

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

OK
 [Signature]

Date of Notice 11/8/13 Type Notification		Name of Building Owner / Operator (2) Albea Americas, Inc.		
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	<input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 191 Route 31 North City, State & Zip Code Washington, NJ 07882 Name of Contact Danielle Emanuel-Moore Telephone Number [Redacted]		
	FACILITY INFORMATION			
	Name of Facility Where Abatement is Taking Place (3) Albea Americas 131 Route		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) Washington	County (6) Warren	County Code (7) [Blank]	Square Feet 100,000 # of Floors 1.5 Bldg. Age 60 Current Use (Prior if being demolished) Manufacturing
Name of Monitoring Firm Hired by Building Owner (8) [Blank]		ASCM No. [Blank]	Name of Abatement Contractor (9) Global Abatement Services, LLC Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831 Telephone Number 732-605-9062 License Number 00714	
Street Address [Blank]		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm [Blank]		Telephone Number [Blank]		
Scheduled Start Date (10) 11/22/13		Scheduled Completion Date (11) 11/30/13		
Name of OSHA Monitor Global Abatement Services, LLC		Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		
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: Area Isolated During Abatement Other - Describe: [Blank]		Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply) Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM Full Containment with Negative Pressure <input type="checkbox"/> <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Other: Non-friable				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Mezzanine	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) TSI pipe fittings	Amount (Specify Square Feet or Linear Feet) 80 LF Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) Removal	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 10	
City, State Freehold, NJ		Disposal Date 11/30/13	Name of Registered Landfill TRRF City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali		Title Project Manager	Signature <i>Dominick Tringali</i> Date 11/8/13	

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

4768

Date of Notification (1) 11-11-13		Name of Building Owner/Operator (2) J. FYTELSON					
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"/> Amendment <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5 OAK PLACE					
		City, State, Zip Code WALDWICK, NJ 07463.					
		Name of Contact J. FYTELSON					
Telephone Number 201-239-7444							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) J. FYTELSON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 5 OAK PLACE		Square Feet 1775	# of Floors 2				
City (5) WALDWICK		Bldg. Age 72 YRS					
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)				
Street Address			Best Removal Inc				
City, State, Zip Code			Street Address 450 S. River St				
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Hackensack, N.J. 07601				
Start Date (10) 11-22-13		Scheduled Completion Date (11) 11-23-13	Telephone No. 201-329-7444				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		License No. 00388					
Name of OSHA Monitor Omega Environmental Inc		Street Address 280 Huyler St					
City, State, Zip Code South Hackensack, N.J. 07606							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 235 or 23 F <input type="checkbox"/> 150 or 235 F <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-Fixable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulation	Enclosure
BASEMENT		THERMAL INSULATION	55 SF	X			
Name of Registered Waste Handler Best Removal Inc		NJDEP Waste Handler ID No. 17109	Cubic Yards of Waste 1.14 YD	Name of Registered Landfill Minerva Enterprises			
City, State Hackensack, N.J. 07601		Disposal Date 11-23-13	City, State Waynesburg, Oh				
Completed by R. VELDRAN	Title Estimator	Signature R. Veldran	Date 11-11-13				

RECEIVED
NOV 15
CHECK # 3050

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

RECEIVED
RECEIVED

Date of Notification (1) <u>11/13/13</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <u>300 77 TH ST.</u>	
		City, State, Zip Code <u>SEA ISLE CITY, N.J. 08243</u>	
		Name of Contact <u>FRANK EDUARDI</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>346 45TH PLACE</u>		Square Feet	# of Floors
City (5) <u>SEA ISLE CITY</u>		Bldg. Age	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>
Street Address _____		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>12/9/13</u>	Scheduled Completion Date (11) <u>12/16/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)
	Yes	No	
<u>SIDING</u>			<u>X</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.V.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>	Disposal Date	City, State <u>WOODBINE, N.J.</u>	
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>11/13/13</u>

UNRECORDED
3046

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:121)

Date of Notification (1) <u>11/11/13</u>		Name of Building Owner/Operator (2) <u>BOA MOUSE</u>	
Asbestos Notified <u>100%</u>	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. Box 322</u>	
		City, State, Zip Code <u>BRIGHTLINE, N.J. 08203</u>	
		Name of Contact <u>SALE</u>	Telephone Number <u></u>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Address <u>123 11TH ST. SOUTH</u>		Square Feet <u>1000</u>	Floor <u>2</u>
City, State, Zip Code <u>BRIGHTLINE</u>		Age <u>40</u>	Current Use (Prior to being demolished) <u>VACANT</u>
County <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <u>KLEMM INC.</u>	
Name of Person Running Firm Hired by Building Owner <u>N/A</u>	ASCM No.	Street Address <u>369 S. SPRING AVE</u>	
State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Name of Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-774-0422</u>	License No. <u>00000000</u>
Date <u>11/25/13</u>	Scheduled Completion Date (11) <u>12/2/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
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 <u>369 S. SPRING AVE</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Check all that apply:

<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Min. Enclosure
	<input type="checkbox"/> Glovebag Procedure
	<input checked="" type="checkbox"/> Non-Exempted (1) and Non-Fragile Procedure


Location of Containing Material (ACM) <u>100% ABATED</u> in Facility	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 (Spec. Sq. Ft.)	Remarks
	Yes	No	NA			
<u>CEILING</u>			<input checked="" type="checkbox"/>	<u>TRANSITE</u>	<u>1500</u>	<u>X</u>

Waste Hauler <u>KLEMM INC.</u>	NJOEP Waste Hauler ID No. <u>17901</u>	Cubic Yards of Waste <u></u>	Name of Receiving Unit <u>ACUA</u>
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date <u></u>	City, State <u>BRIGHTLINE, N.J.</u>
Signature <u>Joseph Klemm</u>	Title <u>V/P</u>	Signature <u>Joe Klemm</u>	Date <u>11/11/13</u>

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

Date of Notification (1) <div style="text-align: center;">11 / 09 / 13</div>			Name of Building Owner/Operator (2) GFI Siteworks, Inc.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P OBox 296					
				City, State, Zip Code Clarksboro, NJ 08020					
				Name of Contact Joe Russo		Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 318 Market Street									
City (5) Camden, NJ 08102				Square Feet 2,300	# of Floors 3	Bldg. Age 50			
County (6) Camden County		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) None					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) Luzon, Inc.					
Street Address			Street Address 8451 Executive Ave.						
City, State, Zip Code			City, State, Zip Code Philadelphia, Pa. 19153						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 267-284-1050		License No. 01109			
Start Date (10) <div style="text-align: center;">11 / 18 / 13</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 28 / 13</div>		Name of OSHA Monitor Joseph Maronski					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 8451 Executive Avenue					
				City, State, Zip Code Philadelphia, Pa. 19153					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	2,150 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 United Trucking, Inc.		NJDEP Waste Hauler ID No. 22843		Cubic Yards of Waste 30 CYS.	Name of Registered Landfill Conestoga Landfill				
City, State Marlton, NJ		Disposal Date 11-29-13		City, State Morgantown, PA					
Completed By (Print or Type) Piyush Patel		Title Program Manager		Signature <i>Piyush Patel</i>		Date 11/08/13			

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

Date of Notification (1) November 12, 2013		Name of Building Owner/Operator (2) S & D Development							
Agencies Notified	Type Notification	Street Address 1 Industrial Way							
<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 Eatontown, NJ 07724							
		Name of Contact Win-Whiting, LLC Steve Alafazanos	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former 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 500 Highway 530		Square Feet 5000	# of Floors 1						
City (5) Whiting, NJ 08759		Bldg. Age 53							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Bank							
Name of Monitoring Firm Hired by Building Owner (8) Air Consulting Services, LLC		ASCM No. _____	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp.						
Street Address 301 East Ward Street		Street Address 17 Thompson Street							
City, State, Zip Code Hightstown, NJ 08520		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm David Kichula, CIH		Telephone No. 609-371-2489	Telephone No. 732-222-8372						
License No. 00040									
Start Date (10) Nov. 25, 2013	Scheduled Completion Date (11) Nov. 26, 2013	Name of OSHA Monitor N/A							
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>Standby during Loading of disposal containers</u>		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Brick Mortar			x	Surfacing	1800 SF	x			
Name of Registered Waste Hauler Future Sanitation, Inc.		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S.					
City, State 385 Cranberry Road, Farmingdale, NJ 07727		Disposal Date 11/27/13	City, State Morrisville, PA.						
Completed by Joseph P. Miller		Title President	Signature 				Date 11/12/13		

CHECK #
3048

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

Date of Notification (1) <u>11/12/13</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <u>155 R. 50</u> NOV 15 2013	
		City, State, Zip Code <u>GREENFIELD, N.J.</u>	
		Name of Contact <u>BRUCE BREUNIG</u>	Telephone Number <u>[REDACTED]</u>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>2 N. GLADSTONE AVE.</u>		Square Feet	# of Floors
City, State, Zip Code <u>MARLBOROUGH</u>			Build. Age
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>11/25/13</u>	Scheduled Completion Date (11) <u>12/4/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	

Scope of Work (Check all that apply)


<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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	Encapsulation	Other
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2000 #</u>	<u>*</u>			

Name of Registered Waste Hauler <u>KLEMMCO INC.</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>A.C.U.A.</u>
City, State <u>MAPLE SHADE, N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>V/P</u>	Signature <u>Joseph Klemm</u>	Date <u>11/12/13</u>

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

CHECK # 20590

Date of Notification (1) 11-08-13		Name of Building Owner/Operator (2) RTL Services, Kearny Point Industrial Park							
Agencies Notified	Type Notification	Street Address 9 Basin Drive, Suite 120							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Jay Zimmern	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 89		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 9 Basin Drive		Square Feet 10,300	# of Floors 1						
City (5) Kearny		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No. 201-939-6565	License No. 00756						
Start Date (10) 11-18-13	Scheduled Completion Date (11) 12-31-13	Name of OSHA Monitor Even-Air 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: Area is vacant		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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	Built Up Roofing	10,300SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by John Tancredi		Title Project Manager		Signature 		Date 11-08-13			

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

Date of Notification (1) November 6, 2013		Name of Building Owner/Operator (2) Eastern Contracting, LLC <i>Ch 22949</i>	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 361 Eastern Boulevard City, State, Zip Code Bayville, NJ 08721 Name of Contact Bill Santora Telephone Number 732-221-2213	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (K-12) [] Subchapter 8 (other than K-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 233 22 nd Avenue			Square feet 600 sf	# of Floors 1	Bldg. Age 60
City South Seaside Park	County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932		License Number 00624	
Scheduled Start Date (10) 11/07/2013	Scheduled Completion Date (11) 11/08/2013	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854			
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and NonFriable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	300 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/09/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/6/2013

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Date Received

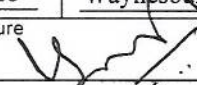
DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O				II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Eastern Contracting					
Address: 361 Eastern Boulevard					
City: Bayville		State: New Jersey		Zip: 08721	
Contact: Bill Santora				Tel: 908-910-9315	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 233 22 nd Avenue					
City: South Seaside Park		State: New Jersey		County: Ocean	
Site Location: exterior					
Building Size: 600		# of Floors: 1		Age in Years: 60	
Present Use: Residence			Prior Use: Residence		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed					
Pipes (Linear feet):					
Surface Area (Square feet): 300 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/07/2013 Complete 11/08/2013					

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED		
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.		
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: Nicholas Fernicola WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person:		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Permit #: 101494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):		
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden		
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER		
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991) Nicholas Fernicola / Project Manager November 6, 2013 (Printed Name/Title) (Signature of Owner/Operator) (Date)		
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. Nicholas Fernicola / Project Manager November 6, 2013 (Printed Name/Title) (Signature of Owner/Operator) (Date)		

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

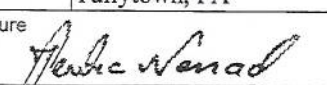
Date of Notification (1) 11/12/2013		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1655 US HWY 9 City, State, Zip Code Old Bridge, NJ 08857 Name of Contact Bernadette Poppel							
		Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Apartments Bldg.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 27-33 Spruce Lane		Square Feet 2000 SF							
City (5) Old Bridge,		# of Floors 2							
County (6) Middlesex		Bldg. Age 60+							
County Code (7) (STATE USE ONLY) Middlesex		Current Use (Prior if being demolished) Apartment Bldg.							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address _____		Name of Abatement Contractor (9) DIA General Construction, Inc.							
City, State, Zip Code _____		Street Address 1360 Clifton, Avenue, PMB Suite 218							
Project Manager for Monitoring Firm _____		City, State, Zip Code Clifton, NJ 07012							
Telephone No. _____		Telephone No. 973-389-0089							
Start Date (10) 11/26/2013		License No. 00693							
Scheduled Completion Date (11) 11/29/2013		Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Govebag 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
# 27A-D Spruce Lane - Crawl Space			X	Pipe/Elbow Insulation	190 LF	X			
# 29 C&D Spruce Lane - Crawl Space			X	Pipe/Elbow Insulation	180 LF	X			
# 31 A-D Spruce Lane - Crawl Space			X	Pipe/Elbow Insulation	200 LF	X			
# 33 A-D Spruce Lane - Crawl Space			X	Pipe/Elbow Insulation	180 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20970		Cubic Yards of Waste 9	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 11/29/2013		City, State Waynesburg, OH 44688					
Completed By Krutarth Jagad		Title President		Signature 			Date 11/12/2013		

ASB41

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

MO#20613945442

Date of Notification (1) 11 / 11 / 13		Name of Building Owner/Operator (2) Jennifer Cusack							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 975 Garrison Avenue		City, State, Zip Code Teaneck, NJ 07666							
Name of Contact Jennifer Cusack		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 975 Garrison Avenue		Square Feet							
City (5) Teaneck, NJ 07666		# of Floors							
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-638-1777							
Start Date (10) 11 / 22 / 13		License No. 01127							
Scheduled Completion Date (11) 11 / 23 / 13		Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 If <input type="checkbox"/> > 160 sf or >260 If		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
City, State, Zip Code Fair Lawn, NJ 07410									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		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"/>	Pipe insulation	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Floor tiles	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT Floor tiles	30 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 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 		Date 11/11/2013			

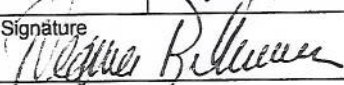
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Check#1765

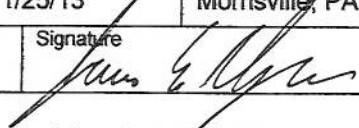
Date of Notification (1) 11 / 08 / 13		Name of Building Owner/Operator (2) Mike Vandusen							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 67 Terrace Avenue City, State, Zip Code Nutley, NJ 07110 Name of Contact Mike Vandusen Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 67 Terrace Avenue City (5) Nutley, NJ 07110 County (6) Essex		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.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. License No. 973-638-1777 01127							
Start Date (10) 11 / 21 / 13		Scheduled Completion Date (11) 11 / 22 / 13							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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"/>	Pipe insulation	105 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD Disposal Date TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA				
Completed By (Print or Type) N.Jevtic ASB-41 MAY 11		Title Owner		Signature <i>N. Jevtic</i>		Date 11/08/2013			

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

Date of Notification (1) 11/06/13		Name of Building Owner/Operator (2) Colby Ellis							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 13 Lewis Drive							
		City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Colby Ellis	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 13 Lewis Drive		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		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. _____	License No. #00675						
Start Date (10) 11/20/13	Scheduled Completion Date (11) 11/21/13	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: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
attic		X		duct insulation	20 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 11/06/13			

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

Date of Notification (1) 11/09/2013		Name of Building Owner/Operator (2) Mr. Joe Guido							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	50 Reservoir Avenue							
		City, State, Zip Code Jersey City, NJ 07307							
		Name of Contact Art Rastelli	Telephone Number 201-525-1500						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 50 Reservoir 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) Jersey City		Square Feet 2400	# of Floors 3						
		Bldg. Age 50 + yrs.							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41 Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) November 21, 2013	Scheduled Completion Date (11) November 25, 2013	Name of OSHA Monitor The same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Basement Work Area</u>		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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	135 LF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 2	Name of Registered Landfill North GROWS, Inc. - WM					
City, State Paterson, NJ 07504		Disposal Date 11/25/13		City, State Morrisville, PA					
Completed by James Unger		Title Project Manager		Signature 			Date 11/09/2013		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-)

Date of Notification (1)
11 / 07 / 13

Name of Building Owner/Operator (2)
William Lowe

Agencies Notified
☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
 Type of Notification
☒ Initial
☐ Amended Amendment #
☐ Emergency (including Justification)
☐ Cancellation

Street Address
47 Sheffield Road
 City, State, Zip Code NOV 15 2013
Wayne NJ 07470
 Name of Contact
William Lowe
 Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

Residence
 Street Address
47 Sheffield Road
 City (5) County (6) County Code (7)
Wayne Passaic (STATE USE ONLY)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)
 Square Feet # of Floors Bldg. Age
 Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ASCM
 Enviro Vision Consultants, Inc.
 Street Address
20-21 Wagaraw Road, Bldg. #34A
 Fairlawn NJ 07410
 Project Manager for Monitoring Firm Telephone Number
Willie Morales 973-636-9145
 Scheduled State Date (10) Scheduled Completion Date (11)
 11 / 12 / 13 11 / 26 / 13
 Month / Day / Year Month / Day / Year

Name of Abatement Contractor (9)
 J.R. Contracting & Environmental Consulting, Inc.
 Street Address
1141 Route 23
 City, State, Zip Code
Wayne NJ 07470
 Telephone Number License No.
973 628-9500 00408
 Name of OSHA Monitor
Enviro Vision Consultants, Inc.

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

Street Address
20-21 Wagaraw Road, Bldg. #34A
 City, State, Zip Code
Fairlawn NJ 07410

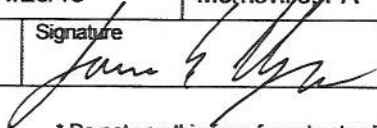
Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf ☒ Renovation ☐ Full Containment With Negative Pressure
☐ ≥ 160 sf or ≥ 260 lf ☐ Demolition ☐ 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) (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 A S U L E	E N C L O S U R E
Garage			X	Pipe Insulation	35 LF	X			
Kitchen			X	VAT	90 SF	X			
Attic			X	Wall Tar Mastic	700 SF	X			

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 17819
 J.R. Contracting & Environmental Consulting, Inc.
 City, State
Wayne NJ 07470
 Cubic Yards of Waste
 Name of Registered Landfill
G.R.O.W.S.
 City, State
Morrisville PA
 Disposal Date
 Completed by (Print or Type) Title Signature Date
 Jerry Bijelonic Project Manager 11/7/2013

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

Date of Notification (1) 11/11/2013		Name of Building Owner/Operator (2) Mr. John Cortell							
Agencies Notified	Type Notification	Street Address 8 Evergreen Place							
<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 Maplewood, NJ 07040							
		Name of Contact John Cortell	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address 8 Evergreen Place		<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) Maplewood, NJ		Square Feet 2300	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50 + yrs.						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41 Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No. 973-345-0022	License No. 00507						
Start Date (10) November 23, 2013	Scheduled Completion Date (11) November 26, 2013	Name of OSHA Monitor The same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Unoccupied Basement Work Area</u>		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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	65 LF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 1	Name of Registered Landfill North GROWS, Inc. - WM					
City, State Paterson, NJ 07504		Disposal Date 11/26/13		City, State Morrisville, PA					
Completed by James Unger		Title Project Manager		Signature 			Date 11/11/2013		

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

Date of Notification (1) 11-07-13		Name of Building Owner/Operator (2) Bernadette Anderson							
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 162 Grant Ave.							
		City, State, Zip Code Jersey City NJ 07305							
		Name of Contact Bernadette Anderson	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bernadette Anderson		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 162 Grant Ave.		Square Feet	# of Floors						
City (5) Jersey City NJ 07305		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC						
Street Address		Street Address 522 7th Street							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 11-08-13	Scheduled Completion Date (11) 11-09-13	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th Street							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/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	130 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City NJ 07087		Disposal Date 11-12-13		City, State Tullytown, PA					
Completed by Leonardo Ramirez		Title Proj. Manager		Signature <i>Leonardo Ramirez</i>			Date 11-07-13		

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

Date of Notification (1) November 7, 2013		Name of Building Owner/Operator (2) Stonegate Realty <i>ck# 22951</i>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	386 Rt. 59, Suite 201	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Airmont, NY 10952	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Steve Gelbtuch	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment building			Type of Facility (4)		
Street Address 902 West St.			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Union City			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) Hudson		
County Code (7) (STATE USE ONLY)		Square feet 50,000 sf	# of Floors 5	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm			Telephone Number		
Telephone Number			License Number		
Scheduled Start Date (10) 11/20/2013			Scheduled Completion Date (11) 11/22/2013		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			E.M.S.L. Analytical		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other - Describe _____			1056 Stelton Road		
Scope of Work (Check all that apply)			City, State, Zip Code		
<input type="checkbox"/> >3 sf or ≥3 lf			Piscataway, New Jersey 08854		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Renovation			<input type="checkbox"/> Mini-Enclosure		
<input type="checkbox"/> Demolition			<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) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Pipe insulation	100 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/23/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/7/2013

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

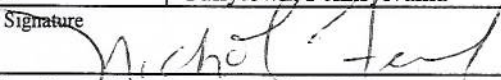
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) November 7, 2013		Name of Building Owner/Operator (2) Rich-Mark Contracting, Inc. 422960	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 124	
		City, State, Zip Code Toms River, NJ 08754 15 2013	
		Name of Contact Mark Tucker	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1834 Starboard Court					
City Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1000 sf	# of Floors 1	Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/8/13		Scheduled Completion Date (11) 11/11/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	950 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 11/12/13		City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 			Date 11/7/2013

*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)

Date of Notification (1) November 7, 2013		Name of Building Owner/Operator (2) Stonegate Realty, LLC <i>Ch# 22950</i>	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [x] Initial Notification [] Amended Notification Amendment # _____ [] Emergency (including justification) [] Cancellation	Street Address 386 Rt. 59, Suite 201 City, State, Zip Code Airmont, NY 10952 Name of Contact Steve Gelbtuch Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment building			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 311 62 nd St			Square feet 50,000 sf		
City West New York	County (6) Hudson	County Code (7) (STATE USE ONLY)	# of Floors 5	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Current Use (Prior if being demolished) Apartment building		
Street Address			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
City, State, Zip Code			Street Address 1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code Toms River, New Jersey 08755-1271		
Telephone Number			Telephone Number 732-349-9932		
Scheduled Start Date (10) 11/20/2013			License Number 00624		
Scheduled Completion Date (11) 11/22/2013			Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			City, State, Zip Code Piscataway, New Jersey 08854		
[x] Renovation [] Demolition			[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
basement		X		Pipe insulation	45 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/23/2013	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 11/7/2013

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)

Date of Notification (1) 11/11/13		Name of Building Owner/Operator (2) JK CONSTRUCTION SERVICES		<div style="border: 1px solid black; padding: 5px; transform: rotate(180deg); display: inline-block;"> NOV 15 2013 </div>	
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 257 FIELDER AVE			
		City, State, Zip Code SEASIDE HEIGHTS, NJ 08751			
		Name of Contact KEN TRAWINSKI			
				Telephone Number _____	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Street Address 257 FIELDER AVE			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) SEASIDE HEIGHTS			Square Feet	# of Floors	Bldg. Age
County (6) OCEAN	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) AAA LEAD PROFESSIONALS		
Street Address		Street Address 6 WHITE DOVE COURT			
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078	License No. 1200	
Start Date (10) 11-21-13	Scheduled Completion Date (11) 11-22-13		Name of OSHA Monitor AAA LEAD PROFESSIONALS		
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 6 WHITE DOVE COURT		
			City, State, Zip Code LAKEWOOD, NJ 08701		

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				EXTERIOR SIDING	1000 SF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 11/11/13

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

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

Date of Notification (1) November 12, 2013		Name of Building Owner/Operator (2) Richard Mc Dermott 23011	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	80 Suttons Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Califon, NJ 07830	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Richard Mc Dermott	2012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 103 Princeton 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 Lavallette	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1500 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) 11/25/13		Scheduled Completion Date (11) 11/26/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address		
			1056 Stelton Road		
			City, State, Zip Code		
			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1200 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/27/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/12/2013

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

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

D&S Proj. #: 2013-426

Date of Notification (1) 11/10/13		Name of Building Owner/Operator (2) KEN ZAROSKI	
Agencies Notified	Type Notification	Street Address 743 6TH STREET	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code LYNDHURST, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:	Name of Contact KEN ZAROSKI	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) KEN ZAROSKI			Type of Facility (4)		
Street Address 743 6TH STREET			<input type="checkbox"/> School (K - 12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) LYNDHURST			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
			Square Feet		
County (6) BERGEN		County Code (7) (State use only)	# of Floors		Bldg. Age
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address	
				20 California Ave.	
City, State, Zip Code				City, State, Zip Code	
				Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number	
				973-345-8020	
				License Number	
				01169	
Start Date (10)		Sched. Completion Date (11)		Name of OSHA Monitor	
11/19/2013		11/28/2013		D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one)					
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.					
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:					
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Street Address					
20 California Avenue					
City, State, Zip Code					
Paterson, NJ 07503					

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	34 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/20/13		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 11/06/2013	

NOV. 15 2013

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

RECEIVED
 VIA US MAIL
 CH# 1068

Date of Notification (1) 11/7/13		Name of Building Owner/Operator (2) ICALL HOME SOLUTIONS, LLC.																	
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 1177 RARITAN AVE SUIT 2																	
		City, State, Zip Code HIGHLAND PARK, N.J. 08904																	
		Name of Contact MR SAM MILROM																	
FACILITY INFORMATION <table border="1"> <tr> <td colspan="2">Name of Facility Where Abatement is Taking Place (3) RESCUE SQUAD Bldg</td> <td colspan="2">Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) </td> </tr> <tr> <td colspan="2">Street Address 128 So. 11th ST.</td> <td>Square Feet 2,000</td> <td># of Floors 1</td> </tr> <tr> <td colspan="2">City (5) HIGHLAND PARK N.J.</td> <td>Bldg. Age 70</td> <td></td> </tr> <tr> <td>County (6) MIDDLESEX</td> <td>County Code (7) (STATE USE ONLY)</td> <td colspan="2">Current Use (Prior if being demolished) SQUAD BLDG</td> </tr> </table>				Name of Facility Where Abatement is Taking Place (3) RESCUE SQUAD Bldg		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Street Address 128 So. 11th ST.		Square Feet 2,000	# of Floors 1	City (5) HIGHLAND PARK N.J.		Bldg. Age 70		County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SQUAD BLDG	
Name of Facility Where Abatement is Taking Place (3) RESCUE SQUAD Bldg		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)																	
Street Address 128 So. 11th ST.		Square Feet 2,000	# of Floors 1																
City (5) HIGHLAND PARK N.J.		Bldg. Age 70																	
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SQUAD BLDG																	
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) 11/16/13		Scheduled Completion Date (11) 12/16/13																	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor NOVATECH INC																	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 2260 lf		<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)																
	Yes	No		N/A															
BASEMENT		X	FLOOR TILE 9x9 only 800 SF																
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 20																
City, State OLD BRIDGE N.J. 08857		Disposal Date 12/18/13	Name of Registered Landfill G.R.O.W.S. HARRISONVILLE PA.																
Completed by MARCUS ALMEIDA		Title PRESIDENT	Signature <i>[Signature]</i>																
			Date 11/7/13																

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

D&S Proj. #: 2013-429

Date of Notification (1) <u>11/10/13</u>		Name of Building Owner/Operator (2) <u>Mary Wynn Seiter</u>	
Agencies Notified	Type Notification	Street Address <u>179 Lincoln Avenue</u> City, State, Zip Code <u>RIDGEWOOD, NJ 07450</u> Name of Contact <u>Mary Wynn Seiter</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number 	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Mary Wynn Seiter</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>179 Lincoln Avenue</u>					
City (5) <u>RIDGEWOOD</u>	County (6) <u>BERGEN</u>	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>		
Street Address			Street Address <u>20 California Ave.</u>		
City, State, Zip Code			City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm	Phone Number		Telephone Number <u>973-345-8020</u>	License Number <u>01169</u>	
Start Date (10) <u>11/19/13</u>	Sched. Completion Date (11) <u>11/28/13</u>		Name of OSHA Monitor <u>D & S Restoration, Inc.</u>		
Occupancy Status During Abatement (Check only one)			Street Address <u>20 California Avenue</u>		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>			City, State, Zip Code <u>Paterson, NJ 07503</u>		

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	120 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>		NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>2 YD</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>	
City, State <u>PATERSON, NJ 07503</u>		Disposal Date <u>11/19/13</u>		City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature			Date <u>11/07/2013</u>

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

D&S Proj. #: 2013-428

Date of Notification (1) 11/10/13		Name of Building Owner/Operator (2) john ferrara	
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 #: _____	Street Address 115 pascack road	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code park ridge, nj	
		Name of Contact john ferrara	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) john ferrara			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 115 pascack road			Square Feet # of Floors Bldg. Age		
City (5) park ridge	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169	
Project Manager for Monitoring Firm Phone Number			Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
Start Date (10) 11/25/13	Sched. Completion Date (11) 12/16/13			
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				

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

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/26/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/07/2013

D&S Proj. #: 2013-427

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

Date of Notification (1) <u>11/10/13</u>		Name of Building Owner/Operator (2) THOMAS BROWN	
Agencies Notified	Type Notification	Street Address 34 LANCASTER AVENUE	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MAPLEWOOD, NJ 0740	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact THOMAS BROWN	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) THOMAS BROWN			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 34 LANCASTER AVENUE			Square Feet		
City (5) MAPLEWOOD			County (6) ESSEX	County Code (7) (State use only)	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 11/07/13			License Number 01169		
Sched. Completion Date (11) 11/28/13			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	35 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/08/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/06/2013

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

NOV. 06. 2013 (WED) 15:14 BRISAR-DELVED

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PAGE 2/4

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

D&S Proj. #: 2013-427

Date of Notification (1) 11/10/13		Name of Building Owner/Operator (2) THOMAS BROWN	
Agencies Notified	Type Notification	Street Address 34 LANCASTER AVENUE	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code MAPLEWOOD, NJ 0740	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact THOMAS BROWN	
<input checked="" type="checkbox"/> DOI	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) THOMAS BROWN			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 34 LANCASTER AVENUE			Square Feet	# of Floors
City (5) MAPLEWOOD	County (6) ESSEX	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)	
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.	
City, State, Zip Code			Street Address 20 California Ave.	
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503	
Phone Number			Telephone Number 973-345-8020	License Number 01169
Start Date (10) 11/07/13	Sched. Completion Date (11) 11/28/13		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

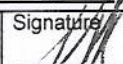
Scope of Work (check all that apply) <input checked="" type="checkbox"/> > 2 sf or > 2 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASMENT BOILER		X		BOILER INSULATION	35 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"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/08/13	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 11/06/2013

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

CK# 25312

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

Date of Notification (1) <u>11/13/13</u>		Name of Building Owner/Operator (2) <u>Mount Holly Township Public Schools</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>331 Levis Drive</u>							
		City, State, Zip Code <u>Mount Holly, NJ 08060</u>							
		Name of Contact <u>Jack Soltesz</u>	Telephone Number <u></u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Maintenance Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>331 Levis Drive</u>		Square Feet <u>1200</u>	# of Floors <u>1</u>						
City (5) <u>Mount Holly</u>		Bldg. Age <u>60</u>							
County (6) <u>Burlington</u>	County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior if being demolished) <u>Garage</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>P.O. Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>William Weisengarber Jr.</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>12/2/13</u>	Scheduled Completion Date (11) <u>12/16/13</u>	Name of OSHA Monitor <u>DB Environmental</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u></u>		Street Address <u>4 Berkley Place</u>							
		City, State, Zip Code <u>Freehold, NJ 07728</u>							
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>Boiler Room</u>			<input checked="" type="checkbox"/>	<u>Rope / Packing Insulation</u>	<u>60 sf</u>	<input checked="" type="checkbox"/>			
<u>Lavatory</u>			<input checked="" type="checkbox"/>	<u>Mastic</u>	<u>96 sf</u>	<input checked="" type="checkbox"/>			
<u>Garage Bays</u>			<input checked="" type="checkbox"/>	<u>Thermal Pipe Fittings</u>	<u>23 lf</u>	<input checked="" type="checkbox"/>			
<u>Exterior Windows/Doors</u>			<input checked="" type="checkbox"/>	<u>Chalk/ Glazing</u>	<u>814 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>4 CU</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/17/13</u>	City, State <u>Tullytown, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>11/13/13</u>						

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

Paragon Job# _____

Date of Notification (1) <u>11/11/12</u> / <u>11/13</u>		Name of Building Owner/Operator (2) <u>Bloomfield Storage, LLC.</u>	
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"/> Amendment Amendment # _____	Street Address <u>22 Maple St.</u>	
	<input type="checkbox"/> Emergency (incl justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>Morristown, NJ 07960</u>	
		Name of Contact <u>Dean Conrad</u>	
		Telephone Number _____	


FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Former Schering Building</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>104 Orange St.</u>			Square Feet <u>15,000 sf</u>	# of Floors <u>02</u>	Bldg. Age <u>50</u>
City (5) <u>Bloomfield</u>	County (6) <u>Essex</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>Abandoned Building</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>EWMA</u>		ASCM No.	Name of Abatement Contractor (9) <u>Paragon Contracting, Inc.</u>		
Street Address <u>100 Misty Lane PO Box 5430</u>			Street Address <u>590 River Rd.</u>		
City, State, Zip Code <u>Parsippany, NJ 07054</u>			City, State, Zip Code <u>Clifton, NJ 07014</u>		
Project Manager for Monitoring Firm <u>Paul Schatz</u>		Phone Number <u>973-560-1400 X 151</u>	Telephone Number <u>(973) 614-1600</u>		License Number <u>00748</u>
Scheduled Start Date (10) <u>11/25/2013</u>		Sched. Completion Date (11) <u>12/20/2013</u>		Name of OSHA Monitor <u>Paragon Contracting, Inc.</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: _____			Street Address <u>590 River Rd.</u>		
			City, State, Zip Code <u>Clifton, NJ 07014</u>		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1st & 2nd Floors		<input checked="" type="checkbox"/>		VAT/Mastic and/or Adhesive	16,910 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st & 2nd Floors		<input checked="" type="checkbox"/>		Window/Door Caulking and/or Glazing	54 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor		<input checked="" type="checkbox"/>		Fume Hood and Lab Top Table	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof		<input checked="" type="checkbox"/>		Roofing/Flashing	14,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator		<input checked="" type="checkbox"/>		Brake Pads	6 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>Paragon Contracting, Inc.</u>	NJDEP Hauler ID# <u>22161</u>	Cubic Yards of Waste <u>180 cyds</u>	Name of Registered Landfill <u>Tullytown/GROWS</u>
City, State <u>Clifton, NJ 07014</u>	Disposal Date <u>TBD</u>	City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Goran Lazevski</u>	Title <u>President</u>	Signature 	Date <u>11/12/2013</u>

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

Date of Notification (1) 11/8/13		Name of Building Owner/Operator (2) P.S.E.G.							
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 4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080							
		Name of Contact FOX McQUILLEN	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG		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 708 HAMPTON RD.		Square Feet N/A	# of Floors N/A						
City (5) CHERRY HILL		Bldg. Age N/A							
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 11/20/13	Scheduled Completion Date (11) 11/20/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
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) 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) 20 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE OF SUBSTATION		X		SOMASTIC PIPE COATING	20 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Approx 4	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo		Date 11/8/13			

CK# 4886

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

Date of Notification (1) 11/12/13		Name of Building Owner/Operator (2) P.S.E.G.							
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 checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080 Name of Contact FOX McQUILLEN						
			Telephone Number [REDACTED]						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSEG Street Address 708 HAMPTON RD. City (5) CHERRY HILL County (6) CAMDEN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet N/A # of Floors N/A Bldg. Age N/A Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS Street Address 64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER Telephone No. 732-292-2217		Telephone No. 732-432-8350 License No. 01111							
Start Date (10) 11/13/13		Scheduled Completion Date (11) 11/13/13							
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUT DOORS		Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882							
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED OUTSIDE OF SUBSTATION	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SOMASTIC PIPE COATING	Amount (Specify SF or LF) 20 LF	Abatement Type Removal Repair Encapsulate Enclosure X			
Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste Appx 4 Disposal Date TBD		Name of Registered Landfill GROWS NORTH City, State MORRISVILLE, PA			
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo		Date 11/14/13			

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

Date of Notification (1) 11/8/13		Name of Building Owner/Operator (2) P.S.E.G.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080							
		Name of Contact GEORGE VIHARO.	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE & G		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 RT. 1 & PIERSON AVE.		Square Feet APPX 16000	# of Floors 3						
City (5) METUCHEN		Bldg. Age APPX 74 YRS							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 11/21/13	Scheduled Completion Date (11) 12/6/13	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OUTDOORS		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
OUTSIDE		X		WINDOW CAULKING	1760 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature <i>Carol Raimo</i>			Date 11/8/13			

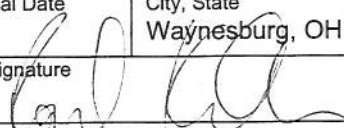
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Cl # 2528

Date of Notification (1) <div style="text-align: center;">11 / 11 / 13</div>		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Paterson CO		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 114 Paterson St		City (5) Paterson							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Current Use (Prior if being demolished) Office							
Street Address 1253 N. Church St		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Moorestown, NJ 08057		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Harold Baldwin		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 856-840-8800		Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 12 / 2 / 13	Scheduled Completion Date (11) 12 / 6 / 13	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET							
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		City, State, Zip Code BRISTOL, PA 19007							
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 Basement corridor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Water meter room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro / jkl</i>				Date 11/11/13			

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

CHECK # 20591

Date of Notification (1) 11-08-13		Name of Building Owner/Operator (2) RTL Services, Kearny Point Industrial Park							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 9 Basin Drive, Suite 120							
		City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Jay Zimmern	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 160		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 9 Basin Drive		Square Feet 54,000	# of Floors 1						
City (5) Kearny		Bldg. Age _____							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address _____		Street Address 200 Broad Street							
City, State, Zip Code _____		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm _____		Telephone No. 201-939-6565	License No. 00756						
Start Date (10) 11-18-13	Scheduled Completion Date (11) 12-31-13	Name of OSHA Monitor Even-Air 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: Area is vacant		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	Built Up Roofing	54,000SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by John Tancredi		Title Project Manager		Signature 		Date 11-08-13			

Nov 8 2013 06:55am

P001/001

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

CHECK #: 8309

Date of Notification (1) 11/07/13		Name of Building Owner/Operator (2) MR. FEDAKOWSKI		APPROVED N.J. Dept. of Health & Senior Services (Signature) Date: 11/8/13					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 142 SULLIVAN AVE. City, State, Zip Code LEONIA, N.J. 07605					
		Name of Contact MR. FEDAKOWSKI		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 142 SULLIVAN AVE			Square Feet 1650						
City (5) LEONIA			# of Floors 2						
County (6) BERGEN			Bldg. Age +50						
County Code (7) (STATE USE ONLY)			Current Use (Prior to being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. MAC Contracting Inc.					
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, NJ 07452							
Project Manager for Monitoring Firm		Telephone No.		License No. 00156					
Start Date (10) 11/08/13		Scheduled Completion Date (11) 11/30/13		Name of OSHA Monitor Omega Environmental Services Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 280 Huyer Street City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VMT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Entire
BUSHMENT			✓	PIPE INSULATION	90LF	✓			
BUSHMENT			✓	SURFACING	4856	✓			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 20785		Name of Registered Landfill		IESI PA Bethlehem Landfill Corp.			
Route Transport		City, State, Zip Code Riverdale, NJ 07477		Disposal Date 11/7/13		City, State, Zip Code Bethlehem, PA 18015			
Completed by Joseph Vaccaro		Title Operations		Signature J. Vaccaro		Date 11/07/13			

B & G proj. #: 2013-228

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

*** EMERGENCY ***

Check #6253

Date of Notification (1) 11/11/12/13		Name of Building Owner/Operator (2) Edmond Fattal	
Agencies Notified	Type Notification	Street Address 977 Main Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Paterson, NJ 07503	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Edmond Fattal	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Edmond Fattal			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 977 Main Street			Square Feet	# of Floors	Bldg. Age
City (5) Paterson	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 11/13/13		Sched. Completion Date (11) 11/14/13	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe (wrap & cut)	180 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
back of the house			X	window caulk (from 2 windows)	2 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/15/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 11/12/2013

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

B & G proj. #: 2013-228

*** EMERGENCY ***

Check #6253

Date of Notification (1) 11/11/13		Name of Building Owner/Operator (2) Edmond Fattal		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Horn</i> (signature) Date: 11/12/13 Time: 10:52 AM			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation				Street Address 977 Main Street	
		City, State, Zip Code Paterson, NJ 07503				Name of Contact Edmond Fattal	
		Telephone Number					

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Edmond Fattal			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 977 Main Street			Square Feet # of Floors Bldg. Age		
City (5) Paterson	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 11/13/13		Sched. Completion Date (11) 11/14/13	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> wrap & cut
<input checked="" type="checkbox"/> >2 sf or >2 lf	<input type="checkbox"/> ≥160 sf or ≥280 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Glovebag procedure
			<input checked="" type="checkbox"/> Non-fragile procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe (wrap & cut)	180 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
back of the house			X	window caulk (from 2 windows)	2 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 11/15/2013	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/12/2013