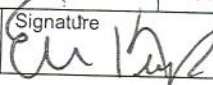


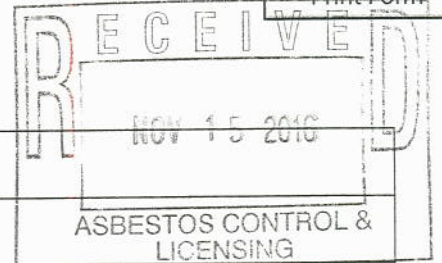
NO CK

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

RECEIVED
NOV 15 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/8/2016		Name of Building Owner/Operator (2) New Jersey Schools Development Authority							
Agencies Notified	Type Notification	Street Address 32 E Front Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact David Benfer	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) George Washington Carver Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 404 N. Grove Street		Square Feet 35,000	# of Floors 3						
City (5) East Orange		Bldg. Age 25+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		ASCM No. 00003	Name of Abatement Contractor (9) Site Enterprises, Inc						
Street Address 1253 North Church Street		Street Address 6626 Delilah Road							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm Mike Seocku		Telephone No. 856-840-8800	License No. 01172						
Start Date (10) 11/7/2016	Scheduled Completion Date (11) 03/03/2017	Name of OSHA Monitor TTI Environmental, Inc.							
Occupancy Status During Abatement (Check Only One) <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>Vacant</u>		Street Address 1253 North Church Street							
		City, State, Zip Code Moorestown, NJ 08057							
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
See Attached			X	See Attached	2000 yd per <input checked="" type="checkbox"/> x				
Unsafe Structure				Unsafe Structure	Non-Friable				
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 50cy / 100 cy	Name of Registered Landfill Tullytown Landfill					
City, State Egg Harbor Township, NJ		Disposal Date 3/3/17		City, State Tullytown, PA					
Completed by Eric Keys		Title OM	Signature 	Date 11/8/16					

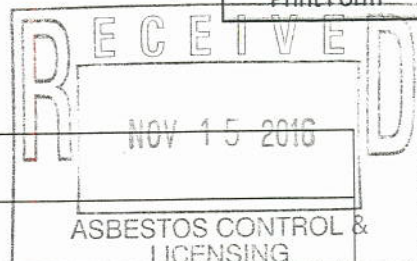
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



NO 2405129437

Date of Notification (1) 11/04/16		Name of Building Owner/Operator (2) Madonna Taba							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, NJ 07002							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Madonna Taba		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Bayonne		Bldg. Age							
County (6) Hudson County	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) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 11/16/16	Scheduled Completion Date (11) 11/30/16	Name of OSHA Monitor HILMAMM CONSULTING 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 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥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
Basement				TSI	150 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 			Date 11/04/16			

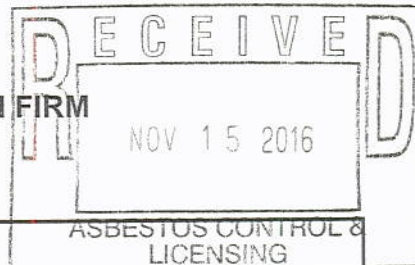
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/07/16		Name of Building Owner/Operator (2) Crd Restore -Kim Jordan							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pennsauken Township, NJ 08109							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Crd Restore -Kim Jordan		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Pennsauken Township		Bldg. Age							
County (6) Camden County	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) Pro Abatement							
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 11/11/16	Scheduled Completion Date (11) 11/25/16	Name of OSHA Monitor HILMAMM CONSULTING 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 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Kitchen				VAT	70 SF	x			
Basement				VAT	200 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature <i>Bryan Parra</i>	Date 11/07/16					

CK42538

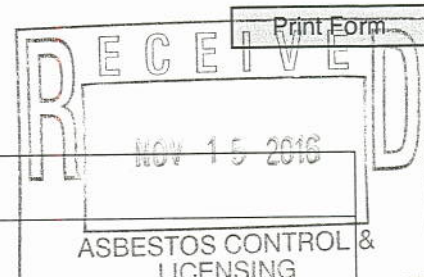
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT BY ASBESTOS CONTROL & LICENSING FIRM
(Pursuant to N.J.A.C. 5:23-8.11(c)3.viii.)



Date of Notification (1) 11/08/2016		Name of Building Owner / Operator (2) County College of Morris		ASBESTOS CONTROL & LICENSING	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 214 Center Grove Road		City, State & Zip Code Randolph NJ 07869		
	Name of Contact Karen VanDerhoof		Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Henderson Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12)		
Street Address 214 center Grove Rd.			Square Feet 30000	# of Floors 3	Bldg. Age 60
City (5) Randolph	County (6) Morris	County Code (7)	Current Use (Prior if being demolished) E. Educational-6+ persons thru gr. 12, daycare 5+ children > 2 1/2 yrs.		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Niram Inc.		
Street Address		Street Address 91 Fulton st			
City, State & Zip Code		City, State & Zip Code Boonton NJ 07005			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number (973) 299-4455	License Number 01081	
Scheduled Start Date (10) 11/20/2016	Scheduled Completion Date (11) 10/29/2017		Name of OSHA Monitor NA		
Occupancy Status During Abatement (Check all that apply) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: _____ <input type="checkbox"/> Facility Occupied During Abatement			Street Address NA City, State & Zip Code NA		
Scope of Work (Check all that apply) <input type="checkbox"/> Full Containment <input type="checkbox"/> Glove Bag					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Enter only Square Footage	Enter only Lineal Footage	
Exterior of the building	<input type="radio"/> Yes <input checked="" type="radio"/> No	Window Caulking	300 sf	lf	
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf	lf	
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf	lf	
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf	lf	
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf	lf	
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf	lf	
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf	lf	
	<input type="radio"/> Yes <input checked="" type="radio"/> No		sf	lf	
TOTALS			300 SF	0 LF	
Completed By (Print or Type) Marcin Owczarski	Title Pr. Mngr.	Signature 		Date 11/07/16	

no ck

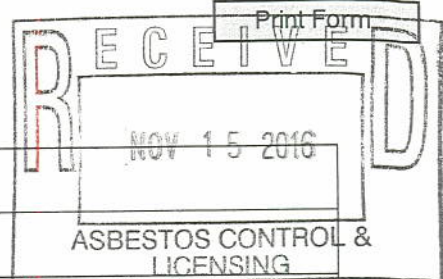
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 11/11/2016		Name of Building Owner/Operator (2) Bayonne Housing Authority							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 549 Ave A							
		City, State, Zip Code Bayonne, NJ 07002							
		Name of Contact Dave Bandur	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 19 E 19th Street		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 19 E 19th Street		Square Feet 32,000	# of Floors 3						
City (5) Bayonne		Bldg. Age 25+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	License No. 01172						
Start Date (10) 10/31/2016	Scheduled Completion Date (11) 11/18/2016	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Vacant</u>		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Floor			X	Tile	13,743 sf	x			
Throughout			X	Windows	92 total	x			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill					
City, State 6626 Delilah Road Egg Harbor Township, NJ			Disposal Date 11/18/2016	City, State Bristol, PA					
Completed by Eric Keys		Title OM	Signature 			Date 11/11/2016			

CK4528

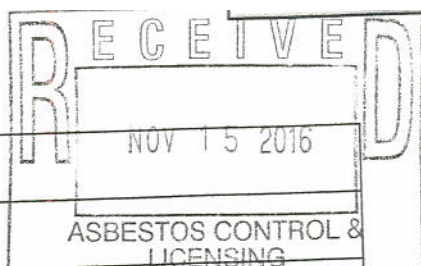
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/09/2016		Name of Building Owner/Operator (2) Fields Hi Rise Construction Co							
Agencies Notified	Type Notification	Street Address 1 Henderson St.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Tim Besa	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1024 Adams St		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 1024 Adams St		Square Feet	# of Floors						
City (5) Hoboken		Bldg. Age 25+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
Start Date (10) 11/23/2016		Scheduled Completion Date (11) 11/30/2016	License No. 01172						
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>Vacant</u>		Name of OSHA Monitor Health & Safety Services, Inc.							
		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Tile	5400 sf	X			
Floor			X	Tile	2535 sf	X			
Ceiling			X	Transite	50 sf	X			
Wall			X	Wall Glue	280 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill					
City, State 6626 Delilah Road Egg Harbor Township, NJ			Disposal Date 11/30/16	City, State Bristol, PA					
Completed by Eric Keys		Title OM	Signature 			Date 11/09/2016			

CH 789

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



Date of Notification (1) 11-09-16		Name of Building Owner/Operator (2) March Associates Construction Inc.							
Agencies Notified	Type Notification	Street Address 601 Hamburg Turnpike							
<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 Wayne, NJ 07470							
		Name of Contact Louis March	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 57 East 30th St.		Square Feet	Bldg. Age						
City (5) Paterson		Current Use (Prior if being demolished)							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) Delfa Contracting LLC.							
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm	Telephone No. _____	Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 11-21-16	Scheduled Completion Date (11) 10-23-16	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: 7:00 am- 5:00 pm		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
1st Floor		X		VAT + Mastic	120 SF	X			
Roof		X		Roof Flashing	270 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 11-24-16		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 				Date 11-09-16	

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

CK 23578

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

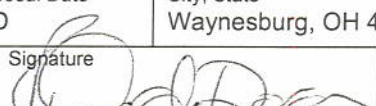
Print Form

RECEIVED

CHECK # 23363/23477/23578

NOV 13 2016

ASBESTOS CONTROL & LICENSING

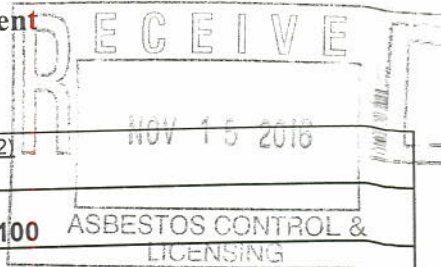
Date of Notification (1) 11-07-16		Name of Building Owner/Operator (2) United States Fire Insurance Co.							
Agencies Notified	Type Notification	Street Address 305 Madison Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morris Township, NJ 07960							
		Name of Contact Mike Mensigner	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Crom & Foster		Type of Facility (4)							
Street Address 305 Madison 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) Morris Township		Square Feet 220,000	# of Floors 4						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age 44 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) Atlantic Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 2 E. Blackwell Street		Street Address 200 Broad Street							
City, State, Zip Code Dover, NJ 07801		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Raymond Pirnat		Telephone No. (973) 366-4660	License No. 00756						
Start Date (10) 09-20-16	Scheduled Completion Date (11) 12-31-16	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" 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
Grnd, 1st & 2nd Floors: Dumbwaiter			x	ACM Fireproofing	120SF	x			
Basement: Electric Room			x	ACM Fireproofing	1,200SF	x			
Exterior: Exterior Sprandrel			x	ACM Fireproofing	280SF	x			
1st Floor: Core Wall			x	ACM Fireproofing	50SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH 44688				
Completed by Richard Doran		Title Project Manager		Signature 		Date 11-07-16			

305 Madison Avenue, Morris Twp.
Additional Materials / Floors

[illegible]

State of New Jersey - Notification of Asbestos Abatement

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



Date of Notification (1) November 8, 2016		Name of Building Owner/Operator (2) Medexpress	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type Initial Notification <input checked="" type="checkbox"/> X-Amended Certification # 2 Postponed By Owner Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 370 Southpointe Dr. Suite 100 City, State, Zip Code Canonsburg, PA 15317 Name of Contact Mr. Ryan Rodeheaver Telephone Number
	ASBESTOS CONTROL & LICENSING		Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Vacant Building – Back Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 70 years	
Street Address 1532 Prospect Street		Current Use (prior if being demolished):	
City (5) Ewing	County (6) Mercer	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Forensics, LLC		ASCM No.	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 Clementon Way		Street Address 511 MAIN STREET	
City, State, Zip Code Lawrenceville, NJ 08648		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Lance Berens	Telephone Number 609.495.4069	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) November 28, 2016	Scheduled Completion Date (11) December 23, 2016	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - xDescribe – Vacant Retail Space Other – Describe: Scheduled to be demolished		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Renovation <input checked="" type="checkbox"/> Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Exterior	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Built up Roofing	Amount (Specify SF or LF) 4,500 sf Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 80	Name of Registered Landfill Meadowfill Landfill G.R.O.W.
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date December 23, 2016	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) STG Transport Inc., 58 Pyles Lane, New Castle DE- T. 215.768.1366			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date November 8, 2016

GAC # 2016-585- Please Note: Amended Notification # 2 – New Start Date Monday, November 28, 2016
We are waiting for the asbestos/demo permit

11/07/2016 01:55PM 18562249799

ASSURED SERVICES

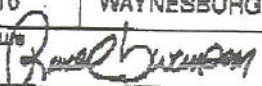
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

CHECK# 1667

PAGE 03/04

NOV 15 2016

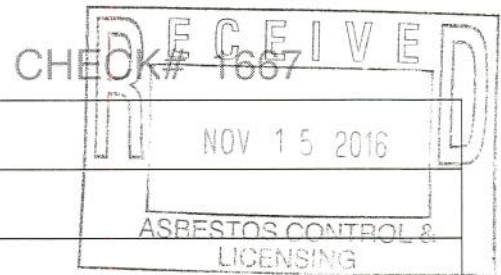
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/07/2016		Name of Building Owner/Operator (2) MAPLEWOOD III LLC							
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #	City, State, Zip Code MAPLE SHADE NJ 08062							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact MAUREEN WILLIAMS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES		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 2000 MAPLEWOOD DRIVE		Square Feet 800	# of Floors 1						
City (5) MAPLE SHADE		Bldg. Age 50+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4878						
Start Date (10) 11/08/2016		Scheduled Completion Date (11) 11/10/2016	License No. 01145						
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 Other - Describe: VACANT UNIT		Name of OSHA Monitor EMSL							
Street Address 200 RT. 130 NORTH		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
7A ASHWOOD COURT			X	FLOOR TILE/MASTIC	673 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 12	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ		Disposal Date 11/10/2016		City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 		Date 11/07/2016				

ASB-41 (R-06-02)

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

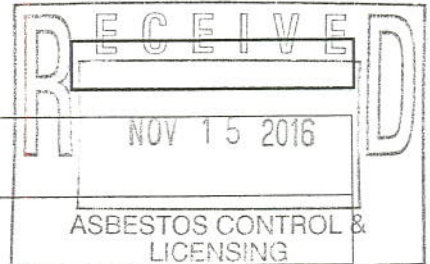
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/07/2016		Name of Building Owner/Operator (2) MAPLEWOOD III LLC							
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MAPLE SHADE NJ 08052							
		Name of Contact MAUREEN WILLIAMS	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES		Type of Facility (4)							
Street Address 2000 MAPLEWOOD DRIVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) MAPLE SHADE		Square Feet 800	# of Floors 1						
		Bldg. Age 50+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676						
		License No. 01145							
Start Date (10) 11/08/2016	Scheduled Completion Date (11) 11/10/2016	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH							
<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>VACANT UNIT</u>		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
7A ASHWOOD COURT			X	FLOOR TILE/MASTIC	673 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 12	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ		Disposal Date 11/10/2016		City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 			Date 11/07/2016			

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

Check#2641



Date of Notification (1) 11 / 11 / 16		Name of Building Owner/Operator (2) Ira Levine	
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 [REDACTED]	
		City, State, Zip Code Butler, NJ 07405	
		Name of Contact Ira Levine	
		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Butler, NJ 07405		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) Gr Tech LLC
Street Address _____		Street Address 576 Valley Rd #283	
City, State, Zip Code _____		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No. _____	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 11 / 21 / 16	Scheduled Completion Date (11) 11 / 22 / 16	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. # 35E	
		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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<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 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	90 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		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>			Date 11/11/16

ASB-41

MAY 11

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

11/10/2016 08:00 2012620321

AMAC

RECEIVED	PAGE 02/03
	NOV 15 2016
ASBESTOS CONTROL & LICENSING	

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

Check # 9266

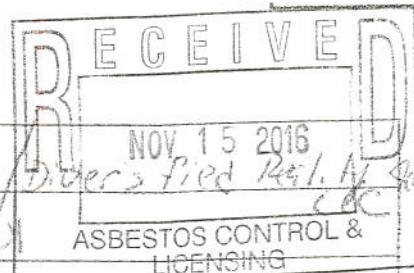
Date of Notification (1) 11/10/16		Name of Building Owner/Operator (2) 324 EAST Broad St LLC	
Agency Notified SPA DEP DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	
Street Address 324 East Broad St		City, State, Zip Code WESTFIELD, NJ 07090	
Name of Contact VINCE DEWITT		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) OFFICE BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & non-industrial buildings, town, etc.)	
Street Address 324 East Broad St		Square Feet 12,000	
City (5) WESTFIELD		# of Floors 3	
County (6) UNION		Elev. Age +50	
Campus Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL OFFICE	
Name of Monitoring Firm hired by Building Owner (8) ASMA		Name of Abatement Contractor (9) A.M.A.C. Contracting Inc.	
Street Address		Street Address 185 Vineland Ave.	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ	
Project Manager for Monitoring Firm		Telephone No. (201) 262-5041	
Start Date (10) 11/10/16		License No. 00166	
Nonasbestos Completion Date (11) 11/30/16		Name of OSHA Monitor Omega Environmental Services	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address 280 Huyler St	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 or more ft. or 180 or more sq ft <input type="checkbox"/> Renovation Demolition		City, State, Zip Code Hempstead, NJ 07808	
Is Location Initially Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAF, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) 1ST FLOOR		Amount (Specify SF or LF) 2,600 SF	
Name of Registered Waste Handler Newark Carting, Inc.		Name of Registered Landfill IESI FA Bethlehem Landfill Corp	
City, State Newark, NJ		City, State Bethlehem, PA	
Completed by Joseph Vaccaro		Signature J. Vaccaro	
Title Vice President		Date 11/10/16	

HRS-41 (R-00-00)

Do not use this form for asbestos licensing exempted activities.

CK# 3031

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



Date of Notification (1) 11/2/16		Name of Building Owner/Operator (2) Long Beach Partners, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 350 Main Rd. S.W. 201	
		City, State, Zip Code Montville, NJ 07045	
		Name of Contact Tony	Telephone Number _____

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) Long Beach Partners, LLC Property	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address 128 Union Ave	
City (5) Long Beach	Square Feet 2900
County (6) Morris	# of Floors 2
County Code (7) (STATE USE ONLY) _____	Bldg. Age 55+
Current Use (Prior if being demolished) Residence	

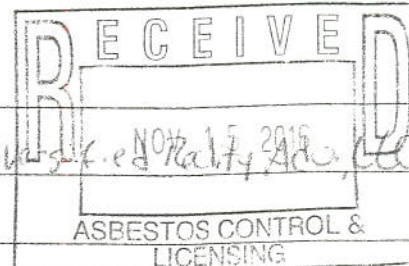
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc
Street Address		Street Address 95 Montrose Rd
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732 294 1757
		License No. 00029
Start Date (10) 11/2/16	Scheduled Completion Date (11) 11/30/16	Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		Street Address
		City, State, Zip Code

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM): (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 4000 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			X	Siding		X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 5	Name of Registered Landfill Chrins Landfill
City, State Colts Neck, New Jersey	Disposal Date 11/30/16	City, State Easton, PA	
Completed by Bree McGuire	Title Secretary Treasurer	Signature <i>[Signature]</i>	Date 11/2/16

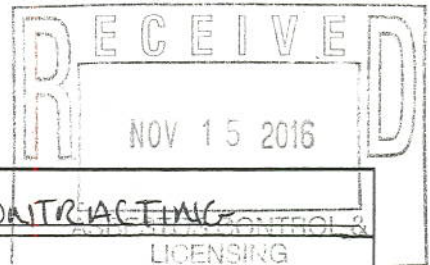
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 11/12/16		Name of Building Owner/Operator (2) Long Beach Partners, LLC / Diversified Realty Advisors, LLC								
Agencies Notified	Type Notification	Street Address 350 Main St S. 2nd								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montville, NJ 07045								
		Name of Contact Tony	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Long Beach Partners, LLC Property		Type of Facility (4)								
Street Address 130 Union Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Long Branch		Square Feet 4000	# of Floors 2							
County (6) Monmouth		Bldg. Age 35+								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)								
Street Address		Street Address Ace Insulation Co., Inc.								
City, State, Zip Code		City, State, Zip Code 95 Montrose Rd								
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029							
Start Date (10) 11/21/16	Scheduled Completion Date (11) 11/30/16	Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One)		Street Address								
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM - 2PM		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Exterior	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) 4000 sf	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
			X	Siding		V				
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 5	Name of Registered Landfill Chriss Landfill						
City, State Colts Neck, New Jersey			Disposal Date 11/30/16	City, State Easton, PA						
Completed by Bree McGuire		Title Secretary Treasurer	Signature <i>[Signature]</i>	Date 11/12/16						

CK # 4103

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



Date of Notification (1) <u>11-10-16</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>							
		City, State, Zip Code <u>GREENFIELD N.J 08230</u>							
		Name of Contact <u>BRUCE</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>OCEAN CITY</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>						
		Bldg. Age <u>50+</u>							
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>							
Street Address		Street Address <u>369 S SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>11-22-16</u>	Scheduled Completion Date (11) <u>11-29-16</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2750 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2750 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A</u>					
City, State <u>MAPLE SHADE N.J</u>			Disposal Date	City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLOMA</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>11-10-16</u>					

CK# 4103

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



Date of Notification (1) <u>10-10-16</u>		Name of Building Owner/Operator (2) <u>D. L. MINOR</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>[REDACTED]</u> City, State, Zip Code <u>CAPE MAY COURT HOUSE N.J. 08210</u> Name of Contact <u>CHRIS</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>[REDACTED]</u>		Square Feet <u>1500</u> # of Floors <u>1</u> Bldg. Age <u>50+</u>				
City (5) <u>STONE HARBOR</u>		Current Use (Prior if being demolished) <u>VACANT</u>				
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>				
Street Address _____		Name of Abatement Contractor (9) <u>KLEWCO INC</u>				
City, State, Zip Code _____		Street Address <u>369 S. SPROUE AVE</u>				
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>				
Telephone No. _____		Telephone No. <u>856-779-0472</u> License No. <u>00444</u>				
Start Date (10) <u>11-21-16</u>	Scheduled Completion Date (11) <u>11-28-16</u>	Name of OSHA Monitor <u>N/A</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility</u> (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) <u>2750 SF</u>	Abatement Type		
				Removal	Repair	Encapsulate
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>2750 SF</u>	<u>X</u>		
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C. M. C. M. U. A</u>		
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOOD BINE</u>			
Completed By <u>MICHAEL KLEWCO</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>11-10-16</u>			

11/08/2016 13:04

2012620321

AMAC

CHADLOI

RECEIVED	
PAGE 02/03	NOV 15 2016
Check # 9261	
ASBESTOS CONTROL & LICENSING	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

Check # 9261

NOV 9 2016

DEFORST OWNER, LLC

53 MAPLE AVE

MORRISTOWN, NJ 07960

RICH LEMIRE

FACILITY INFORMATION

11/08/16

DEFORST

25 DEFOREST AVE

SUMMIT

UNION

ABATEMENT

OFFICE

AMAC Contracting Inc.

185 Viewland Ave

Midland Park, NJ

(201) 262-6841

00108

Omiga Environmental Services

280 Huyler St

Hackensack, NJ 07608

11/08/16

11/30/16

Factory Closed/Vacated During Critical Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe

Scope of Work (Check All That Apply)

US at or above 260 or at or below 260

Renovation

Demolition

Full Containment with Negative Pressure

Anti-Enclosure

Glovebag Procedure

Non-Exhausted ("1") and Non-Fridge Procedure

Location of Asbestos-Containing Material (ACM)	Is Location Normally Used Solely by Maintenance Personnel?			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Approx. SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
BATHROOMS			✓	110	LF	✓			
CLOSETS			✓	42	LF	✓			

Name of Registered Waste Hauler
Newark Carting, Inc.

HAZOP Waste Hauler ID No.
04509

Cubic Yards of Waste
2

Name of Registered Landfill
IESI PA, Bethlehem Landfill Corp

City, State
Newark, NJ

Disposal Date
11/08/16

City, State
Bethlehem, PA

Completed by
Joseph Vozella

Title
Vice President

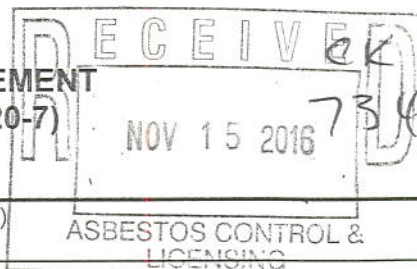
Signature
J. Vozella

Date
11/08/16

ASB-41 (R-08-09)

Do not use this form for asbestos licensure unrelated activities.

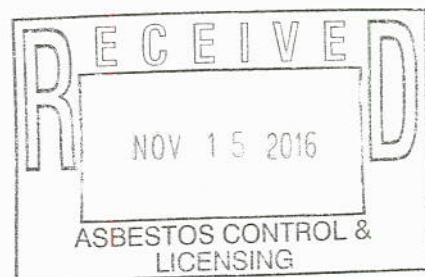
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 11/4/16 Type Notification		Name of Building Owner / Operator (2) 7-Eleven Inc.		ASBESTOS CONTROL & LICENSING		
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		Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation				Street Address 1722 Routh Street, Suite 1000 City, State & Zip Code Dallas, TX 75201 Name of Contact Eric Roemer
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) Vacant Building				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 12 Locust Ave				Square Feet 2,500		
City (5) Wallington		County (6) Bergen		# of Floors 2		Bldg. Age 60
County Code (7)				Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc			ASCM No.		Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street			Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07747			City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217		Telephone Number 732-605-9062		License Number 00714
Scheduled Start Date (10) 11/20/16		Scheduled Completion Date (11) 11/28/16		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:				Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Large Project <input checked="" type="checkbox"/> Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM <input checked="" type="checkbox"/> Other: Non-friable						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)		Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
See attached						
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 40	Name of Registered Landfill TRRF		
City, State Trenton, NJ			Disposal Date 11/29/16	City, State Tullytown, Pa		
Completed By (Print or Type) Dominick Tringali		Title Pres.	Signature <i>Dominick Tringali</i>		Date 11/4/16	

12 Locust Ave, Wallington

214 LF of pipe insulation and fittings in the basement
1 SF of boiler flue packing
400 SF of drywall with ACM joint compound
9 SF of floor tile in the basement
110 SF of linoleum flooring in the 1st floor kitchen
168 SF linoleum flooring in the 1st floor sun porch
1,470 SF of roof shingles (3 layers)
1,600 SF of exterior transite siding



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

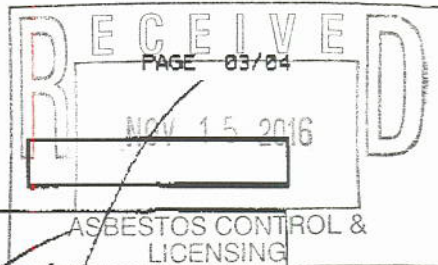
Date of Notification (1) 11/12/16		Name of Building Owner/Operator (2) MANUEL GESUALDO					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]					
		City, State, Zip Code MORRISTOWN, NJ 07960					
		Name of Contact MS. GESUALDO	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MS. GESUALDO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 2500	# of Floors 2				
City (5) MORRISTOWN		Bldg. Age 1945					
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 11/30/16	Scheduled Completion Date (11) 12/2/16	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:AM TO 5PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	Amount (Specify SF or LF) 750 #	Abatement Type		
	Removal	Repair			Encapsulate	Enclosure	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/207	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601		Disposal Date 12/2/16	City, State Waynesburg, Oh, 44688				
Completed by J. Maiorano	Title Estimator	Signature [Signature]	Date 11/12/16				

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

RECEIVED
NOV 15 2016
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/10/16		Name of Building Owner/Operator (2) MS. SHARON BRAHS					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code ROCHELLE PARK, NJ. 07662				
		Name of Contact MS. BRAHS	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MS. BRAHS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 2000	# of Floors 2				
City (5) ROCHELLE PARK		Bldg. Age 1935					
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) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 11/29/16	Scheduled Completion Date (11) 11/30/16	Name of OSHA Monitor Omega Environmental					
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: 7:AM TO 5 PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
BASEMENT			THERMAL SYSTEMS INSULATION	65 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 207	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601		Disposal Date 11/30/16		City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>		Date 11/10/16			

11/09/2016 09:06AM 9736381779



Check#2640

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 5:16)

Date of Notification (1) 11 / 09 / 16		Name of Building Owner/Operator (2) Edward Mulligan	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Belleville, NJ 07109	
Name of Contact Charles Holmes		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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Belleville, NJ 07109		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]	
Street Address [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code [REDACTED]		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Wayne, NJ 07470	
Telephone No. [REDACTED]		Telephone No. 973-638-1777	
Start Date (10) 11 / 10 / 16		License No. 01127	
Scheduled Completion Date (11) 11 / 11 / 16		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 #35B	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ > 160 sf or >260 lf

☒ Renovation
☐ Demolition

☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure ☐ Tent with Negative Pressure
☐ 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	6 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"/>	Boiler insulation	36 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill I.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA		
Completed By (Print or Type) N.Jevic	Title Owner	Signature <i>N.Jevic</i>	Date 11/09/16		

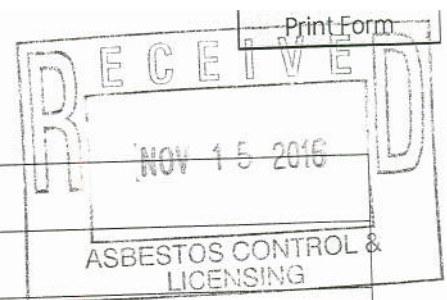
AS2-41

MAY 11

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

Ch 2036

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



Date of Notification (1) 11/11/16		Name of Building Owner/Operator (2) Marcia Thomas							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Chatham, NJ 07928							
Name of Contact Marcia Thomas		Telephone Number							
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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Chatham		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-832-4244	License No. 01155						
Start Date (10) 11/25/16	Scheduled Completion Date (11) 12/2/16	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	100 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>				Date 11/11/16	

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

Ch 2034

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

Print Form

RECEIVED

NOV 15 2016

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/10/16		Name of Building Owner/Operator (2) Ruth Eager							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042							
		Name of Contact John Eager	Telephone Number _____						
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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Montclair		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-832-4244	License No. 01155						
Start Date (10) 11/22/16	Scheduled Completion Date (11) 11/29/16	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) 130 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation		X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>				Date 11/10/16	

11/09/2016 10:09AM 2013297440

BEST REMOVAL INC

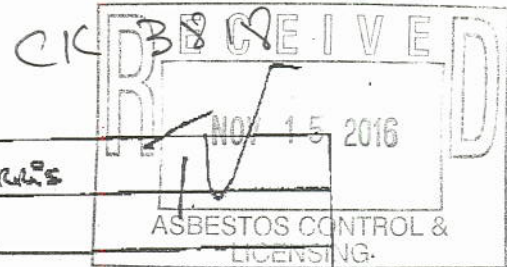
PAGE 02/04

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

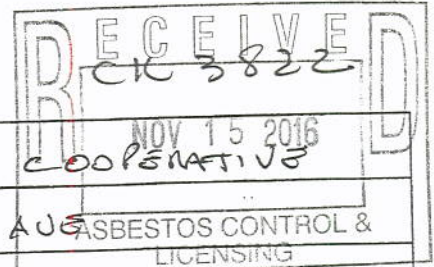
Date of Notification (1) 11/9/16		Name of Building Owner/Operator (2) COUN CAMPBELL-HARRIS	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Annual <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code MONTCLAIR, NJ 07042 Name of Contact MR. LUCAS Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) COUN CAMPBELL-HARRIS		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 [REDACTED]		Square Feet 3600	
City (6) MONTCLAIR		# of Floors 2	
County (8) ESSEX		County Code (7) (STATE USE ONLY) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (5) [REDACTED]		Name of Abatement Contractor (6) Best Removal Inc	
Street Address [REDACTED]		Street Address 450 South River St	
City, State, Zip Code [REDACTED]		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 201-329-7444	
Start Date (10) 11/10/16		Scheduled Completion Date (11) 11/11/16	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Name of OSHA Monitor Omega Environmental	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 of ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 of or ≥ 200 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Covering Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED (IN Facility) (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, pipe/caulking, VAT, or other miscellaneous)	Amount (Specify SF or LF) 60 LF
			Abatement Type Removal Repair Encapsulation Enclosure
Name of Registered Waste Hauler Best Removal Inc	NJ DEP Waste Hauler ID No. 17109	Cubic Yards of Waste 207	Name of Registered Landfill Minerva Enterprises, LLC
City, State Hackensack, N.J. 07601		Disposal Date 11/11/16	City, State Waynesburg, Oh. 44688
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 11/9/16

ASB-41

* Do not use this form for asbestos (nonfriable) abatement.



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



Date of Notification (1) 11/12/16		Name of Building Owner/Operator (2) CALHOUN HAW COOPERATIVE	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3726 PARK AVE	
		City, State, Zip Code WEEHAWKEN NJ 07087	
		Name of Contact MR. RON STARCIA	
Telephone Number _____			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CALHOUN HAW COOPERATIVE		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 3726 PARK AVE		Square Feet 4500	# of Floors 5
City (5) WEEHAWKEN		Bldg. Age 1920	
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____	
Current Use (Prior if being demolished) BSG APTS.			
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 11/23/16	Scheduled Completion Date (11) 11/24/16	Name of OSHA Monitor Omega Environmental	
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: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) KITCHEN APT 2C	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) THERMAL SYSTEM INSULATION
	Amount (Specify SF or LF) 20 LF		
		Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2
City, State Hackensack, N.J. 07601		Name of Registered Landfill Minerva Enterprises, LLC	
Disposal Date 11/25/16		City, State Waynesburg, Oh, 44688	
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 11/12/16

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

Date of Notification (1) 11-3-16		Name of Building Owner/Operator (2) JESSICA STEWART							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HADDONFIELD NJ Name of Contact JESSICA							
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1200							
City (5) HADDONFIELD		# of Floors 3							
County (6) CAMDEN		Bldg. Age NA							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTION		ASCM No.							
Street Address PO BOX 11645		Name of Abatement Contractor (9) PRYMAR CONSTRUCTION INC.							
City, State, Zip Code PHILA PA 19116		Street Address PO BOX 11587							
Project Manager for Monitoring Firm JASON DUA		City, State, Zip Code PHILA PA 19116							
Telephone No. 267-784-4693		Telephone No. 267-784-4694							
Start Date (10) 11-21-16		License No. 02176							
Scheduled Completion Date (11) 11-22-16		Name of OSHA Monitor E. DUA							
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 279 HENDRIX PL.							
		City, State, Zip Code PHILA PA 19116							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 30 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
		<input checked="" type="checkbox"/>		OUTSIDE OF BOILER		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler AMERICAN WASTE		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 1	Name of Registered Landfill				
City, State MARLTON NJ		Disposal Date		City, State					
Completed by ETRAIM DUA		Title N PRES		Signature <i>[Signature]</i>		Date 11-3-16			