

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

PAID W/
MO # 20446585097
#200

Date of Notification (1) 11/6/2013		Name of Building Owner/Operator (2) Robert J irene							
Agencies Notified	Type Notification	Street Address 1-2 Chapin Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bernardsville, NJ 07924							
		Name of Contact Robert Irene	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		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 1-2 Chapin Rd		Square Feet 1000 SF	# of Floors 1						
City (5) Bernardsville		Bldg. Age 30+							
County (6) Somerville	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) America Enterprise Corp						
Street Address		Street Address 29 Northfield Ave, St 202							
City, State, Zip Code		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm		Telephone No. 877-977-9516	License No. 01203						
Start Date (10) 11/16/2013	Scheduled Completion Date (11) 11/27/2013	Name of OSHA Monitor America Enterprise Corp							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Private Property Unoccupied		Street Address 29 Northfield Ave, St 202							
		City, State, Zip Code West Orange, NJ 07052							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-Crawl space			X	TSI pipe insulation debris	1500 SF	X			
Carriage House			X	Roof flashing- exterior chimney	8 SF	X			
Name of Registered Waste Hauler America Enterprise Corp		NJDEP Waste Hauler ID No. 32980	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S landfill					
City, State West Orange, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Maria Yagual	Title Manager		Signature <i>Maria Yagual</i>			Date 11/06/2013			

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

Courtesy to EPA Region II

Date of Notification (1) 11 / 8 / 2013		Name of Building Owner/Operator (2) CSX Corporation							
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 # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Gary Wywra Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX Building - Non-Operational 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 and commercial buildings, homes, etc.)							
Street Address Intersection of Front Street and Burton Avenue		Square Feet 1000+							
City (5) Hopewell		# of Floors 2							
County (6) Mercer		Bldg. Age 25+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Unknown							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		ASCM No.							
Street Address 128 S. Tryon Street - Interstate Tower		Name of Abatement Contractor (9) Prism Response, Inc.							
City, State, Zip Code Charlotte, NC 28202		Street Address 102 Technology Lane							
Project Manager for Monitoring Firm Gary Wywra		City, State, Zip Code Export, PA 15632							
Telephone No. 732-939-3707		Telephone No. 724-325-3330							
License No. 01121		Name of OSHA Monitor Shaw Environmental, Inc.							
Start Date (10) 11 / 18 / 2013		Scheduled Completion Date (11) 11 / 28 / 2013							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 128 South Tryon Street, Interstate Tower							
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Charlotte, NC 28202							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Main Roof Felt Paper	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	16 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Flue Vent	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing	6 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"/>
Name of Registered Waste Hauler Republic Services		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill				
City, State Mount Laurel, NJ		Disposal Date 11/28/2013		City, State Morgantown, PA					
Completed By (Print or Type) Jessica Busch		Title Administrative Support		Signature <i>page 2 of 2</i>		Date 11/8/2013			

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1910

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

Courtesy to EPA Region II

Date of Notification (1) 11 / 8 / 2013		Name of Building Owner/Operator (2) CSX Corporation							
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 # / <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Water Street City, State, Zip Code Jacksonville, FL 32202 Name of Contact Gary Wywra Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CSX Building - Non-Operational 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 and commercial buildings, homes, etc.)							
Street Address Intersection of Front Street and Burton Avenue		Square Feet 1000+	# of Floors 2						
City (5) Hopewell		Bldg. Age 25+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Unknown							
Name of Monitoring Firm Hired by Building Owner (8) Shaw Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 128 S. Tryon Street - Interstate Tower		Street Address 102 Technology Lane							
City, State, Zip Code Charlotte, NC 28202		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Gary Wywra	Telephone No. 732-939-3707	Telephone No. 724-325-3330	License No. 01121						
Start Date (10) 11 / 18 / 2013	Scheduled Completion Date (11) 11 / 28 / 2013	Name of OSHA Monitor Shaw Environmental, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 128 South Tryon Street, Interstate Tower City, State, Zip Code Charlotte, NC 28202							
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windor and Door Caulking	220 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	1535 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st & 2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet Flooring	648 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway Furnace Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 Floor Tile	640 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Republic Services		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill					
City, State Mount Laurel, NJ		Disposal Date 11/28/2013		City, State Morgantown, PA					
Completed By (Print or Type) Jessica Busch	Title Administrative Support	Signature <i>Jessica Busch</i>				Date 11/8/2013			

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

Date of Notification (1) 11-6-13		Name of Building Owner/Operator (2) Peter Lee	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type Initial x <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 533 Grove St.	
		City, State, Zip Co Haddonfield, NJ 08033	
		Name of Contact Jim Runyon	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Shed		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 533 Grove St			
City (5) Haddonfield	Square Feet 190	# of Floors 1	Bldg. Age 60
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished) Storage Shed	
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.		ASCM No.	Name of Contractor (9) County Environmental
Street Address 760 Pulaski Highway		Street Address 461 New Churchmans Rd.	
City, State, Zip Code New Castle, DE 19720		City State, Zip Code New Castle, DE 19720	
Project Manager for Monitoring Firm Wesley Morrison	Telephone No. (302) 326-2333	Telephone Number (302) 322-8946	License Number 00578
Scheduled Start Date (10) 11/20/13	Scheduled Completion Date 11/20/13	Name of OSHA Monitor County Environmental	
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 - <input type="checkbox"/> Other - Describe:		Street Address 461 New Churchmans Road	
		City, State, Zip Code New Castle, DE 19720	


Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☐ Renovation
☒ Demolition

Full Containment with Negative Pressure
☐ Mini-Enclosure Glovebag Procedure
☒ Non-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
Exterior		X		Transite Siding	250 SF	X		

Name of Reg. Waste Hauler Service Transport Grp		NJDEP Waste Hauler ID No.20990	Cubic Yards of Waste	Name of Reg. Landfill Minerva	
City, State New castle DE		Disposal Date TBA		City, State Waynesburg OH	
Completed by Benjamin Hodgdon	Title PM	Signature 			Date 11/6/13

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

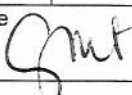
Chief A 1580

Date of Notification (1) 10 / 29 / 13		Name of Building Owner / Operator (2) First Energy					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 76 South Street City, State, Zip Code Akron, Ohio 44308 Name of Contact Jim Halsey					
Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Street Address Rt 34 & Lincoln Circle West		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)					
City (5) Middletown	County (6) Middlesex	County Code (7)	Square Feet # Of Floors Building Age				
		Current Use (Prior if being demolished) Telephone Pole					
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO.					
Street Address 655 West Shore Trail		LVI Demolition Services Inc.					
City, State, Zip Code Sparta, NJ 07871		Street Address 32 Williams Parkway					
Project Mngr. For Monitoring Firm Dino Nappi		City, State, Zip Code East Hanover, NJ 07036					
Telephone Number 212-682-9271		License Number 00860					
Scheduled Start Date (10) 11 / 12 / 13	Sched. Completion Date (11) 11 / 13 / 13	Telephone Number 973-884-8682					
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitor LVI Demolition Services Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036					
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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 <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) Abatement Type <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>R E M O V A L</td> <td>R E P A I R</td> <td>E N C A P S U L</td> <td>E N C L O S U R</td> </tr> </table>	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R				
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Pipe	25 LF <input checked="" type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> E <input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> U <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> L <input type="checkbox"/> E <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> U <input type="checkbox"/> U <input type="checkbox"/> R <input type="checkbox"/> R				
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.				
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105					
Completed by (Print or Type) Ralph Barnhardt	Title Operation Manager	Signature <i>Ralph Barnhardt</i>	Date 11/08/13				

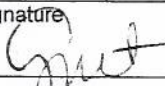
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 11 / 7 / 13		Name of Building Owner/Operator (2) NJ Turnpike Authority / Job #1306-4662 Check #5504							
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 PO Box 5050 City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Bill Stanich Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ Turnpike- Cranbury Station Bridge		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 66 Station Road		Square Feet _____ # of Floors _____ Bldg. Age _____							
City (5) Cranbury		County Code (7) (STATE USE ONLY) _____							
County (6) Middlesex		Current Use (Prior if being demolished) Exterior Bridge							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No. _____	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 344 West State Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Nora Pearce		Telephone No. 609-656-8101	Telephone No. 609-265-2107						
Start Date (10) 11 / 12 / 13		License No. 00529							
Scheduled Completion Date (11) 11 / 15 / 13		Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 108 Haddon Ave. City, State, Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Conduit	1,600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Freehold, NJ		Disposal Date 11/17/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 11/7/13			

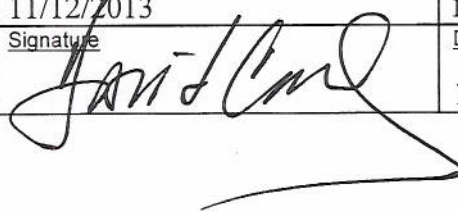
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 11 / 6 / 13		Name of Building Owner/Operator (2) City of Vineland / Job #1311-4710 Check #5742							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 640 East Wood Street City, State, Zip Code Vineland, NJ 08362 Name of Contact Gus Foster Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) V.M.E.U		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 415 N. West Ave.		Square Feet # of Floors Bldg. Age							
City (5) Vineland	County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utility						
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 11 / 18 / 13	Scheduled Completion Date (11) 11 / 18 / 13	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 11/18/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature 			Date 11/6/13			

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

Date of Notification (1) 11 / 6 / 13		Name of Building Owner/Operator (2) Brookdale Community College / Job #1310-4707 Check #5739							
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 765 Newmans Springs Road City, State, Zip Code Lincroft, NJ 07738 Name of Contact Rich Frank							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brookdale Community College- Central Utility Plant		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 765 Newmans Springs Road		Square Feet # of Floors Bldg. Age							
City (5) Lincroft, NJ 07738		County Code (7) (STATE USE ONLY)							
County (6) Monmouth		Current Use (Prior if being demolished) Utility Plant							
Name of Monitoring Firm Hired by Building Owner (8) Air Consulting Services, LLC		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 301 East Ward St.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Hightstown, NJ 08520		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Dave Kichula		Telephone No. 609-371-2489	License No. 00529						
Start Date (10) 11 / 11 / 13	Scheduled Completion Date (11) 11 / 15 / 13		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double layer roofing material	950 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 11/15/13		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 11/6/13			

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT ISES CHECK # 10681

Date of Notification (1) 11/05/2013			Name of Building Owner/Operator (2) Lisa Young Mun			
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation		Street Address 540 Durie Avenue		
				City, State, Zip Code Closter, NJ 07624		
				Name of Contact Lisa Young Mun		
				Tel. Number		
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)			
Street Address 540 Durie Avenue			Sq. Feet: 5,000 # of Floors 3 Bldg. Age 60			
City (5) Closter			Current Use (if being demolished):			
County (6) Bergen		County Code (7) (State Use Only)				
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.			
Street Address N/A			Street Address 3300 Hudson Avenue			
City, State, Zip Code N/A			City, State, Zip Code Union City, NJ 07087			
Project Manager for Monitoring Firm N/A		Telephone Number N/A		License Number 01124		
Scheduled Start Date (10) 11/09/2013		Scheduled Completion Date (11) 11/12/2013		Name of OSHA Monitor ISES, Inc.		
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area in basement unoccupied during abatement			Street Address 3300 Hudson Avenue			
			City, State, Zip Code Union City, NJ 07087			
Source of Work (Check all that apply) () Demolition (X) Renovation						
(X) Minor Project (< 25 SF or < 10 LF ACM) () Full Containment with Negative Pressure						
() Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure						
() Large Project (>160 SF or > 260 LF ACM) () Glove-bag Procedure						
(X) 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) YES NO N/A		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)		
Exterior Siding		X		Transite wall siding material ~ 20 SFT		
Exterior Siding and mixed construction debris in container		X		Transite siding inside container mixed with wood and roofing material debris removed by home owner. ~ 20 Cubic yards		
Name of Reg. Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID # 04509		Cubic Yards of Waste 20		
City, State 369 Raymond Blvd., Newark, NJ 07105		Disp. Date 11/12/2013		Name of Reg. Landfill IESI BETHLEHEM LANDFILL		
Completed by (Print or Type) David Camacho		Title Project Supervisor		City, State BETHLEHEM, PA 18015		
		Signature 		Date 11/05/2013		

Date of Notification (1) 11/04/2013		Name of Building Owner/Operator (2) Michael Dabney	
Agencies Notified () EPA (X) NJDEP (X) NJ DOL (X) DOH () DCA		Type of Notification (X) Initial Notification () Amended Amendment # _____ (X) Emergency (including justification) () Cancellation	
Name of Facility Where Abatement is Taking Place (3) Residential Property		Street Address 614 Bloomfield St	
Street Address 614 Bloomfield St		City, State, Zip Code Hoboken, NJ 07030	
City (5) Hoboken		Name of Contact Susan Pregibon	
County (6) Hudson		Tel. Number	
County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		FACILITY INFORMATION	
Street Address N/A		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
City, State, Zip Code N/A		Sq. Feet: 5,000 # of Floors 3 Bldg. Age 60	
Project Manager for Monitoring Firm N/A		Current Use (if being demolished):	
Telephone Number		Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.	
Scheduled Start Date (10) 11/08/2013		Street Address 3300 Hudson Avenue	
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: Work area in basement unoccupied during abatement		City, State, Zip Code Union City, NJ 07087	
Source of Work (Check all that apply) () Minor Project (< 25 SF or < 10 LF ACM) (X) Small Project (>25 <160 SF or >10 <260 LF ACM) () Large Project (>160 SF or > 260 LF ACM)		Telephone Number (201)325-0055	
() Demolition		License Number 01124	
() Full Containment with Negative Pressure		Name of OSHA Monitor ISES, Inc.	
() Mini-Enclosure		Street Address 3300 Hudson Avenue	
() Glove-bag Procedure		City, State, Zip Code Union City, NJ 07087	
(X) 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) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)	Amount (Specify SF or LF)
1st Floor Kitchen	X	VAT Floor Tile and underlayment	~ 140 SFT
Floor Tile	X	VAT Floor Tile	~ 10 SFT
Name of Reg. Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste 1	Abatement Type
City, State 369 Raymond Blvd., Newark, NJ 07105	Disp. Date 11/12/2013	Name of Reg. Landfill IESI BETHLEHEM LANDFILL	Removal
Completed by (Print or Type) David Camacho	Title Project Supervisor	City, State BETHLEHEM, PA 18015	Repair
		Date 11/04/2013	Encapsulate
			Enclosure

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

Check # 8301

2013 NOV 13 AM 10:06
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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 11/4/13		Name of Building Owner/Operator (2) MR. PELLEGRINO							
Agencies Notified	Type Notification	Street Address 2074 MAPLE VIEW COURT							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SCOTCH PLAINS, NJ 07076							
		Name of Contact MR. PELLEGRINO							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PELEGRINO		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 2074 MAPLE VIEW COURT		Square Feet 1650	# of Floors 2						
City (5) SCOTCH PLAINS		Bldg. Age 60							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RES.							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.						
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 11/19/13	Scheduled Completion Date (11) 11/21/13	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENTS	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) 70 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			X	PIPE		X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 11/19/13 on		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature R. McDonald			Date 11/4/13			

Nov 4 2013 02:32 PM P001/001

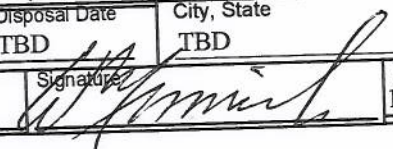
Check # 8301

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

Date of Notification (1) 11/4/13		Name of Building Owner/Operator (2) MR. JIM VAUGHAN		APPROVED NJ Dept. of Health & Senior Services (signature) 11/4/13 Time: 2:27 PM	
Agencies Notified <input 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 Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 275 MAJOR ROAD City, State, Zip Code RIDGEWOOD NJ 07450 Name of Contact JIM Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) VAUGHAN			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 & commercial buildings, homes, etc.)		
Street Address 275 MAJOR ROAD			Square Feet 3500		
City (5) RIDGEWOOD			# of Floors 3		Bldg. Age 60
County (6) Bergen			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) R&S
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.
Street Address			Street Address 105 Lowell Road		
City, State, Zip Code			City, State, Zip Code Glen Rock, N.J. 07452		
Project Manager for Monitoring Firm			Telephone No. 201-262-5841		License No. 00155
Start Date (10) 11/4/13		Scheduled Completion Date (11) 11/6/13		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 280 Huyler Street		
			City, State, Zip Code Hackensack, NJ 07606		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
ATTIC		X		PIPE	
				8 LF	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 5	
City, State Riverdale, New Jersey 07457		Disposal Date 11/4/13		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
Completed by R. McDonald		Title President		Signature R. McDonald	
				Date 11/4/13	

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

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2013 NOV 13 AM 10:36
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>11/6/13</u>		Name of Building Owner/Operator (2) <u>Elwyn of New Jersey</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1667 E. Landis Ave.</u>	
		City, State, Zip Code <u>Vineland, NJ</u>	
		Name of Contact <u>Bob Konar</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)	
Street Address <u>305 W. Commerce Street</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>
City (s) <u>Bridgeton</u>		Bldg. Age <u>35 yrs</u>	
County (6) <u>Cumberland</u>	County Code(7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>Residence</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>AEi2, LLC</u>
Street Address _____		Street Address <u>300 S. Lenola Road</u>	
City, State, Zip Code _____		City, State, Zip Code <u>Maple Shade, NJ 08052</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>
Start Date (10) <u>11/16/2013</u>	Scheduled Completion Date (11) <u>11/17/2013</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>AEi2, LLC</u>	
		Street Address <u>300 S. Lenola Road</u>	
		City, State, Zip Code <u>Maple Shade, NJ 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation 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 IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Basement</u>			<u>X</u>
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>4</u>
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>	Name of Registered Landfill <u>TBD</u>
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature 
			Date <u>11/6/13</u>

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

Date of Notification (1) 10/15/2013		Name of Building Owner/Operator (2) P.S.E.G.							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080							
		Name of Contact JOHN BRADLEY							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE & G - ATHENIA		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 13 VAN VLIET COURT		Square Feet 18,248	# of Floors 3						
City (5) CLIFTON		Bldg. Age Appx 87 yrs							
County (6) PASSAIC		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 10/29/13		Scheduled Completion Date (11) 11/18/13							
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied by necessary operators only		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
CONTROL ROOM & MEN'S LOCKER		X		FLOOR TILE & MASTIC	2488 SF	X			
OUTSIDE WINDOWS		X		ACM WINDOW CAULKING	730 LF	X			
CONTROL ROOM		X		PIPE INSULATION	10 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 30	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 10/15/13					

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

No Check

RECEIVED
 2013 NOV 13 AM 10:06
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/5/2013		Name of Building Owner/Operator (2) P.S.E.G.							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080							
		Name of Contact JOHN BRADLEY	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE & G - ATHENIA		Type of Facility (4)							
Street Address 13 VAN VLIET COURT		<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) CLIFTON		Square Feet 18,248	# of Floors 3						
County (6) PASSAIC		County Code (7) (STATE USE ONLY) _____	Bldg. Age APPX 87 yrs						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	License No. 01111						
Start Date (10) 10/29/13	Scheduled Completion Date (11) 11/4/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: occupied by necessary operations only		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
CONTROL ROOM & MEN'S LOCKER		X		FLOOR TILE & MASTIC	2488 SF	X			
OUTSIDE WINDOWS		X		ACM WINDOW CAULKING	730 LF	X			
CONTROL ROOM		X		PIPE INSULATION	10 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 30	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>	Date 11/5/13					

10000221

Date of Notification (1)
11/11/06 11/13

Agencies Notified
☒ MEPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial Notification
☐ Amended Notification
☐ Cancellation

Name of Building Owner
ATLANTIC CITY

Street Address
514 FREDERICKSBURG

City, State, Zip Code
MARGATE, NJ

Name of Contact
JOE ROGERS

Telephone Number
1-800-496-1346

Name of Facility Where Abatement is Taking Place (3)
MARVEN SUBSTATION

Street Address
514 FREDERICKSBURG AV

City (5)
MARGATE

County (6)
ATLANTIC

County Code (7)
(STATE USE ONLY)

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

Street Address
N/A

City, State, Zip Code
N/A

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
1200

of Floors
1

Bldg. Age
55

Current Use (Prior if being demolished)
SUBSTATION ELDER

Name of Abatement Contractor (9)
New States Contracting

Street Address
2400 MAIN ST Extension, Suite

City, State, Zip Code
SAYREVILLE, NJ 08872

Telephone Number
732 525 0100

License Number
00749

Name of OSHA Monitor
TIGER ENVIRONMENTAL

Street Address
234 20TH AV

City, State, Zip Code
BRICK, NJ 08724

Scheduled Start Date (10)
11/11/21/13

Sched. Completion Date (11)
11/11/25/13

Month / Day / Year

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

Scope of Work (Check all that apply)
☐ Demolition
☐ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	M	O	V
main BUNG		Transite ceiling & doors	450SF	X				

Name of Registered Waste Hauler
FCI

City, State
Freehold, NJ

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
3

Disposal Date

Name of Registered Landfill
GROWS LANDFILL

City, State
Mumsville, P.

Date

Completed By (Print or Type)
Rick Baptiste

Title
Vice President

Signature
[Signature]

Date
11/13/06

Courtesy notification

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

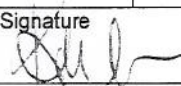
2013 NOV 13 AM 10:06
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10 / 24 / 13		Name of Building Owner/Operator (2) State of New Jersey DPMC / Job # 1310-1823 Chk. #NA							
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 #02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 455 North Main Road City, State, Zip Code Vineland, NJ 08360 Name of Contact John Tisa Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vineland Preparatory Academy		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 2000 Maple Avenue		Square Feet 10,000	# of Floors 2						
City (5) Vineland		Bldg. Age 80							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Juvenile School							
Name of Monitoring Firm Hired by Building Owner (8) Whitman Company		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 7 Pleasant Hill Road		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	License No. 00862						
Start Date (10) 11 / 18 / 13	Scheduled Completion Date (11) 11 / 18 / 13	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Roof Renovation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide oversight during the	1,346	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roof removal - COURTESY NOTIF.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOT REGULATED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 11/19/13		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 11-14-13			


COURTESY NOTIFICATION

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

No check


Date of Notification (1) 10 / 24 / 13		Name of Building Owner/Operator (2) State of New Jersey DPMC		Job # 1310-1823 Chk. #NA					
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 # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 455 North Main Road		City, State, Zip Code Vineland, NJ 08360					
		Name of Contact John Tisa		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vineland Preparatory Academy				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 2000 Maple Avenue				Square Feet 10,000					
City (5) Vineland				# of Floors 2					
County (6) Cumberland				Bldg. Age 80					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Juvenile School							
Name of Monitoring Firm Hired by Building Owner (8) Whitman Company		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 7 Pleasant Hill Road		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858		License No. 00862					
Start Date (10) 11 / 11 / 13		Scheduled Completion Date (11) 11 / 11 / 13		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Roof Renovation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provide oversight during the	1,346	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roof removal - COURTESY NOTIF.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOT REGULATED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5		Name of Registered Landfill GROWS Landfill			
City, State Freehold, NJ		Disposal Date 11/12/13		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 11/4/13			

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

Date of Notification (1) 11 / 8 / 13		Name of Building Owner/Operator (2) Louis and Lisa Fermonte		Job # 1311-1825 Chk. #3396					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 12 East Vernon Avenue		<div style="transform: rotate(-15deg);"> RECEIVED 2013 NOV 13 AM 10:06 ASBESTOS CONTROL & LICENSING </div>					
		City, State, Zip Code Northfield, NJ 08225							
		Name of Contact Lisa Fermonte							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property				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 12 East Vernon Avenue				Square Feet	# of Floors 2				
City (5) Northfield				Bldg. Age 60					
County (6) Atlantic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 16 West Elizabeth Avenue		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Linden, NJ 07036		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 908-862-4301		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) 11 / 21 / 13		Scheduled Completion Date (11) 11 / 21 / 13		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill				
City, State Freehold, NJ		Disposal Date 11/22/13		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 11/8/13		

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

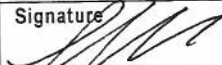
Check No. N/A

Date of Notification (1) October 16, 2013		Name of Building Owner/Operator (2) PA of NY & NJ, Port Newark Marine terminal						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-4</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 274 Kellogg Street City, State, Zip Code Port Newark, NJ 07114 Name of Contact Ron Shaw Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Port Elizabeth		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1170 McLester St., Elizabeth, NJ		Square Feet 44,000						
City (5) Elizabeth, NJ 07201		# of Floors 1	Bldg. Age 33 +/-					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office/Warehouse Space						
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.					
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue						
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Uday Mehta	Telephone No. 201-595-4881	Telephone No. 973-478-4681	License No. 00120					
Start Date (10) October 30, 2013	Scheduled Completion Date (11) December 31, 2013	Name of OSHA Monitor McCabe Environmental Services, L.L.C.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Non friable exterior work		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998						
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
Building 1170 - Roof	<input checked="" type="checkbox"/>			sealant caulking (metal cap coping)	1080 In ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Two Brothers Contracting, Inc.		NJDEP Waste Hauler ID No. 12695	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Clifton, NJ 07014		Disposal Date 10/30/13 - 11/29/13		City, State Penn Argyl, PA				
Completed by G. Roger Woodman	Title Project Manager			Signature 			Date 11/6/2013	

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

Check No. **N/A**

RECEIVED
2013 NOV 13 AM 10:06
ASBESTOS CONTROL
& LICENSING

Date of Notification (1) October 15, 2013		Name of Building Owner/Operator (2) PA of NY & NJ, Port Newark Marine terminal						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 274 Kellogg Street City, State, Zip Code Port Newark, NJ 07114 Name of Contact Ron Shaw Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Port Elizabeth		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address Trench on north and south side of Berth 3 on Corbin Street (Cross Street Kellogg St.)		Square Feet N/A						
City (5) Newark, NJ 07114		# of Floors N/A	Bldg. Age n/a					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Under ground pipe						
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ	ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.						
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue						
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Uday Mehta	Telephone No. 201-595-4881	Telephone No. 973-478-4681	License No. 00120					
Start Date (10) November 04, 2013	Scheduled Completion Date (11) December 31, 2013	Name of OSHA Monitor McCabe Environmental Services, L.L.C.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Non friable exterior work		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998						
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>								
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
Trench on north and south side of Berth 3 on Corbin Street			<input checked="" type="checkbox"/>	Concrete encase transite pipe	150 In ft	<input checked="" type="checkbox"/>		
			<input checked="" type="checkbox"/>	transite pipe	760 In ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Two Brothers Contracting, Inc.		NJDEP Waste Hauler ID No. 12695	Cubic Yards of Waste 100	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Clifton, NJ 07014		Disposal Date 10/30/13 - 11/29/13	City, State Penn Argyl, PA					
Completed by G. Roger Woodman	Title Project Manager	Signature 				Date 11/6/2013		

NOV 13 AM 10:07
ASBESTOS CONTROL & LICENSING

Date of Notification (1) **November 7, 2013**

Name of Building Owner / Operator (2) **JP Morgan Chase & Co.**

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☐ Cancellation

Street Address
331 Lafayette Avenue

City, State & Zip Code
Hawthorne, NJ 07506

Name of Contact

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JP Morgan Chase Bank

Street Address
331 Lafayette Avenue

City (5)
Hawthorne

County (6)
Passaic

County Code (7)
USE ONLY

ASCM No.

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, home, etc.)

Square Feet
12,000

of Floors
1 + Basement

Bldg. Age
47

Current Use (Prior if being demolished)
Bank

Name of Monitoring Firm Hired by Building Owner (8)
PM Environmental

Street Address
170 Changebridge Road, Building C5-4

City, State & Zip Code
Montvale, NJ 07045

Project Manager for Monitoring Firm
William Mener

Telephone Number
973-479-6475

Scheduled Start Date (10)
November 23, 2013

Scheduled Completion Date (11)
December 19, 2013

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

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 50 lf
☐ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

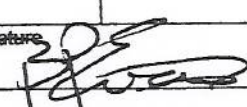
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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	
	Yes	No	N/A			Removal	Repair
TO BE ABATED							
Boiler Room			X	Pipe Fittings/Insulation	75 LF		X
Boiler Room			X	Boiler Rope	20 SF		X
Name of Registered Waste Hauler Synatech, Inc. City, State Little Egg Harbor, NJ 08087	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 1	Disposal Date December 20, 2013	Name of Registered Landfill Grows Landfill City, State Morrisville, PA		Date November 7, 2013	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>					

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

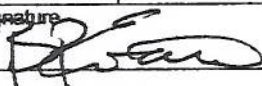
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAGE 2 OF 2

Date of Notification (1)		Name of Building Owner/Operator (2) * Refer to Page 1 for Project Details -See Quantities Section Below							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5)		Square Feet	# of Floors						
County (6)		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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							
ADDITIONAL MATERIALS									
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
1st Floor Patient Relations				Floor Tile and Mastic/Pipe Ins.	300sf/15lf	x			
1st Floor Fire Command				8 Fittings	8lf	x			
1st Floor Storage Room				Floor Tile and Mastic	215lf	x			
1st Floor Volunteers Area				Floor Tile and Mastic	800sf	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State				Disposal Date	City, State				
Completed by Brian Evans		Title Project Manager		Signature 		Date 11/5/13			

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

RECEIVED
 2013 NOV 13 AM 10:06
 ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) 10/10/2013 Amended 11/5/2013		Name of Building Owner/Operator (2) Englewood Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 350 Engle Street							
		City, State, Zip Code Englewood, NJ 07631							
		Name of Contact Harry Hahn	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Englewood Hospital		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 350 Engle Street		Square Feet 100,000	# of Floors 6						
City (5) Englewood, NJ 07631		Bldg. Age 50							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No. n/a	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 1600 Route 22 East		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Union, NJ		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Michael Nehlsen		Telephone No. 908-688-7800	Telephone No. 718-349-0900						
Start Date (10) 10/24/2013		Scheduled Completion Date (11) 12/24/2013	License No. 28675						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Roland Barnhart							
		Street Address 21 Perrine Avenue							
		City, State, Zip Code South Amboy, NJ 08879							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
4th Floor Rooms				Floor Tile, Mastic	1,400sf	x			
4th Floor Rooms				Pipe Insulation	60lf	x			
5th Floor Hallway Corridor				Floor Tile, Mastic, Carpet	3,050sf	x			
6th Floor MER				Pipe Fitting Insulation	3lf	x			
Name of Registered Waste Hauler ATC		NUDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 60 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 10/31/2013		City, State Waynesburg, OH 44688					
Completed by Brian Evans		Title Project Manager		Signature 			Date 11/5/13		

EDS13-308

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

Check # 1952

Page 1 of 1

Date of Notification (1) 11-1-2013		Name of Building Owner/Operator (2) SADDLE BROOK PUBLIC SCHOOLS							
Agencies Notified	Type Notification	Street Address 355 Mayhill Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Saddle Brook, NJ 07663							
		Name of Contact Raymond G. Karaty	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saddle Brook High School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 355 Mayhill Street		Square Feet 184,000+	# of Floors 3						
City (5) Saddle Brook		Bldg. Age 40+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 00003	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 1253 N Church Street		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 856-840-8800 x 23	Telephone No. 201-710-9725						
License No. 01084									
Start Date (10) 11-7-2013	Scheduled Completion Date (11) 11-10-2013	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gymnasium		X		Pipe Insulation	104 LF	x			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Grows					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President	Signature <i>Elena Solakov</i>			Date 11-1-2013			

Nov 4 2013 03:32pm

P001/001

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

Check # 1952

Page 1 of 1

Date of Notification (1) 11-1-2013		Name of Building Owner/Operator SADDLE BROOK PUBLIC SCHOOLS		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Horn</i> (signature) Date: 11/4/13 Time: 3:32 PM					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOM <input checked="" 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 355 Mayhill Street City, State, Zip Code Saddle Brook, NJ 07663 Name of Contact Raymond G. Karaty					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saddle Brook High School				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 355 Mayhill Street				Square Feet 184,000+					
City (5) Saddle Brook				# of Floors 3					
County (6) Bergen				Bldg. Age 40+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. 00003		Name of Abatement Contractor (9) GL Group, Inc					
Street Address 1253 N Church Street		Street Address 140 Hamburg Turnpike		City, State, Zip Code Bloomingdale, NJ 07403					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Bloomingdale, NJ 07403		Telephone No. 201-710-9725					
Project Manager for Monitoring Firm Michael Stocku		Telephone No. 856-840-8800 x 23		License No. 01084					
Start Date (10) 11-7-2013		Scheduled Completion Date (11) 11-10-2013		Name of OSHA Monitor GL Group, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 140 Hamburg Turnpike City, State, Zip Code Bloomingdale, NJ 07403					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 sf or ≥280 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 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	Endure
Gymnasium		X		Pipe Insulation	104 LF	x			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034		Cubic Yards of Waste TBD		Name of Registered Landfill Grows			
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>		Date 11-1-2013			

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

Date of Notification (1) 11/05/13 CK#2897 \$200		Name of Building Owner/Operator (2) Brick Township Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 101 Hendrickson Avenue							
		City, State, Zip Code Brick, New Jersey 08724							
		Name of Contact James Edwards	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brick Township High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 346 Chambers Bridge Road		Square Feet 50,000	# of Floors 2						
City (5) Brick, New Jersey 08724		Bldg. Age 55+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 1805 Atlantic Avenue		Street Address 606 McBride Avenue							
City, State, Zip Code Manasquan, New Jersey		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Jason Hooper		Telephone No. 732-223-2225	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 11/18/13	Scheduled Completion Date (11) 02/28/14	Name of OSHA Monitor J&S Environmental Labs, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 2PM-11:30PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union, New Jersey 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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
Interior/Exterior Masonry Openings		x		caulk, glazing frame caulk window	9,745 SF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 80	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424		Disposal Date 03/03/14		City, State Morrisville, Pennsylvania					
Completed by Tatiana Kalenikova		Title Vice President		Signature <i>Tatiana Kalenikova</i>		Date 11/05/13			

11/06/2013 14:45

NJ Dept. of Health & Senior Services

BEST

(Signature)

Date: 11/6/13 Time: 2:16

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

RECEIVED
 2013 NOV 13 AM 10:19
 45B24763 MID: 19
 ASBESTOS CONTROL
 LICENSING

Date of Notification (1) 11-6-13		Name of Building Owner/Operator (2) J. KAZANJIAN				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DPOH <input type="checkbox"/> DCA		Street Address 43 MCKINLEY AVE City, State, Zip Code DUMONT, NJ 07628 Name of Contact J. KAZANJIAN				
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number ---				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) J. KAZANJIAN		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 43 MCKINLEY AVE		Square Feet 1700	# of Floors 2			
City (5) DUMONT, NJ 07628		Bldg. Age 68 YRS				
County (6) BERGEN		Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (7)		Name of Abatement Contractor (8)				
Street Address ---		Street Address Best Removal Inc				
City, State, Zip Code ---		City, State, Zip Code 450 S. River St				
Project Manager for Monitoring Firm		Telephone No. 201-329-7444				
Telephone No. ---		License No. 00388				
Start Date (10) 11-8-13	Schedule of Completion Date (11) 11-9-13	Name of OSHA Monitor Omega Environmental Inc				
Occupancy Status During Abatement (Check all that apply) <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 5PM		Street Address 280 Huyler St				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 5 or more 23°F <input checked="" type="checkbox"/> 100 or more 23°F		City, State, Zip Code South Hackensack, N.J. 07606				
<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-Encrypted (*) and Non-Fabric Procedure				
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (12)	In Location Normally Used Solely by Maintenance/Custodial Staff (13) Yes No NA	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT PATH		VAT	45 SF	<input checked="" type="checkbox"/>		
Name of Registered Waste Handler Best Removal Inc		MADEP Waste Handler ID No. 17109	Cubic Yards of Waste 12.40	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 11-9-13	City, State Waynesburg, Oh			
Completed by R. VELDRAN	Estimator R. Veldran	Date 11-6-13				

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

11/05/2013 09:48

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BAKO CONSTRUCTION

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Print Form

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:128)

DOL - 10 DAY

2013 NOV 13

RECEIVED

WAVES APPROVED

Date of Notification (1) 11/05/13		Name of Building Owner/Operator (2) Madison Board of Education							
Agencies Notified	Type Notification	Street Address 359 Woodland Road							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Madison NJ 07940							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Wayne Desjardon							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Madison Junior School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 160 Main Street		Square Feet 50000	# of Floors 2						
City (5) Madison		Age, Age 60							
County (6) Morris	Country Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RK Environmental Inc.		ASCM No. 0090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 403 St. James Avenue		Street Address 265 Route 46 Suite 3D							
City, State, Zip Code Phillipaburg NJ 08865		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 973 255 7010	License No. 00686						
Start Date (10) 11/07/13	Scheduled Completion Date (11) 11/07/13	Name of OSHA Monitor Bako Construction & 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 Other - Describe:		Street Address 265 Route 46 Suite 3D							
		City, State, Zip Code Totowa NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> 13 sf or 23 lf <input type="checkbox"/> 160 sf or 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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
South Basement Pipe Tunnel	x			Pipe Insulation	9LF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc.		NJDEP Waste Hauler ID No. 20888	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. Inc.					
City, State Totowa NJ		Disposal Date 11/08/13		City, State Morrisville PA					
Completed by Goran Kojic		Title Project Manager	Signature <i>Goran Kojic</i>		Date 11/05/13				

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

2013 NOV 13 AM 10:27
RECEIVED
ASBESTOS CONTROL
& LICENSING
CHECK # 8306

Date of Notification (1) 11/06/13		Name of Building Owner/Operator (2) ALFRED ENGEN HOFFER ESTATE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 72 MT VERNON AVE		City, State, Zip Code RIDGE FIELD PARK, N.J. 07660	
Name of Contact JOHN O'CONNELL		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) COMMERCIAL			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 72 MT VERNON AVE			Square Feet 3,000	# of Floors 3	Bldg. Age +60
City (5) RIDGE FIELD PARK			Current Use (Prior if being demolished) COMMERCIAL		
County (6) BELDEN			County Code (7) (STATE USE ONLY) _____		

Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____		Name of Abatement Contractor (9) A. MAC Contracting Inc	
Street Address _____		Street Address 105 Lowell Road			
City, State, Zip Code _____		City, State, Zip Code Glen Rock, NJ 07452			
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. 201-262-5841	License No. 00156
Start Date (10) 11/15/13		Scheduled Completion Date (11) 11/30/13		Name of OSHA Monitor Omega Environmental Services Inc.	

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____

Street Address
280 Huyer Street
City, State, Zip Code
Hackensack, NJ 07606

Scope of Work (Check All That Apply)
☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			<input checked="" type="checkbox"/>	PIPE INSULATION	150LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste _____	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 11/15/13		City, State, Zip Code Bethlehem, PA 18015	
Completed by Joseph Vocaturo		Title Operations	Signature <i>J. Vocaturo</i>		Date 11/06/13

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

CHECK # 8306
RECEIVED
NOV 18 AM 10:21
ASBESTOS LICENSING DIVISION

Date of Notification (1) 11/06/13		Name of Building Owner/Operator (2) RICH DELUCCIA							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 21 PENNINGTON AVE							
		City, State, Zip Code WALDWICK, N.J 07643							
		Name of Contact RICH DELUCCIA	Telephone Number ()						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 21 PENNINGTON AVE		Square Feet 2200	# of Floors 2						
City (5) WALDWICK		Bldg. Age + 50							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc						
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841						
		License No. 00156							
Start Date (10) 11/21/13	Scheduled Completion Date (11) 11/30/13	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyer Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			<input checked="" type="checkbox"/>	PIPE INSULATION	115 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 11/21/13		City, State, Zip Code Bethlehem, PA 18015					
Completed by Joseph Vocaturo		Title Operations	Signature <i>J. Vocaturo</i>			Date 11/21/13			

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

Nov 7 2013 06:49am
2013 NOV 13
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Check # 8306

Date of Notification (1) 11/6/13		Name of Building Owner/Operator (2) JAN SAN REALTY, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 31 LEHMAN STREET		City, State, Zip Code MAHWAH, NJ 07430							
Name of Contact SANDY SIMON		Telephone No.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMM. BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 220 MAIN ST.		Square Feet 1000							
City (5) RIVERFIELD, PARK		# of Floors 1							
County (6) BERGEN		Bldg. Age 60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) STORE VACANT							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. 201-262-5841							
Start Date (10) 11/7/13		License No. 00156							
Scheduled Completion Date (11) 11/11/13		Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥150 sf or ≥200 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		City, State, Zip Code Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) MAIN FLOOR	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) TILE	Amount (Specify SF or LF) 714 SF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 2		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Riverdale, New Jersey 07457		Disposal Date 11/7/13		City, State Bethlehem, PA 18015		Completed by R. McDonald			
Title President		Signature R. McDonald		Date 11/6/13					

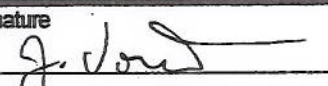
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK #: 8306

Date of Notification (1) 11/6/13		Name of Building Owner/Operator (2) VIROTE ANGKATAVANICH							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 555 LINCOLN AVE City, State, Zip Code GLEN ROCK, N.J. 07452 Name of Contact VIROTE ANGKATAVANICH							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 555 LINCOLN AVE		Square Feet 1600	# of Floors 2						
City (5) GLEN ROCK.		Bldg. Age +50							
County (6) BERGEN.	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc						
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 11/20/13	Scheduled Completion Date (11) 11/30/13.	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) Basement	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) 85LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			✓	PIPE INSULATION		✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State, Zip Code Riverdale, NJ 07457		Disposal Date 11/20/13		City, State, Zip Code Bethlehem, PA 18015					
Completed by Joseph Vocaturo		Title Operations	Signature J. Vocaturo			Date 11/6/13			

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

CHECK # 8306
RECEIVED
2013 NOV 13 AM 10:26
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/06/13		Name of Building Owner/Operator (2) Paul Galabini													
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 285 DIVISION ST													
		City, State, Zip Code CALISTADT, N.J. 07072													
		Name of Contact Paul Galabini	Telephone Number												
FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) COMERCIAL		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 285 DIVISION ST		Square Feet 1300	# of Floors 2												
City (5) CALISTADT		Bldg. Age +50													
County (6) BELTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL													
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc												
Street Address		Street Address 105 Lowell Road													
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452													
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156												
Start Date (10) 11/16/13	Scheduled Completion Date (11) 11/30/13	Name of OSHA Monitor Omega Environmental Services Inc.													
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606													
Scope of Work (Check All That Apply)															
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure													
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>			Yes	No	N/A			<input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE INSULATION	Amount (Specify SF or LF) 80	Abatement Type			
	Yes	No	N/A												
		<input checked="" type="checkbox"/>													
			Removal	Repair	Encapsulate	Enclosure									
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.											
City, State, Zip Code Riverdale, NJ 07457			Disposal Date	City, State, Zip Code Bethlehem, PA 18015											
Completed by Joseph Vaccaro		Title Operations	Signature 		Date 11/06/13										

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

RECEIVED

CHECK #: 8306

Date of Notification (1) 11/6/13		Name of Building Owner/Operator (2) EFFIE KADIN		APPROVAL State of Health & Senior Services (Signature) Date: 11/6/13 Time: 1:00 PM	
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 122 VAN HOUTEN AVE City, State, Zip Code PASSAIC, NJ 07055 Name of Contact EFFIE KADIN Telephone Number	
Name of Facility Where Abatement is Taking Place (3) HOUSE				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 138 SPRING ST		City (5) PASSAIC		Square Feet 2,000	# of Floors 2
County (6) PASSAIC		County Code (7) (STATE USE ONLY)		Bldg. Age +50	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Current Use (Prior to being demolished) RESIDENCE	
Street Address		Name of Abatement Contractor (9) A. MAC Contracting Inc		Street Address 105 Lowell Road	
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452		Telephone No. 201-262-5841	
Project Manager for Monitoring Firm		Telephone No.		License No. 00155	
Start Date (10) 11/06/13		Scheduled Completion Date (11) 11/16/13		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 280 Hayer Street City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Frangible 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)	
		Yes No N/A		Amount (Specify SF or LF)	
KITCHEN				PIPE INSULATION 16 LF	
BASEMENT				PIPE INSULATION 86 LF	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste	
City, State, Zip Code Riverton, NJ 07067		Disposal Date 11/06/13		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State, Zip Code Bethlehem, PA 18015		Signature J. Vocatus		Date 11/06/13	

B & G proj. #: 2013-225

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

RECEIVED
Check # 6248

Date of Notification (1)
11/10/13

Name of Building Owner/Operator (2)
William Gibson

Street Address
372 Irving Avenue

City, State, Zip Code
South Orange, NJ 07079

Name of Contact
William Gibson

Telephone Number

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

2013 NOV 13 AM 10:27
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
William Gibson

Street Address
372 Irving Avenue

City (5)
South Orange

County (6)
Essex

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
residential

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Scheduled Start Date (10)
11/19/13

Sched. Completion Date (11)
11/20/13

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours-
 Describe: _____
☐ Other-Describe: _____

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	70 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
11/21/2013

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature
Gordana Luna

Date
11/07/2013

B & G proj. #: 2013-224

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

RECEIVED
Check # 6259

2013 NOV 13 AM 10:27

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 11/1/07/13		Name of Building Owner/Operator (2) David Peach	
Agencies Notified	Type Notification	Street Address 93 High Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Glen Ridge, NJ 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact David Peach	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) David Peach			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 93 High Street			Square Feet # of Floors Bldg. Age		
City (5) Glen Ridge	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		
Scheduled Start Date (10) 11/18/13		Sched. Completion Date (11) 11/19/13	License Number 0378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	12 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room, storage room,			X	pipe	70 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
laundry room						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/20/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 11/07/2013

B & G proj. #: 2013-223

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

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2013 NOV 13 AM 10:27

Date of Notification (1) 11/10/13		Name of Building Owner/Operator (2) Dorothy Hayford	
Agencies Notified	Type Notification	Street Address 75 E Gramercy Place	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Glen Rock, NJ 07452	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Dorothy Hayford	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Dorothy Hayford			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 75 E Gramercy Place			Square Feet		
City (5) Glen Rock			County (6) NJ	County Code (7) (State use only)	# of Floors
			Bldg. Age		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Current Use (Prior if being demolished) residential		
ASCM No.			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 11/18/13		Sched. Completion Date (11) 11/19/13			
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					
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: _____					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Glovebag procedure
			<input 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						
basement			X	boiler insulation	25 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2 yard	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/19/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 11/07/2013

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

B & G proj. #: 2013-97G

Check # 6246

2013 NOV 13 AM 10:27

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 11/10/13		Name of Building Owner/Operator (2) Seminary Urban Renewal	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 120 Albany Street City, State, Zip Code New Brunswick, NJ 08901 Name of Contact Merissa Buczny Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Vacant 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 18 Bishop Place			Square Feet # of Floors Bldg. Age		
City (5) New Brunswick, NJ 08901	County (6) Middlesex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential housing		
Name of Monitoring Firm Hired by Bldg. Owner (8) The Louis Berger Group, Inc.		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 412 Mount Kemble Avenue			Street Address 105 Ryerson Road		
City, State, Zip Code Morristown, NJ 07960			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Craig Napolitano		Phone Number 973-407-1000	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/21/2013	Sched. Completion Date (11) 12/21/2013		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 Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BSMT Mechanical Room			<input checked="" type="checkbox"/>	compressed board above heater	225 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement			<input checked="" type="checkbox"/>	pipe insulation / mudded joints	310 lf / 40 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement			<input checked="" type="checkbox"/>	joint compound	1,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd floor restroom			<input checked="" type="checkbox"/>	12x12 floor tiles	300 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior			<input checked="" type="checkbox"/>	ext duct work seam caulking	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ		Disposal Date 11/21/13 - 12/23/13		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 1/06/2013		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:18)

DOL - RECEIVED

2013 NOV 13 AM 10:27

1. ALL WORK DONE UNDER CONTROL
 WAIVER APPROVED

Date of Notification (1) 11 / 06 / 13		Name of Building Owner/Operator (2) Polly Nelson							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DQA (NJAC 8:23-8)	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 16 Garfield Road City, State, Zip Code MORRISTOWN, NJ 07960 Name of Contact Polly Nelson Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 16 Garfield Road		Square Feet # of Floors Bldg. Age							
City (5) Morristown		County Code (NY/STATE USE ONLY)							
County (6) Morris		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Mustaquele		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-929-4888							
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 11 / 06 / 13		Scheduled Completion Date (11) 11 / 07 / 13							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 27 Outwater Lane							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 of or >3 lf <input type="checkbox"/> >100 sf or >250 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure		City, State, Zip Code Garfield, NJ 07026							
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 SP or LP)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
1 st Floor Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	T&I	30 LP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0084880		Cubic Yards of Waste As Needed		Name of Registered Landfill IESI Landfill			
City, State Garfield, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Ted Veskov		Title PM		Signature T. Veskov		Date 11/6/13			

ASB-11
 JAN 13

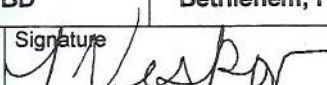
* Do not use this form for asbestos licensure exempted activities.

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

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2013 NOV 13 AM 10:27

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11 / 06 / 13		Name of Building Owner/Operator (2) Polly Nelson							
Agencies Notified <input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 16 Canfield Road							
		City, State, Zip Code MORRISTOWN, NJ 07960							
		Name of Contact Polly Nelson	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 16 Canfield Road									
City (5) Morristown		Square Feet	# of Floors Bldg. Age						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888 License No. 1188						
Start Date (10) 11 / 06 / 13	Scheduled Completion Date (11) 11 / 07 / 13	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
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 checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Garfield, NJ			Disposal Date TBD	City, State Bethlehem, PA					
Completed By (Print or Type) Ted Veskov		Title PM	Signature 			Date 11/6/13			

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11 / 07 / 13		Name of Building Owner/Operator (2) Rebecca Giacopelli	
Agencies Notified <input 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 26 West Lincoln Street	
		City, State, Zip Code Verona, NJ 07044-1512	
		Name of Contact Rebecca Giacopelli	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 26 West Lincoln Street			
City (5) Verona		Square Feet	# of Floors
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane		
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188

Start Date (10) 11 / 16 / 13	Scheduled Completion Date (11) 11 / 20 / 13	Name of OSHA Monitor ALL PRO MANAGEMENT LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane		
		City, State, Zip Code Garfield, NJ 07026		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TSI	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 ALL PRO MANAGEMENT LLC		NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill	
City, State Garfield, NJ		Disposal Date TBD	City, State Bethlehem, PA		
Completed By (Print or Type) Zvonko Veskov	Title GM	Signature 		Date 11/7/13	

Date of Notification (1) 11-1-13		Name of Building Owner/Operator (2) Steven Beckler	
Agencies Notified	Type Notification	Street Address 25 Swaine Place	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code West Orange, NJ, 07052	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Steven Beckler	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above		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		Square Feet 1800	# of Floors 3
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Bldg. Age 95
		Current Use (Prior if being demolished)	

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm	Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 11-15-13	Sched. Completion Date (11) 11-18-13	Name of OSHA Monitor N/A		
Month Day Year		Month Day Year		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>«OffHours Descript»</u> <input type="checkbox"/> Other - Describe: <u>«Other Occupancy Descript»</u>		Street Address		
		City, State, Zip Code		

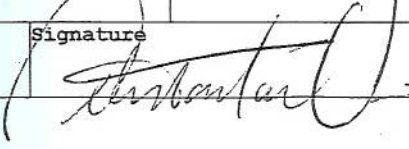
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	30 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 11-19-13	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 11-1-13	