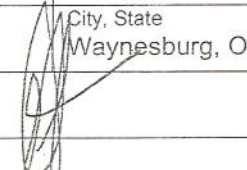


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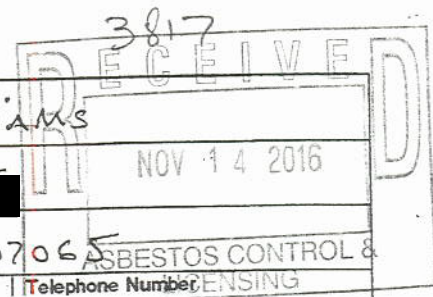
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

PAL JOB# 16-1336

Print Form
<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">NOV 14 2016</div>
<b>ASBESTOS CONTROL &amp; LICENSING</b>

Date of Notification (1) 11/08/2016		Name of Building Owner/Operator (2) JPMorgan Chase Bank NA							
Agencies Notified	Type Notification	Street Address 1310 Third Avenue							
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Spring Lake, NJ 07762							
		Name of Contact Robert Borodin	Telephone Number -						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chase Bank		Type of Facility (4)							
Street Address 1310 Third Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Spring Lake		Square Feet 15,000	# of Floors 2						
		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial/Bank							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address		Street Address 11-02 Queens Plaza South							
City, State, Zip Code		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 718-349-0900						
		License No. 28675							
Start Date (10) 11/18/2016	Scheduled Completion Date (11) 01/18/2017	Name of OSHA Monitor Martin McRea							
Occupancy Status During Abatement (Check Only One)		Street Address 714 Kennedy Blvd.							
<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: Remote Mobile Decon in the parking lot, work is performed on the roof		City, State, Zip Code Bayonne, NJ 07002							
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
Roof		X		Tower Flashing	48 SF	X			
Roof		X		Roof Membrane	166 SF	X			
Roof		X		Roof Penetration	12 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 10 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/19/2016		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Assistant		Signature 			Date 11/08/2016		

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

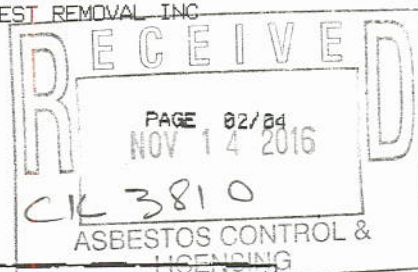


Date of Notification (1) <b>11/8/16</b>		Name of Building Owner/Operator (2) <b>MS NATALIE WILLIAMS</b>							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code <b>RAHWAY, NJ, 07065</b>							
		Name of Contact <b>MS. WILLIAMS</b>							
Telephone Number [REDACTED]									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MS. WILLIAMS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>RAHWAY</b>	Square Feet <b>1800</b>	# of Floors <b>2</b>	Bldg. Age <b>1940</b>						
County (6) <b>UNION</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address		Street Address <b>450 South River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>11/18/16</b>	Scheduled Completion Date (11) <b>11/19/16</b>	Name of OSHA Monitor <b>Omega Environmental</b>							
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: <b>7:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) 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
<b>BASEMENT</b>				<b>THERMAL SYSTEM INSULATION</b>	<b>110 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>307</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>					
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>11/21/16</b>		City, State <b>Waynesburg, Oh, 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>[Signature]</i>				Date <b>11/8/16</b>	



11/04/2016 04:23PM 2013297440

BEST REMOVAL INC



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

Date of Notification (1) 11/4/16		Name of Building Owner/Operator (2) CAPITAL ONE BANK				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Renewal <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 301 WASHINGTON ST City, State, Zip Code HOBOKEN NJ 07030				
		Name of Certified Person MR VELAZQUEZ	Telephone Number			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) CAPITAL ONE BANK		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, hotels, etc.)				
Street Address 301 WASHINGTON ST		Square Feet 3000	Floor 1			
City (5) HOBOKEN		Bldg. Age 1955				
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) BANK				
Name of Monitoring Firm Hired by Building Owner (8)		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) 11/9/16		Scheduled Completion Date (11) 11/10/16				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 5:00 PM TO 2:00 AM		Name of OSHA Monitor Omega Environmental				
		Street Address 280 Huyler St				
		City, State, Zip Code S. Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 53 ft or less <input type="checkbox"/> 2 100 ft or 2 200 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed (") and Non-Positive Pressure						
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
BASEMENT, DUCTWORK		THERMAL SYSTEM INSULATION	40 LF	X		
Name of Registered Waste Handler Best Removal Inc		NJDEP Waste Handler ID No. 17109	Cubic Yards of Waste 2 1/2 CY	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, N.J. 07601		Disposal Date 11/10/16	City, State Waynesburg, Oh 44688			
Completed by J. Maiorano	Title Estimator	Signature J. Maiorano	Date 11/4/16			

ASB-41

\* Do not use this form for asbestos abatement activities.



CH38110

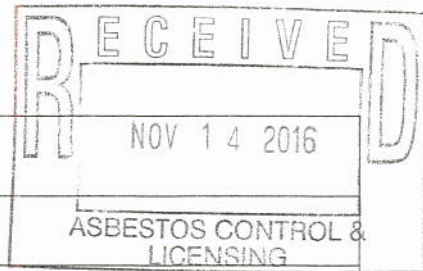
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**RECEIVED**  
NOV 14 2016

Date of Notification (1) 11/8/16		Name of Building Owner/Operator (2) MS LINDA FLINT		ASBESTOS CONTROL & LICENSING			
Agency Notified	Type Notification	Street Address		City, State, Zip Code			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]		PLAINFIELD, NJ. 07062			
		Name of Contact MS. FLINT		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MS. FLINT			Type of Facility (4)				
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) PLAINFIELD			Square Feet 2200	# of Floors 2	Bldg. Age 1950		
County (6) UNION			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) Best Removal Inc			
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444	License No. 00388		
Start Date (10) 11/20/16		Scheduled Completion Date (11) 11/23/16		Name of OSHA Monitor Omega Environmental			
Occupancy Status During Abatement (Check only one)				Street Address 280 Huyler St			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 5:00 PM				City, State, Zip Code S. Hackensack, N.J. 07606			
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
BASEMENT			VAT + MASTIC	450 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 2 1/2	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, N.J. 07601				Disposal Date 11/23/16	City, State Waynesburg, Oh, 44688		
Completed by J. Maiorano		Title Estimator		Signature [Signature]		Date 11/8/16	



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




Date of Notification (1) <b>11 / 09 / 16</b>		Name of Building Owner/Operator (2) <b>AP Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCA (NJAC 5:16) <input 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 <b>915 Sout Black Horse Pike</b>							
		City, State, Zip Code <b>Blackwood, NJ 08012</b>							
		Name of Contact <b>Steve Martin</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>153 Lakeland Road</b>		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 <b>153 Lakeland Road</b>									
City (5) <b>Blackwood</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>						
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>50+</b>						
Current Use (Prior if being demolished) <b>Vacant House</b>									
Name of Monitoring Firm Hired by Building Owner (8) <b>West Chester Environmental LLC</b>		ASCM No. <b>0268</b>	Name of Abatement Contractor (9) <b>Diamond Huntbach Construction Corporation</b>						
Street Address <b>307 N Walnut Street</b>		Street Address <b>500 East Luzerne Street</b>							
City, State, Zip Code <b>West Chester, PA 19380</b>		City, State, Zip Code <b>Philadelphia, PA 19124</b>							
Project Manager for Monitoring Firm <b>Matt Abraham</b>		Telephone No. <b>610.431.7545</b>	License No. <b>00646</b>						
Start Date (10) <b>11 / 22 / 16</b>	Scheduled Completion Date (11) <b>11 / 29 / 16</b>	Name of OSHA Monitor <b>SAME AS ABOVE</b>							
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: <b>7AM-5PM/</b> _____ PM- _____ AM		Street Address  City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Siding	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exposed joint compound	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen, Pump room, water heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	386 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Diamond Huntbach or Service Transport</b>		NJDEP Waste Hauler ID No. <b>19689/20990</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>Republic/Quickway Services Inc</b>					
City, State <b>Philadelphia, PA 19124</b>			Disposal Date	City, State <b>Philadelphia, PA 19137</b>					
Completed By (Print or Type) <b>Wayne Huntbach</b>		Title <b>Project Manager</b>	Signature 			Date <b>11-9-16</b>			



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

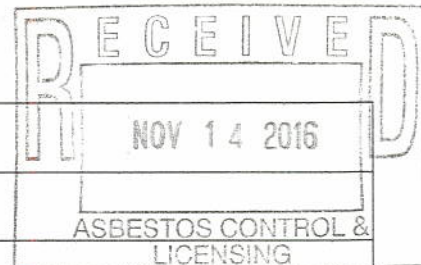
*Check # 13310*

Date of Notification (1) <b>11 / 8 / 16</b>		Name of Building Owner/Operator (2) <b>Arconic</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  NOV 14 2016  ASBESTOS CONTROL &amp; TESTING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>9 Roy Street</b>							
		City, State, Zip Code <b>Dover, NJ 07801</b>							
		Name of Contact <b>Charlie Pressner</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Arconic</b>				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 <b>9 Roy Street</b>									
City (5) <b>Dover</b>				Square Feet <b>10,000</b>	# of Floors <b>2</b>				
County (6) <b>Morris</b>				Bldg. Age <b>50</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>industrial</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental Co., Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>						
Street Address <b>411 Southgate Court</b>		Street Address <b>923 Haws Ave.</b>							
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>856-224-0080</b>	Telephone No. <b>610-239-9920</b>	License No. <b>00398</b>					
Start Date (10) <b>11 / 28 / 16</b>	Scheduled Completion Date (11) <b>12 / 12 / 16</b>		Name of OSHA Monitor <b>EHS Environmental Co., Inc.</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____ PM- ____ AM			Street Address <b>411 Southgate Court</b>						
			City, State, Zip Code <b>Mickleton, NJ 08056</b>						
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) <b>TO BE ABATED</b> 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) <b>1,859SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1st floor office</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>floor tile and mastic</b>		<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 <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>		Cubic Yards of Waste <b>1CY</b>	Name of Registered Landfill <b>GROWS</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>12/12/16</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>James M. Kelly</b>		Title <b>Vice President</b>		Signature 			Date <b>11/8/16</b>		



CH2040

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

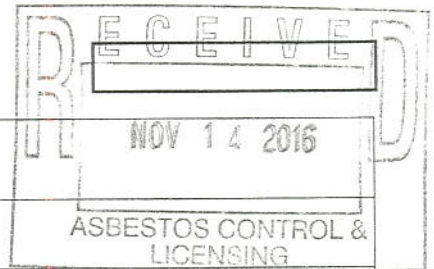


Date of Notification (1) 11-4-2016		Name of Building Owner/Operator (2) Elmora Hill Center							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 225 West Jersey Street  City, State, Zip Code Elizabeth, NJ 07202						
			Name of Contact Roberto Landers						
			Telephone Number  						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 225 West Jersey Street		Square Feet 20000	# of Floors 7						
City (5) Elizabeth, NJ		Bldg. Age 65+							
County (6) Essex	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855						
License No. 01174									
Start Date (10) 11-5-2016	Scheduled Completion Date (11) 11-5-2016	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
Basement		x		VAT	320 SF	x			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 3	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Jersey City, NJ			Disposal Date 11-5-2016	City, State Bethlehem, PA					
Completed by Liliana Serrano		Title Office Manager	Signature 	Date 11-4-2016					



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

Check#2639



Date of Notification (1) 11 / 08 / 16		Name of Building Owner/Operator (2) Michael Epstein	
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 [REDACTED]		City, State, Zip Code Maplewood, NJ 07040	
Name of Contact Michael Epstein		Telephone Number [REDACTED]	

**FACILITY INFORMATION**


Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Maplewood, NJ 07040		County Code (7) (STATE USE ONLY)	
County (6) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		License No. 01127	
Start Date (10) 11 / 02 / 16		Scheduled Completion Date (11) 11 / 12 / 16	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Street Address 20-21 Wagaraw Road, Bldg. # 35E		City, State, Zip Code Fair Lawn, NJ 07410	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	250 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 Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 11/08/16



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

Date of Notification (1) 11/10/16		Name of Building Owner/Operator (2) Greater Egg Harbor Regional High School							
Agencies Notified	Type Notification	Street Address 1824 Dr. Dennis Foreman Drive							
<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 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 Mays landing NJ 08330							
		Name of Contact Thomas Grossi	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Oakcrest 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 1824 Dr. Dennis Foreman Drive		Square Feet 1000+	# of Floors 1						
City (5) Mays landing NJ 08330		Bldg. Age 35+							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.		ASCM No. 117	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address PO Box 365		Street Address PO Box 329							
City, State, Zip Code Berlin NJ 08009		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 856-753-9800						
		License No. 00727							
Start Date (10) 11/25/16	Scheduled Completion Date (11) 11/27/16	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gym Mezzanine HVAC	x			Duct Insulation	300 SF	x			
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 10	Name of Registered Landfill ACUA					
City, State West Berlin NJ			Disposal Date 11/29/16	City, State Egg Harbor TWP NJN 08234					
Completed by Anthony T Perna		Title President	Signature 			Date 11/10/16			




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

Date of Notification (1) 11/10/16		Name of Building Owner/Operator (2) Mike Pagnota Private Home	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Beach Haven NJ 08008	
		Name of Contact Jeff	Telephone Number _____

**RECEIVED**  
NOV 14 2016  
**ASBESTOS CONTROL & LICENSING**

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mike Pagnota Private Home		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 [REDACTED]		Square Feet 1000+	# of Floors 1
City (5) Beach Haven NJ 08008		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.
Street Address _____		Street Address PO Box 329	
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm _____		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 11/28/16	Scheduled Completion Date (11) 12/2/16	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

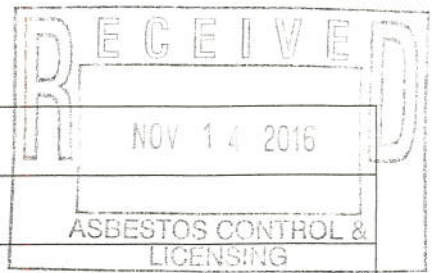
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding	x			Exterior Siding	2000 SF	x			

Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 12/2/16	City, State Morrisville PA 19067		
Completed by Anthony T Perna		Title President	Signature 	Date 11/10/16	



CK2529

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

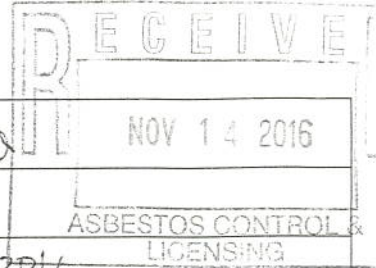


Date of Notification (1) 11/9/16		Name of Building Owner/Operator (2) Kayla Fields							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Deptford, NJ 08096							
		Name of Contact Eric Plackis	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Deptford		Square Feet 1152	# of Floors 1						
County (6) Gloucester		County Code (7) (STATE USE ONLY)	Bldg. Age 62						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries Inc.						
Street Address		Street Address P.O. Box 915							
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196						
Start Date (10) 11/10/16	Scheduled Completion Date (11) 11/17/16	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) <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
				Asbestos floor tile	300 SF - 5				
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey			Disposal Date 11/18/16	City, State PA					
Completed by Eric Plackis		Title President	Signature [Signature]			Date 11/9/16			



CH 2528

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



Date of Notification (1) 11/9/16		Name of Building Owner/Operator (2) Marco Camastro							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code New Brunswick, NJ 08816 Name of Contact Eric Plackis Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED] Street Address [REDACTED] City (5) New Brunswick County (6) Middlesex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2300 # of Floors 2 Bldg. Age 55 Current Use (Prior if being demolished) None							
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED] Street Address [REDACTED] City, State, Zip Code		Name of Abatement Contractor (9) Brick Industries Inc. Street Address P.O. Box 915 City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm [REDACTED] Telephone No.		Telephone No. (732)899-7499 License No. 01196							
Start Date (10) 11/9/16		Scheduled Completion Date (11) 11/16/16							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address [REDACTED] City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
				Asbestos floor tile	300 SF				
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey			Disposal Date 11/17/16	City, State PA					
Completed by Eric Plackis		Title President	Signature [Signature]			Date 11/9/16			

CH2931

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

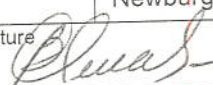
Print Form
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<b>ASBESTOS CONTROL &amp; LICENSING</b>

Date of Notification (1) Nov 2-2016 Check# 2931		Name of Building Owner/Operator (2) Church of the Sacred Heart	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Randolph Avenue	
		City, State, Zip Code South Randolph, NJ 07080	
		Name of Contact Paul Lorange	Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Church of the Sacred Heart -Convent		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 200 Randolph Avenue		Square Feet	# of Floors
City (5) South Randolph		Bldg. Age	
County (6) MORRIS	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Convent	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation
Street Address		Street Address 426 69th Street	
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074
Start Date (10) Nov 18-2016	Scheduled Completion Date (11) Nov 19-2016	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

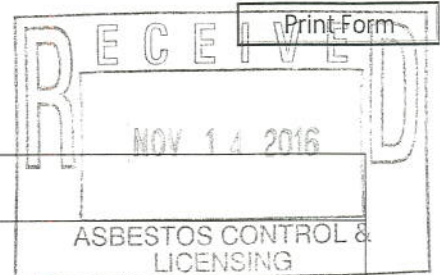
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> 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
Convent & Rectory Laundry Room		x		Patch & Repair ACM	12 LF		x		
Storage Rectory & Church Garage		x							

Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste tbd	Name of Registered Landfill Cumberland Landfill	
City, State Freehold, NJ		Disposal Date tbd		City, State Newburg, PA	
Completed by Gina M Betances		Title Office Manager	Signature 		Date 11/2/2016

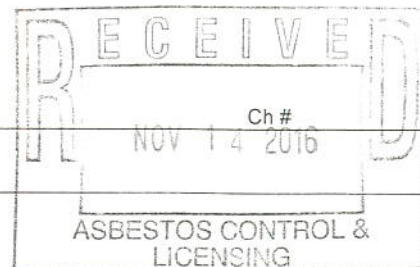


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) Nov 10-2016 Check #2932			Name of Building Owner/Operator (2) St Anthony High School						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 175- 8th Street  City, State, Zip Code Jersey City, NJ 07302  Name of Contact Jimmy Magliulo					
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St Anthony High School				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 175 8th Street				Square Feet 60+					
City (5) Jersey City, NJ				# of Floors 4					
County (6) HUDSON				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Convent							
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. _____		Name of Abatement Contractor (9) EA Services Corporation				
Street Address			Street Address 426 69th Street						
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 201-295-1700					
Start Date (10) Nov 23-2016		Scheduled Completion Date (11) Nov 24-2016		License No. 01074					
Name of OSHA Monitor Same as above				Street Address					
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: Starting 9 AM				City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input 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
Boiler Room			x	Re-wrap pipe run, Elbow & Seam	5 LF		x		
Name of Registered Waste Hauler Freehold Carting			NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste tbd	Name of Registered Landfill Cumberland Landfill			
City, State Freehold, NJ			Disposal Date tbd		City, State Newburg, PA				
Completed by Gina M Betances			Title Office Manager		Signature 		Date 11/2/2016		

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



Date of Notification (1) <b>11/10/16</b>		Name of Building Owner/Operator (2) <b>NJ Economic Development Authority</b>	
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 of Notification  <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> emergency <input type="checkbox"/> Cancellation	Street Address <b>36 West State St.</b>	
	City, State, Zip Code <b>Trenton, NJ 08625-0990</b>		
	Name of Contact <b>James Saraceno</b>	Telephone Number <b>[REDACTED]</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Building 691</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address <b>691 Highway 1</b>			Square Feet <b>20000</b>	# of Floors <b>1</b>	Bldg. Age <b>~50</b>
City (5) <b>North Brunswick, NJ 08902</b>	County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office/warehouse</b>		
Name of Monitoring Firm Hired by Building Owner <b>ATC Group Services, LLC</b>		ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>3 Terri Lane, Suite 4</b>		Street Address <b>323 Changebridge Road, Suite 100</b>			
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>Pine Brook, NJ 07058</b>			
Project Manager for Monitoring Firm <b>John Lutz</b>		Telephone Number <b>609-479-8512</b>	Telephone Number <b>973-575-8700</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>11/14/16 TBD</b>	Sched. Completion Date (11) <b>12/30/16</b>		Name of OSHA Monitor <b>Iris Environmental Laboratories, LLC</b>		
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: <u>partially vacant</u>			Street Address <b>2333 Route 22W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## 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)			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	R	E	E	N	N		
Main floor		x		Drywall joint compound, duct insulation, VAT	2100 SF	x							

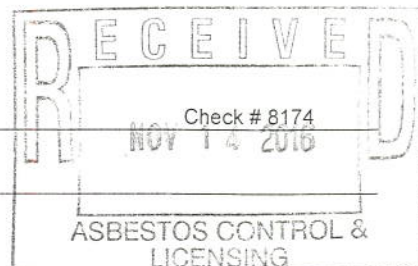
Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>30</b>	Name of Registered Landfill <b>Alliance Landfill</b>
City, State <b>Pine Brook, NJ</b>	Disposal Date <b>12/15/16</b>	City, State <b>Taylor, PA</b>	
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>11/10/16</b>

ASB-41

**Amendment #1, 11/10/16:** Project start date is being postponed. Awaiting permit issuance.



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



Date of Notification (1) <b>11/10/16</b>		Name of Building Owner/Operator (2) <b>Montclair State University</b>	
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 of Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Emergency Amended Notification #1 <input type="checkbox"/> Cancellation	Street Address <b>One Normal Avenue</b>	
	City, State, Zip Code <b>Upper Montclair, NJ 07043</b>		
	Name of Contact <b>Amy Ferdinand</b>	Telephone Number <b>[REDACTED]</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Life Hall, Montclair State University</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address <b>1 Normal Avenue</b>			Square Feet <b>80000</b>	# of Floors <b>2</b>	Bldg. Age <b>~ 50</b>
City (5) <b>Upper Montclair</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner <b>Detail Associates, Inc.</b>		ASCM No. <b>00</b>	Name of Abatement Contractor (9) <b>Jupiter Environmental Services, Inc.</b>		
Street Address <b>300 Grand Ave.</b>			Street Address <b>323 Changebridge Road, Suite 100</b>		
City, State, Zip Code <b>Englewood, NJ 07631</b>			City, State, Zip Code <b>Pine Brook, NJ 07058</b>		
Project Manager for Monitoring Firm <b>Anthony Valentine</b>		Telephone Number <b>201-569-6708</b>	Telephone Number <b>973-575-8700</b>		License Number <b>00852</b>
Scheduled Start Date (10) <b>5/31/16</b>	Sched. Completion Date (11) <b>12/31/16</b>		Name of OSHA Monitor <b>Iris Environmental Laboratories, LLC</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: partially vacant, and weekend work			Street Address <b>2333 Route 22 W</b>		
			City, State, Zip Code <b>Union, NJ 07083</b>		

## Scope of Work (Check all that apply)

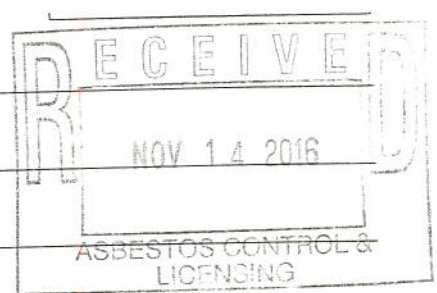
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Demolition                    | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥3 sf or ≥3 lf                |  | <input checked="" type="checkbox"/> Mini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

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Various areas – in phases		X		VAT	11000 SF	X			
Various Areas – in phases		X		TSI	80 LF	x			

Name of Registered Waste Hauler <b>Jupiter Environmental Services</b>	NJDEP Waste Hauler ID No. <b>04782</b>	Cubic Yards Of Waste <b>30</b>	Name of Registered Landfill <b>Alliance Landfill</b>
City, State <b>Pine Brook, NJ</b>		Disposal Date <b>6/14/16 +</b>	City, State <b>Taylor, PA</b>
Completed By (Print or Type) <b>Pane Repic</b>	Title <b>General Manager</b>	Signature 	Date <b>11/10/16</b>

ASB-41

**Note:** Work to be done in phases. First phase is to start on 5/31/16 with expected completion on/about 6/10/16. Some 8000 SF of VAT. Amendments will be sent for other phases. Amendment #1, 11/10/16: Phase 2 is scheduled for 11/16/16 to 11/22/16. VAT at Room 190 is scheduled for abatement.

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

Date of Notification (1) <b>11/9/2016</b>		Name of Building Owner/Operator (2) <b>Brian Connaughton</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Maplewood, NJ, 07040</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Brian Connaughton</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

Name of Facility Where Abatement is Taking Place (3) <b>Brian Connaughton</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>1700</b>	# of Floors <b>2</b>	Bldg. Age <b>86</b>
City (5) <b>Maplewood</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>

Scheduled Start Date (10) <b>11 18 2016</b> Month Day Year		Sched. Completion Date (11) <b>11 19 2016</b> Month Day Year		Name of OSHA Monitor <b>N/A</b>	
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	
Scope of Work (Check all that apply)				City, State, Zip Code	

☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			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 E
Basement			X	Pipe Insulation	110 LF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>11/21/2016</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Dimitri G. Temidis</b>		Title <b>Sales</b>	Signature 		Date <b>11/9/2016</b>

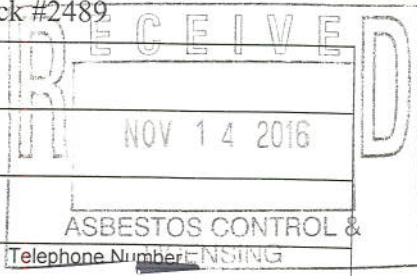
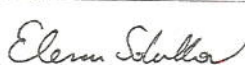


GL16-031

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

Page 1 of 1

Check #2489

Date of Notification (1) 11-8-2016		Name of Building Owner/Operator (2) County of Bergen DPW							
Agencies Notified	Type Notification	Street Address One Bergen County Plaza, Room 501							
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601							
		Name of Contact John Cascone							
<div style="text-align: right;">  </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bergen County Health Care Center (BCHCC)		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 35B Piermont Road		Square Feet 10,000 +	# of Floors 1						
City (5) Rockleigh		Bldg. Age 40+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Health Care Center							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates		ASCM No. 00012	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 300 Grand Avenue		Street Address 140 Hamburg Tpke							
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. (201)710-9725						
License No. 01084									
Start Date (10) 11-21-2016	Scheduled Completion Date (11) 11-24-2016	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Facility Occupied</u>		Street Address 140 Hamburg Tpke							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Compost Room		X		VAT - Double Layer	187 SF	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 		Date 11-8-2016				

CK 9267

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

Check # 9267

RECEIVED

NOV 14 2016

ASBESTOS CONTROL & LICENSING

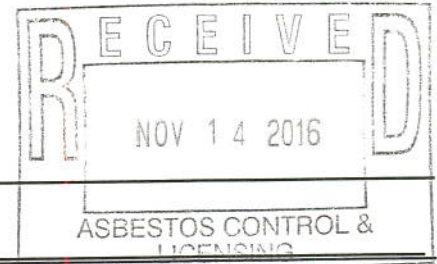
Date of Notification (1) 11/10/16		Name of Building Owner/Operator (2) ROI MANAGEMENT LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 130 ROUTE 10 WEST		City, State, Zip Code WHIPPANY, N.J. 07981	
Name of Contact SAL CANDERELLA		Telephone Number ---	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL / THE ABBEY		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 355 MADISON AVE		Square Feet 9,500	
City (5) MORRISTOWN.		# of Floors 7	
County (6) MORRIS		Bidg. Age +50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
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 185 Vreeland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ	
Telephone No.		Telephone No. (201)262-5841	
Start Date (10) 11/21/16		License No. 00156	
Scheduled Completion Date (11) 11/30/16		Name of OSHA Monitor Omega Environmental Services	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyler St	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥23 lf <input type="checkbox"/> ≥150 sf or ≥250 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		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) WATER PROOFING		Amount (Specify SF or LF) 120 SF	
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ		Cubic Yards of Waste 2	
Disposal Date 11/21/16		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA			
Completed by Joseph Vaccaro		Title Vice President	
Signature J. Vaccaro		Date 11/16/16	



CK6884

D&amp;S Proj. #: 16-338

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



Date of Notification (1) 11/10/16		Name of Building Owner/Operator (2) chris hale	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code WESTFIELD, NJ 07090	
		Name of Contact chris hale	Telephone Number [REDACTED]

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) chris hale			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) WESTFIELD			County (6) UNION	County Code (7) (State use only)	# of Floors [REDACTED]
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			Bldg. Age [REDACTED]		
Street Address [REDACTED]			Current Use (Prior if being demolished) [REDACTED]		
City, State, Zip Code [REDACTED]			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Project Manager for Monitoring Firm [REDACTED]			Street Address 20 California Ave.		
Phone Number [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Start Date (10) 11/15/16			Telephone Number 973-345-8020		
Sched. Completion Date (11) 11/30/16			License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation  
☐ ≥160 sf or ≥260 lf      ☐ Demolition

- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

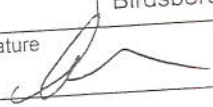
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	165 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION (fire box)	45 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/16/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [REDACTED]	Date 11/04/2016

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

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

Check 15809


Date of Notification (1) 11/8/16		Name of Building Owner/Operator (2) Elizabeth Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 500 N Broad Street		City, State, Zip Code Elizabeth, NJ 07208							
Name of Contact Luis Milanes		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Terence C. Reilly School #7		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 436 First Avenue		Square Feet 4000	# of Floors 2						
City (5) Elizabeth		Bldg. Age 71							
County (6) Union		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Start Date (10) 11/11/16		Telephone No. 973-764-2276	License No. 703						
Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code							
<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
Room 121			x	pipe insulation	20 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 				Date 11/8/16	

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



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

*Check 15812*

Date of Notification (1) 11/8/16		Name of Building Owner/Operator (2) John Niemczyk							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07834  Name of Contact John Niemczyk							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2400	# of Floors 2						
City (5) Linden		Bldg. Age 71							
County (6) Union	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) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 11/21/16	Scheduled Completion Date (11) 12/31/16	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>exterior siding</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
exterior			X	siding	1,000 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 11/8/16			





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


CC# 93407866-2

RECEIVED  
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Date of Notification (1) 11/07/2016		Name of Building Owner/Operator (2) Mitchell Engelmeyer							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Mitchell Engelmeyer	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) West Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 11/18/2016	Scheduled Completion Date (11) 11/19/2016	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	75 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste of Management					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Ned Joksimovic		Title PM	Signature 			Date 11/07/2016			


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

CIC # 93407364-0

Date of Notification (1) 11/07/2016		Name of Building Owner/Operator (2) Stevens Institute of Technology		NOV 14 2016					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1 Castle Point on Hudson					
				City, State, Zip Code Hoboken, NJ 07030					
		Name of Contact David Fernandez		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) School (Howe Center)				Type of Facility (4)					
Street Address 1 Castle Point On Hudson				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Hoboken		Square Feet N/A		# of Floors N/A	Bldg. Age N/A				
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address 3 Crosswicks Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-847-2958		Telephone No. 973-345-8685	License No. 01311				
Start Date (10) 11/18/2016		Scheduled Completion Date (11) 11/19/2016		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<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				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd floor west side		X		fitting (elbow) insulation	4 LF	X			
4th floor west side		X		fitting (elbow) insulation	4 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste of Management				
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 11/07/2016			



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

Date of Notification (1) 11/07/2016		Name of Building Owner/Operator (2) Mercer County Improvement Authority		NOV 14 2016					
Agencies Notified	Type Notification	Street Address 80 Hamilton Avenue							
<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 Trenton, NJ 08611							
		Name of Contact Al Collins		Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mercer County Courthouse (Old Courthouse)			Type of Facility (4)						
Street Address 209 South Broad Street			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Trenton			Square Feet ~ 40,000	# of Floors 4	Bldg. Age 70+				
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Courthouse and Offices						
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. 00102	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Thomas Adams		Telephone No. 856 656-2912	Telephone No. 610 933-4332	License No. 00836					
Start Date (10) 11/21/2016		Scheduled Completion Date (11) 11/23/2016		Name of OSHA Monitor Neuber Environmental Services, Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address 42 Ridge Road						
<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: Construction Personnel Only			City, State, Zip Code Phoenixville, PA 19460						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor Switch Gear Room			X	Floor Tile and Mastic	235 SF	X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste ~ 2	Name of Registered Landfill GROWS/Tullytown Landfill					
City, State Trenton, NJ		Disposal Date 11/2016		City, State Morrisville, PA					
Completed by Patrick Larney		Title Project Manager		Signature 		Date 11/07/2016			

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)  
PAL JOB# 16-1640 New Start Date

**No c/c**


**NOV 14 2016**

Date of Notification (1) 11/08/2016		Name of Building Owner/Operator (2) JPMorgan Chase Bank NA							
Agencies Notified	Type Notification	Street Address 312 Forest Avenue 1st Floor							
<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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Albert Fonti	Telephone Number <u>                    </u>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chase Bank		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 566 Bloomfield Avenue		Square Feet 15,000	# of Floors 2						
City (5) Verona		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) <u>          </u>	Current Use (Prior if being demolished) Commercial/Bank							
Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 120-D Wilbur Place		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Bohemia, NY 11716		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Daniel Haug		Telephone No. 631-567-1777	Telephone No. 718-349-0900						
Start Date (10) 11/10/2016		Scheduled Completion Date (11) 01/08/2017	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: <u>                    </u>		Name of OSHA Monitor Martin McRea							
		Street Address 714 Kennedy Blvd.							
		City, State, Zip Code Bayonne, NJ 07002							
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
Roof		X		Base Flashing Tar	42 SF	X			
Roof		X		Coping Stone Joint	20 SF	X			
Roof		X		Tar	4 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 10 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/09/2016		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Assistant		Signature <u>                    </u>			Date 11/08/2016		



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

PAL JOB# 16-1640

Date of Notification (1) 10/25/2016		Name of Building Owner/Operator (2) JPMorgan Chase Bank NA							
Agencies Notified	Type Notification	Street Address 312 Forest Avenue 1st Floor							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Paramus, NJ 07652							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Albert Fonti							
<div style="float: right; border: 2px solid blue; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV 14 2016  ASBESTOS CONTROL &amp; LICENSING </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chase Bank		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 566 Bloomfield Avenue		Square Feet 15,000	# of Floors 2						
City (5) Verona		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial/Bank							
Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 120-D Wilbur Place		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Bohemia, NY 11716		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Daniel Haug		Telephone No. 631-567-1777	Telephone No. 718-349-0900						
Start Date (10) 11/08/2016		Scheduled Completion Date (11) 01/08/2017	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 Martin McRea							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 714 Kennedy Blvd.							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Bayonne, NJ 07002							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof		X		Base Flashing Tar	42 SF	X			
Roof		X		Coping Stone Joint	20 SF	X			
Roof		X		Tar	4 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 10 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/09/2016		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Assistant		Signature 		Date 10/25/2016			



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

UJA O.S. MAIL  
CH# 3827

Date of Notification (1) <b>11/08/16</b>		Name of Building Owner/Operator (2) <b>Ms. Carol A. Waleczuk</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	NOV 14 2016						
		City, State, Zip Code <b>FANWOOD NJ 07022</b>							
		Name of Contact <b>Ms. Carol A. Waleczuk</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)  Street Address [REDACTED]		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.)							
City (5) <b>FANWOOD N.J.</b>		Square Feet <b>2,200</b>	# of Floors <b>2</b>						
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>80</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>NOVATECH INC</b>						
Street Address		Street Address <b>P.O. Box 814</b>							
City, State, Zip Code		City, State, Zip Code <b>Old Bridge NJ 08857</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732 238-7500</b>	License No. <b>CC806</b>						
Start Date (10) <b>11/17/16</b>	Scheduled Completion Date (11) <b>12/18/16</b>	Name of OSHA Monitor <b>NOVATECH INC</b>							
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 <b>P.O. Box 814</b>							
		City, State, Zip Code <b>Old Bridge NJ 08857</b>							
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 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
<b>BASEMENT</b>			<b>X</b>	<b>PIPE INSULATION</b>	<b>&lt;100 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>NOVATECH INC</b>		NJDEP Waste Hauler ID No. <b>18501</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>					
City, State <b>Old Bridge NJ 08857</b>			Disposal Date <b>12/19/16</b>	City, State <b>Harrisville PA</b>					
Completed by <b>CARLOS ALMEIDA</b>		Title <b>PRESIDENT</b>	Signature <i>[Signature]</i>	Date <b>11/08/16</b>					



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

Date of Notification (1) <b>11/8/2016</b>		Name of Building Owner/Operator (2) <b>Pradipkumar Shah</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Bloomfield, NJ, 07003</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Pradipkumar Shah</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

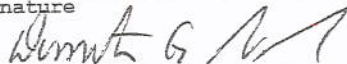
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Pradipkumar Shah</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>1650</b>	# of Floors <b>2</b>	Bldg. Age <b>78</b>
City (5) <b>Bloomfield</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>11 19 2016</b> Month Day Year		Sched. Completion Date (11) <b>11 21 2016</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>		
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		
			City, State, Zip Code		

## Scope of Work (Check all that apply)

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

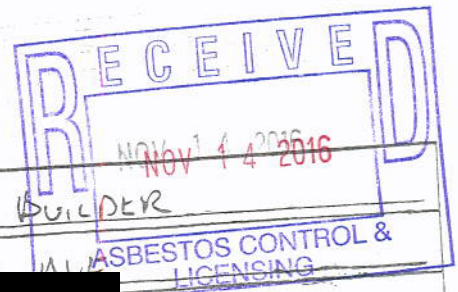
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
<b>Basement</b>			<b>X</b>	<b>Pipe Insulation</b>	<b>35 LF</b>	<b>X</b>				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.0</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>11/22/2016</b>	City, State <b>Waynesburg, Ohio 44688</b>
Completed By (Print or Type) <b>Dimitri G. Temidis</b>	Title <b>Sales</b>	Signature 	Date <b>11/8/2016</b>



CK # 4101

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

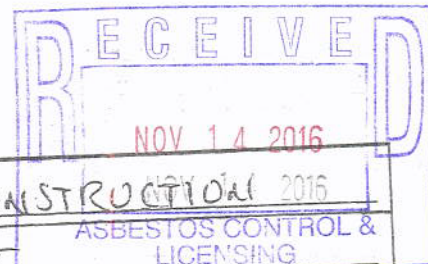


Date of Notification (1) <b>11-8-16</b>		Name of Building Owner/Operator (2) <b>TOM WELSH BUILDER</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>HADDONFIELD N.J 08033</b>	
		Name of Contact <b>TOM</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED] <b>ST</b>		Square Feet <b>1000</b>	# of Floors <b>1</b>
City (5) <b>AVALON</b>		Bldg. Age <b>50+</b>	
County (6) <b>CAPE MAY</b>		Current Use (Prior if being demolished) <b>VACANT</b>	
County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) <b>KLEMCO INC</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Street Address <b>369 S SPRUCE AVE</b>	
Street Address		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>	
City, State, Zip Code		Telephone No. <b>856-779-0472</b>	License No. <b>00444</b>
Project Manager for Monitoring Firm		Name of OSHA Monitor <b>N/A</b>	
Telephone No.		Street Address	
Start Date (10) <b>11-18-16</b>		Scheduled Completion Date (11) <b>11-25-16</b>	
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:			
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) <b>SIDING</b>	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	
			<b>TRANSITE</b>
			<b>2500 SF</b>
			<b>X</b>
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>3</b>
City, State <b>MAPLE SHADE N.J</b>		Name of Registered Landfill <b>C.M.C.M.U.A</b>	
Disposal Date		City, State <b>WOODBINE</b>	
Completed By <b>MICHAEL KLEMM</b>		Signature <b>[Signature]</b>	
Title <b>SUP.</b>		Date <b>11-8-16</b>	



CK # 4101

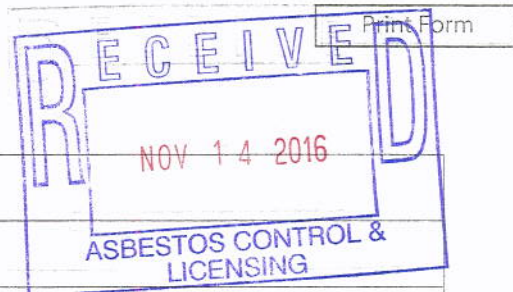
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>11-8-16</b>		Name of Building Owner/Operator (2) <b>PINELANDS CONSTRUCTION 2016</b>					
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 <b>300 7TH ST</b>		City, State, Zip Code <b>SEA ISLE CITY N.J. 08243</b>					
Name of Contact <b>KRIMAK</b>		Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 <b>[REDACTED]</b>		Square Feet <b>1500</b>					
City (5) <b>SEA ISLE CITY</b>		# of Floors <b>1</b>					
County (6) <b>CAPE MAY</b>		Bldg. Age <b>50+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>VACANT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.					
Street Address		Name of Abatement Contractor (9) <b>KLEMMCO INC</b>					
City, State, Zip Code		Street Address <b>369 S. SPRUCE AVE</b>					
Project Manager for Monitoring Firm		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>					
Telephone No.		Telephone No. <b>856-779-0472</b>					
Start Date (10) <b>11-18-16</b>		License No. <b>00444</b>					
Scheduled Completion Date (11) <b>11-25-16</b>		Name of OSHA Monitor <b>N/A</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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) <b>2500 SF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>	<b>X</b>	<b>TIRAN SITE</b>		<b>X</b>			
Name of Registered Waste Hauler <b>KLEMMCO INC.</b>	NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste	Name of Registered Landfill <b>C.M.C.M.U.A.</b>				
City, State <b>MAPLE SHADE N.J 08052</b>	Disposal Date	City, State <b>WOODBINE N.J</b>					
Completed By <b>MICHAEL KLEMM</b>	Title <b>SUP.</b>	Signature <b>[Signature]</b>			Date <b>11-8-16</b>		



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



Date of Notification (1) November 10, 2016		Name of Building Owner/Operator (2) American Tower Corporation							
Agencies Notified	Type Notification	Street Address 10 Presidential Way							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woburn, MA 01801							
		Name of Contact Charmayne Eriacho	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cell Tower Equipment Shelter		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 4 Far View Avenue		Square Feet 5,500	# of Floors 1						
City (5) Atlantic Highlands		Bldg. Age 50							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Equipment Shelter							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address PO Box 83068		Street Address 407 West Lincoln Highway, suite 500							
City, State, Zip Code Chicago, IL 60691		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-322-0076	Telephone No. 484-872-8884						
Start Date (10) 11/28/16		Scheduled Completion Date (11) 12/9/16	License No. 01161						
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 EMSL							
		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Control Room			X	GWB/joint compound	600 SF	X			
Control Room			X	Floor tile and floor tile mastic	200 SF	X			
Control Room			X	Transite conduit panel	6 SF	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 6	Name of Registered Landfill GROWS Landfill					
City, State Exton, PA		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 11/10/16			