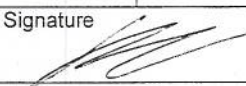
Scope of Work (Check all that apply)			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini – Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non – Friable Procedure		
<input type="checkbox"/> Demolition <input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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E N O V A R S E	E N C L O S U R E	E N C L O S U R E
exterior		x		TSI	300 LF	x			

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 3	Name of Registered Landfill Minerva Landfill
City, State Lincoln Park, NJ		Disposal Date	City, State Waynesburg, OH
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 11/7/14

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

Check # 11114

Date of Notification (1) 11 / 7 / 14		Name of Building Owner/Operator (2) Alcoa Inc							
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 9 Roy Street							
		City, State, Zip Code Dover, NJ 07801							
		Name of Contact Scott Jones	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Alcoa Inc		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 9 Roy Street		Square Feet 100000	# of Floors 2						
City (5) Dover	County (6) Morris	County Code (7) (STATE USE ONLY)	Bldg. Age 60						
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental Inc		ASCM No.	Current Use (Prior if being demolished) manufacturing						
Street Address 411 Southgate Court		Name of Abatement Contractor (9) Plymouth Environmental Company, Inc							
City, State, Zip Code Mickleton, NJ 08056		Street Address 923 Haws Avenue							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	City, State, Zip Code Norristown, PA 19401						
Start Date (10) 11 / 24 / 14	Scheduled Completion Date (11) 12 / 5 / 14	Telephone No. 610-239-9920	License No. 00398						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 07:00AM-03:30PM/ _____ PM- _____ AM		Name of OSHA Monitor Plymouth Environmental Company, Inc.							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 923 Haws Avenue							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code Norristown, PA 19401							
<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) <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
Pit 2 Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	390LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HR Lobby	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	220SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPervisor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	40LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 10	Name of Registered Landfill IESI Bethlehem					
City, State Newark, NJ		Disposal Date 12/1/14		City, State Bethlehem, PA					
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 			Date 11/7/14		


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

Check # 11113

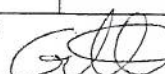
Date of Notification (1) 11 / 7 / 14			Name of Building Owner/Operator (2) Atlantic States Cast Iron Pipe Company						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 183 Sitgreaves Street					
				City, State, Zip Code Phillipsburg, NJ 08865					
		Name of Contact Brendon LaPort		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Atlantic States Cast Iron Pipe Company				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 183 Sitgreaves Street				Square Feet 100000					
City (5) Phillipsburg				# of Floors 2					
County (6) Warren				Bldg. Age 60					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental Inc		ASCM No.		Name of Abatement Contractor (9) Plymouth Environmental Company, Inc					
Street Address 411 Southgate Court				Street Address 923 Haws Avenue					
City, State, Zip Code Mickleton, NJ 08056				City, State, Zip Code Norristown, PA 19401					
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080		Telephone No. 610-239-9920					
				License No. 00398					
Start Date (10) 11 / 24 / 14		Scheduled Completion Date (11) 12 / 1 / 14		Name of OSHA Monitor Plymouth Environmental Company, Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 07:00AM-03:30PM/ _____PM-_____AM				Street Address 923 Haws Avenue					
				City, State, Zip Code Norristown, PA 19401					
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 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
office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile	120SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
manufacturing area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	transite	100SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	drywall joint compound	420SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste 5	Name of Registered Landfill IESI Bethlehem				
City, State Newark, NJ				Disposal Date 12/1/14	City, State Bethlehem, PA				
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature		Date 11/7/14			

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

CK: 4491

Date of Notification (1) 11/7/14		Name of Building Owner/Operator (2) John O'Neill Private Home							
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 120 N Grand St							
		City, State, Zip Code Hammonton NJ 08037							
		Name of Contact John	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) John O'Neill 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 120 N Grand St		Square Feet 1000+	# of Floors 1						
City (5) Hammonton NJ 08037		Bldg. Age 35+							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) 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. 856-753-9800	License No. 00727						
Start Date (10) 11/10/14	Scheduled Completion Date (11) 11/11/14	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 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 checked="" type="checkbox"/> Clean UP <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe debris	less than 3 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/11/14		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/7/14		

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

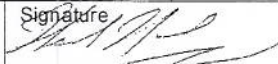
Date of Notification (1) 11/07/14 CK 3329 \$200		Name of Building Owner/Operator (2) Town of West New York							
Agencies Notified	Type Notification	Street Address 428-60th Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West New York, NJ 07093							
		Name of Contact Municipal Administrator	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ladder 4, Truck 1 Fire Station		Type of Facility (4)							
Street Address 430 60th Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) West New York, New Jersey 07093		Square Feet 10,000	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 55+						
Name of Monitoring Firm Hired by Building Owner (8) Remington & Vernick Engineers		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 232 Kings Highway East		Street Address 606 McBride Avenue							
City, State, Zip Code Haddonfield, New Jersey 08033		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Marco Carulli		Telephone No. 856-745-0129	License No. 01104						
Start Date (10) 11/17/14	Scheduled Completion Date (11) 11/19/14	Name of OSHA Monitor J&S Environmental Labs							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Fire house ceiling			X	O&M Wrap & Cure Pipe Insulation	120 LF		X		
				(Critical barriers)					
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 11/21/14	City, State Morrisville, Pennsylvania					
Completed by Momo Glavatovic		Title Vice President		Signature 			Date 11/07/14		

1220

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

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

1202

Date of Notification (1) October 27, 2014		Name of Building Owner/Operator (2) Nigito Realty/City Walk L.L.C.							
Agencies Notified	Type Notification	Street Address 930 Kinderkamack Rd.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code River Edge, NJ 07661							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Kevin Martin	Telephone Number NOV 12						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 100-104 Hudson Street		Type of Facility (4)							
Street Address 100,102,104 Hudson 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) Hackensack, NJ 07601		Square Feet	# of Floors Bldg. Age						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) unknown							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	Telephone No. (877) 759 - MACK						
Start Date (10) 11/8/14		Scheduled Completion Date (11) 12/31/14	License No. 00781						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 1500 Kings HWY N, STE 209							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Cherry Hill, NJ 08034							
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
100 Hudson		<input checked="" type="checkbox"/>		Roof membrane & Flashing	App. 1600 SF	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		TSI (pipe & fittings)	Est. 200 LF	<input checked="" type="checkbox"/>			
102 Hudson		<input checked="" type="checkbox"/>		plaster	6500 s/f	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		TSI (pipe & fittings)	Est. 200 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 65	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF					
City, State Newark, NJ		Disposal Date 12/31/14		City, State Newburg / Imperial / Morrisville, PA					
Completed by Mike Cooper		Title President		Signature 		Date 10/27/14			

MO#22011448320

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

Emergency notification

Date of Notification (1) 11 / 07 / 14		Name of Building Owner (2) Michael Ribalt		APPROVED NJ Dept. of Health & Senior Services (Signature) Date: 11/7/14 Time: 9:28	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 120 Allwood Place City, State, Zip Code Clifton, NJ 07012 Name of Contact Michael Ribalt	
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Private house Street Address 120 Allwood Place City (5) Clifton, NJ 07012 County (6) Passaic					
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.)		Square Feet # of Floors Bldg. Age		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No.		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35 E City, State, Zip Code Fair Lawn, NJ 07410	
Start Date (10) 11 / 08 / 14 Scheduled Completion Date (11) 11 / 10 / 14		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 _____ AM			
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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Second floor Family room Florida room Kitchen		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT floor tiles VAT floor tiles VAT floor tiles Linoleum	
Amount (Specify SIF or LF) 250 SF 250 SF 200 SF 120 SF		Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD Disposal Date TBD	
Completed By (Print or Type) N. Jevtic ASB-41 MAY 11		Title Owner		Signature T.R.R.F. Inc City, State Tullytown, PA	
				Date 11/07/2014	

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

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

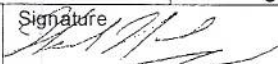
1221

Date of Notification (1) November 07, 2014		Name of Building Owner/Operator (2) Nigito Realty/City Walk L.L.C.		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED NOV 12 2014 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified	Type Notification	Street Address			
<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	930 Kinderkamack Rd. City, State, Zip Code River Edge, NJ 07661 Name of Contact Kevin Martin			
		Telephone Number			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 100 & Garage E. Kansas St. Street Address		Type of Facility (4)	
100 & Garage E. Kansas 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) Hackensack, NJ 07601	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Garage
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC.
Street Address 222 Church Road		Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	Telephone No. (877) 759 - MACK
Start Date (10) 11/11/14		Scheduled Completion Date (11) 1/4/15	License No. 00781
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.	
<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 1500 Kings HWY N, STE 209	
		City, State, Zip Code Cherry Hill, NJ 08034	

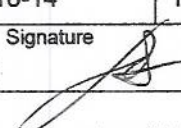
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
100 E. Kansas	<input checked="" type="checkbox"/>			Linoleum under carpet	1000 SF	<input checked="" type="checkbox"/>			
"-"	<input checked="" type="checkbox"/>			Flat roof membrane & flashing	200 SF	<input checked="" type="checkbox"/>			
Garage E. Kansas	<input checked="" type="checkbox"/>			Roofing membrane & Flashing	1800 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 30	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF	
City, State Newark, NJ		Disposal Date 1/4/15		City, State Newburg / Imperial / Morrisville, PA	
Completed by Mike Cooper		Title President	Signature 		Date 11/7/14

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

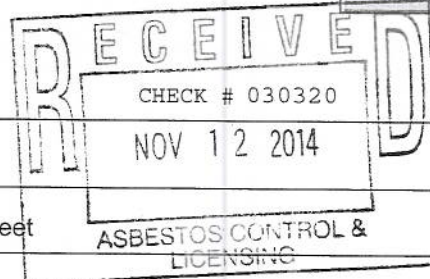
R E C E I V E D	NOV 12 2014
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11-05-14		Name of Building Owner/Operator (2) John De Capua							
Agencies Notified	Type Notification	Street Address 350 Franklyn Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville NJ 07109							
		Name of Contact John Da capua	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)							
Street Address 350 Franklyn Ave.		<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) Springfield		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
Start Date (10) 11-15-14		Scheduled Completion Date (11) 11-16-14	License No. 01206						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Delfa Contracting LLC							
<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: 7:00 AM- 5:00 PM		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Garage		X		roof shingles	432 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 7	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City NJ			Disposal Date 11-18-14	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 11-05-14			

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Print Form

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



Date of Notification (1) 11-06-14		Name of Building Owner/Operator (2) AGL Resources							
Agencies Notified	Type Notification	Street Address 200-234 3rd Avenue & Florida Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07206							
		Name of Contact Steven L. Cook	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elizabeth Gas Facility		Type of Facility (4)							
Street Address Third Avenue & South Second Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Elizabeth		Square Feet	# of Floors 1						
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-939-6565						
Start Date (10) 10-27-14		Scheduled Completion Date (11) 01-31-15(1)Project Completed	License No. 00756						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Even-Air Inc.							
<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 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
Warehouse Roof			x	ACRM Membrane	20,000SF	x			
Warehouse NE/SW			x	ACRM Flashing	200SF	x			
Warehouse NE/SW			x	ACRM Membrane	1,200SF	x			
Fire Pump House			x	Transite Siding	800SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager		Signature 		Date 11-06-14			

CK 3517

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

2014 NOV 12 AM 11:41 14		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING	
Date of Notification		Street Address 155 RT. 50	
Agencies Notified: <input type="checkbox"/> EPA <input type="checkbox"/> DEP <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	City, State, Zip Code GREENFIELD N.J. 08230	
		Name of Contact BRUCE BREUNIG	
		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 building, homes, etc.)	
Street Address 820 STENTON PL.		Square Foot 1000	# of Floors 2
City (5) OCEAN CITY		Blot 4	
County (6) CAPE MAY		Current Use (Prior to being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner N/A		ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC.
Street Address		Street Address 369 S. SPRUCE AVE.	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE, N.J. 08055	
Project Manager for Monitoring Firm		Telephone No. 856-779-0422	License No. 00444
Start Date (10) 11/22/14		Scheduled Completion Date (11) 11/29/14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other: Describe		Name of OSHA Monitor JOSEPH KLEMM	
Scope of Work (Check all that apply): <input type="checkbox"/> 25' or 25" <input type="checkbox"/> 50' or 250" <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Street Address 369 S. SPRUCE AVE.	
		City, State, Zip Code MAPLE SHADE, N.J. 08055	
Location of Asbestos-Containing Material (ACM) (12) TO BE ABATED in Facility (13) SIDING		is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A X	Description of Asbestos Containing Material (ACM) (14) Normal systems insulation, Siding, V.A.T. or other miscellaneous
		Amount (Specify SF or LF) 1000 SF X	
Name of Registered Waste Hauler KLEMMCO INC.		Volume of Waste 17927	Name of Registered Landfill C.M.C. M.U.A.
City, State MAPLE SHADE, N.J. 08052		Disposal Date	City, State WOODBINE, N.J.
Completed By JOSEPH KLEMM		Signature Joseph Klemm	Date 11-7
Title OWNER			

CK 2167

Nov 07 14 10:29a

Resource Management

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 Pursuant to N.J.A.C. 8:26 and 12:120)

DOL - 10 DAY

Date of Notification (1) 11-07-2014		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 2201 Chapel Hill Campus		City, State & Zip Code Cherry Hill, NJ 08002	
Name of Contact Mr. Bud Miller		Telephone Number	

WAIVER APPROVED

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 2201 Chapel Hill Campus			Square Feet 250,000		
City (6) Cherry Hill, NJ 08002			# of Floors 2		
County (8) Camden			Bldg. Age 82		
County Code (7)			Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.			Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 3370 Progress Drive, Suite J			Street Address 2115 Hamilton Ave, Ste 202		
City, State & Zip Code Bensalem, Pa. 19020			City, State & Zip Code Trenton, NJ 08610		
Project Manager for Monitoring Firm Mr. Mike Panepresso			Telephone Number 609-877-6159		
Telephone Number 215-244-1300			License Number 01185		
Scheduled Start Date (10) 11-10-2014			Scheduled Completion Date (11) 12-01-2014		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours: Describe: 3:30pm-12:30am <input type="checkbox"/> Facility Occupied During Abatement			Name of OSHA Monitor J&S Environmental Laboratories Inc		
			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07093		

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
OR		<input checked="" type="checkbox"/>		Pipe Fittings	64 Each	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grove Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature <i>Brian Haney</i>	Date 11/07/2014	

CHECK #
35116

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

2014 State of New Jersey
Date: 11/18/14

AJ

Agencies Notified
☐ EPA
☐ DEP
☐ DOL
☐ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
EARTHTECH CONTRACTING

Street Address
155 RT. 50

City, State, Zip Code
GREENFIELD N.J. 08230

Name of Contact
BRUCE BREUNIG

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
RESIDENCE

Street Address
2945-47 CENTRAL AVE.

City (5)
OCEAN CITY

County (5)
CAPE MAY

County Code (7) STATE
USE ONLY

Type of Facility (4)
☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
1000

of Floors
2

Blgd. Age
40+

Current Use (Prior to being demolished)
VACANT

Name of Monitoring Firm Hired by Building Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
KLEMMCO INC.

Street Address
369 S. SPRUCE AVE.

City, State, Zip Code
MAPLE SHADE, N.J. 08052

Telephone No.
856-779-0422

License No.
00444

Project Manager for Monitoring Firm

Start Date (10)
11/18/14

Scheduled Completion Date (11)
11/25/14

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe

Name of OSHA Monitor
JOSEPH KLEMM

Street Address
369 S. SPRUCE AVE.

City, State, Zip Code
MAPLE SHADE, N.J. 08052

Scope of Work (Check all that apply)
☐ 23 ft or 23 ft
☐ 21-60 ft or 2250 ft

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Min. Enclosure
☐ Geyobag Procedure
☐ Non-Exempted (*) and Non-Frable Procedure

Location of Asbestos-Containing Material (ACM) (12) 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 (14)		
	YES	NO	N/A			Removal	Enclosure	Encapsulation
SIPING			X	TRANSITE	2600-SF			

Name of Registered Waste Hauler
KLEMMCO INC.

NJ DEP Waste Hauler ID No.
12904

Cubic Yards of Waste
5

Disposal Date

Name of Registered Landfill
C.M.C. M.U.A.

City, State
WOODBINE, N.J.

City, State, Zip Code
MAPLE SHADE, N.J. 08052

Signature
Joseph Klemm

Date
11/16/14

Completed By
JOSEPH KLEMM

Title
OWNER