

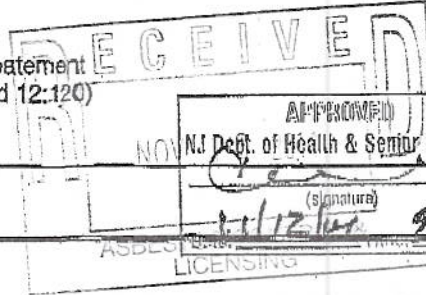
CK 055087

Nov 12 2014 09:28am

P002/002

D&S Proj. #: 2014-467

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



Date of Notification (1) 11/11/14		Name of Building Owner/Operator (2) daniel teek	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 29 graham street		City, State, Zip Code JERSEY CITY, NJ 07306	
Name of Contact andrea baron		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) daniel teek			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 29 graham street			Square Feet # of Floors Bldg. Age		
City (5) JERSEY CITY	County (6) hudson	County Code (7) (State use only)	Current Use (Prior to being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 11/13/14		Sched. Completion Date (11) 11/28/14	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >8 sf or >3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER		X		BOILER INSULATION	18 sq ft	X			
BASEMENT		X		BARE HEATING PIPES	140 lf	X			

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

Do not use this form for asbestos licensure exempted activities.

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

D&S Proj. #: 2014-467

Date of Notification (1) <u>11/11/14</u>		Name of Building Owner/Operator (2) <u>daniel teek</u>	
Agencies Notified	Type Notification	Street Address <u>29 graham street</u>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code <u>JERSEY CITY, NJ 07306</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:	Name of Contact <u>andrea baron</u>	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>daniel teek</u>			Type of Facility (4)	
Street Address <u>29 graham street</u>			<input type="checkbox"/> School (K - 12)	
			<input type="checkbox"/> Subchapter 8 (Other than K-12)	
City (5) <u>JERSEY CITY</u>			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
			Current Use (Prior if being demolished)	
County (6) <u>hudson</u>		County Code (7) (State use only)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9)	
Street Address			<u>D & S RESTORATION, INC.</u>	
			Street Address <u>20 California Ave.</u>	
City, State, Zip Code			City, State, Zip Code <u>Paterson, NJ 07503</u>	
			Telephone Number <u>973-345-8020</u>	
Project Manager for Monitoring Firm		Phone Number	License Number <u>01169</u>	
Start Date (10) <u>11/13/14</u>		Sched. Completion Date (11) <u>11/28/14</u>		
Occupancy Status During Abatement (Check only one)				
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.				
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:				
<input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition							


Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	18 sq ft	<input checked="" type="checkbox"/>			
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	140 lf	<input checked="" type="checkbox"/>			

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

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

Page 1 of 1

Check # 1351

Date of Notification (1) 11/13/2014		Name of Building Owner/Operator (2) Bergen County DPW							
Agencies Notified	Type Notification	Street Address One Bergen County Plaza							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601							
		Name of Contact John Cascone	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maintenance Garage		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 Across Street One Bergen Plaza		Square Feet 4200	# of Floors 2						
City (5) Hackensack		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) DAI Environmental Services		ASCM No. 00012	Name of Abatement Contractor (9) GL Group, Inc						
Street Address 300 Grand Ave		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Englewood, NJ, 07631		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-207-6082	License No. 01084						
Start Date (10) 11/22/2014	Scheduled Completion Date (11) 11/24/2014	Name of OSHA Monitor GL Group, Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage Basement	X			Pipe Insulation-Elbows	8 LF	X			
Name of Registered Waste Hauler GL Group, Inc		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Bloomingdale, New Jersey			Disposal Date 11/24/2014	City, State Morrisville, PA					
Completed by Michael B Solakov		Title P.M.	Signature 			Date 11/13/2014			

CK005686

Nov 12 2014 09:27am

P001/002

D&S Proj. #: 2014-465

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

NO. 10-100-01-01
NJ Dept. of Health & Senior Services
Date: 11/12/14 Time: 9:27
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
11/11/14

Name of Building Owner/Operator (2)
GERARD OLSON

Street Address
18 HERING AVENUE

City, State, Zip Code
CRANFORD, NJ 07016

Name of Contact
GERARD OLSON

Telephone Number

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

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
GERARD OLSON

Street Address
18 HERING AVENUE

City (5)
CRANFORD

County (6)
UNION

County Code (7)
(State use only)

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

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Street Address
City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.
Street Address
20 California Ave.
City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.
Street Address
20 California Avenue
City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm
Phone Number

Start Date (10)
11/12/14

Sched. Completion Date (11)
11/28/14

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

Scope of Work (check all that apply)
☒ >3 sf or >3 lf
☐ ≥180 sf or ≥260 lf
☒ Renovation
☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	H e m o v e	R e p a i r	E n c a p	E n c l
BASEMENT		X		PIPE INSULATION	58 L FT	X			
BASEMENT		X		BARE HEATING PIPES	24 L FT			X	

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
11/13/14

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
11/10/14

D&S Proj. #: 2014-465

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

Date of Notification (1) <u>11</u> / <u>11</u> / <u>10</u> / <u>11</u> / <u>14</u>		Name of Building Owner/Operator (2) GERARD OLSON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address 18 HERING AVENUE	
	<input checked="" type="checkbox"/> Emergency (including justification)	City, State, Zip Code CRANFORD, NJ 07016	
	<input type="checkbox"/> Cancellation	Name of Contact GERARD OLSON	Telephone Number 973-345-8020

FACILITY INFORMATION

Name of facility where abatement is taking place (3) GERARD OLSON			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 18 HERING AVENUE			Square Feet		
City (5) CRANFORD			County (6) UNION		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 11/12/14		Sched. Completion Date (11) 11/28/14			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	58 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		BARE HEATING PIPES	24 L FT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/13/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature Date 11/10/14	

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

B & G proj. #: 2014-202

RECEIVED	
Check # 6912	
NOV 18 2014	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) <u>11/10/14</u>		Name of Building Owner/Operator (2) Berkeley College	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 44 Rifle Camp Road	
		City, State, Zip Code Woodland Park, NJ 07424	
		Name of Contact Mark Wagener	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Building # 4 (Sub chapter 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 44 Rifle Camp Road			Square Feet # of Floors Bldg. Age		
City (5) Woodland Park, NJ 07424	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision		ASCM No. 0079	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Road - Building 35E			Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Willie Morales		Phone Number 973-636-9145	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/24/2014	Sched. Completion Date (11) 12/01/2014		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: <u>occupied</u>			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

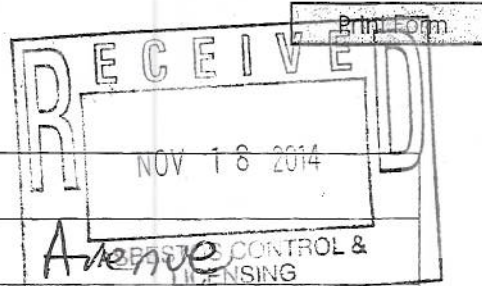
- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/>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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Ground lvl Conference room/office wing			<input checked="" type="checkbox"/>	VAT & mastic	2,020 sf	<input checked="" type="checkbox"/>			
Ground lvl Conference room/office wing			<input checked="" type="checkbox"/>	pipe insulation	5 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 60	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/06/2014 - 12/02/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/07/2014

CK 3011

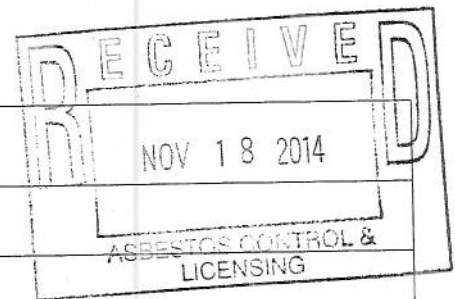
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

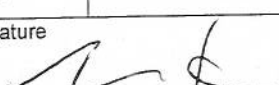


Date of Notification (1)		Name of Building Owner/Operator (2)						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 495 Harding Avenue		City, State, Zip Code Lyndhurst, NJ 07071						
Name of Contact Erik Infantes		Telephone No. 201 546 2027						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address 495 Harding 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)	Square Feet	# of Floors	Bldg. Age					
Lyndhurst, NJ 07071	1,200	2						
County (6)	Current Use (Prior if being demolished)							
Bergen								
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address N/A		All Clear Environmental, LLC						
City, State, Zip Code N/A		Street Address 106 Vreeland Ave.						
Project Manager for Monitoring Firm N/A		City, State, Zip Code S. Hackensack NJ 07606						
Telephone No. N/A		Telephone No. 201 546 2027						
License No. 01243								
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor						
11/24/2014	11/30/2014	All Clear Environmental, LLC						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		106 Vreeland Av.						
		City, State, Zip Code						
		S. Hackensack NJ 07606						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		<input checked="" type="checkbox"/>	Pipe Insulation	18 LF	<input checked="" type="checkbox"/>			
Basement		<input checked="" type="checkbox"/>	VAT (Floor Tile)	540 SQ	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
Express Waste Service		NJ 804	3	Minerva Enterprise Inc				
City, State		Disposal Date	City, State					
Newark, NJ 07114		11/27/14	Waynesburg, OH 44688					
Completed by		Title	Signature	Date				
Rene Repreza		President		11/14/2014				

check # 11154

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



Date of Notification (1) 11 / 14 / 14		Name of Building Owner/Operator (2) ROWAN UNIVERSITY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 201 MULLICA HILL ROAD							
		City, State, Zip Code GLASSBORO, NJ 08028							
		Name of Contact BLASÉ IACONELLI	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CAMDEN- BLOCK 189 (VACANT TOWNHOMES)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 510- 518 BENSON STREET & 402 - 420 S. 5TH STREET (EVEN NUMBERED)		Square Feet 1,200 SF	# of Floors 3						
City (5) CAMDEN		Bldg. Age 60+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT RESIDENCES							
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL CORP		ASCM No.	Name of Abatement Contractor (9) PLYMOUTH ENVIRONMENTAL						
Street Address 1253 N. CHURCH STREET		Street Address 923 HAWS AVENUE							
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code NORRISTOWN, PA 19401							
Project Manager for Monitoring Firm JIM GUILAREI		Telephone No. (856) 840-8800	Telephone No. 610-662-4072						
License No. 00398									
Start Date (10) 12 / 3 / 14	Scheduled Completion Date (11) 1 / 28 / 15	Name of OSHA Monitor PLYMOUTH ENVIRONMENTAL							
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 923 HAWS AVENUE							
		City, State, Zip Code NORRISTOWN, PA 19041							
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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT; or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. A901 #20990/	Cubic Yards of Waste 310	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE, DE 19720		Disposal Date 1/28/15		City, State WAYNESBURG, OH					
Completed By (Print or Type) RUSSELL KING		Title PM		Signature 				Date 1/14/14	

CK1270

<u>Date of Notification (1)</u>		<u>Name of Building Owner/Operator (2)</u> Betty Pisani		
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	<u>Street Address</u> 102 Grove,	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <h1 style="margin: 0;">RECEIVED</h1> <p>NOV 18 2014</p> </div>	
		<u>City, State, Zip Code</u> Little Ferry, NJ 07643		
		<u>Name of Contact</u> Charlie Velus		<u>Tel. Number:</u>

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> House			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet 90,000 # of Floors 1 Bldg. Age 45 Current Use (prior if being demolished) office
<u>Street Address</u> 102 Grove Street			
<u>City (5)</u> Little Ferry	<u>County (6)</u> Bergen	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> none		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Academy Construction, Inc

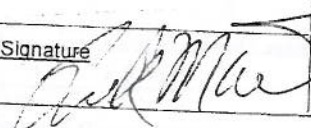
<u>Street Address:</u> none		<u>Street Address:</u> 205 Rt 46W, Suite 14	
<u>City, State, Zip Code</u>		<u>City State, Zip Code</u> Totowa, NJ 07512	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number:</u> 973-832-4244	<u>License Number</u> 01155
<u>Scheduled Start Date (10)</u> 12/08/2014	<u>Scheduled Completion Date (11)</u> 01/08/2015		<u>Name of OSHA Monitor:</u> none

<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -		Non_Sub 8 Project
---	--	-------------------

Source of Work (Check all that apply)

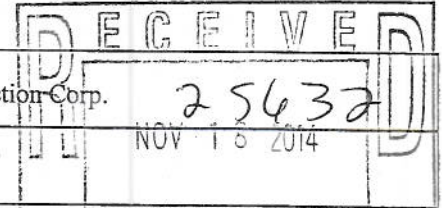
☐ Demolition ☐ Renovation
☐ Large Proj. (>160 SF or >260 LF ACM) ☐ SM Proj. (>25<160 SF or >10 <260 LF ACM)
☐ Minor Proj. (<25 SF or <10 LF ACM)
☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure & Wrap & Cut

<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u>			<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u>			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
1 st Floor			x	Ceiling Plaster	480		x		
1st Floor Utility Room			x	Ceiling Transite	120		x		

<u>Name of Reg. Waste Hauler</u> Academy Construction, Inc	<u>NJDEP Waste Hauler ID #:</u> 0034422	<u>Cubic Yards of Waste</u> 9	<u>Name of Reg. Landfill</u> GROVES
<u>City, State:</u> Totowa, New Jersey		<u>Disp. Date:</u> 1/8/15	<u>City, State:</u> Merrierville, PA
<u>Completed by (Print or Type)</u> Frank Marino	<u>Title:</u> VP Operations	<u>Signature</u> 	<u>Date:</u> Nov. 14, 2014

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

Date of Notification (1) November 14, 2014		Name of Building Owner/Operator (2) Sweetwater Construction Corp.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 32 N Main Street	City, State, Zip Code Cranbury Twp., NJ 08512
		Name of Contact Antonio Dimuzio	Telephone Number 732-713-4496



FACILITY INFORMATION

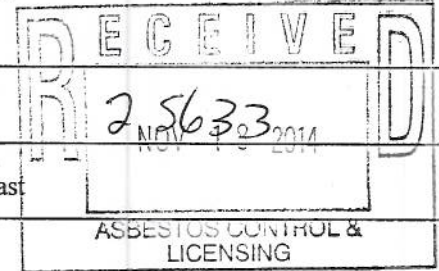
Name of Facility Where Abatement is Taking Place (3) Hotel			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 304 Rte. 22			Square feet 20,000 sf		
City Springfield	County (6) Union	County Code (7) (STATE USE ONLY)	# of Floors 4	Bldg. Age 40	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/14/14		Scheduled Completion Date (11) 11/17/14			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<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		
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R	R	E			E			
	E	E	N	N					
	M	P	C	C					
	O	A	A	L					
	V	I	P	O					
	A	R	S	S					
	L		U	U					
			L	R					
Basement up to 4 th floor		X		Transite pipe	100 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/18/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/14/2014

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

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



Date of Notification (1) November 14, 2014		Name of Building Owner/Operator (2) Darin Pinto	
Agencies Notified	Type of Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	376 South Avenue East	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Westfield, NJ 07090	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Darin Pinto	908-317-9405

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 802 South Avenue West			<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 Westfield	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 2500 sf	# of Floors 2	Bldg. Age 80
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
City, State, Zip Code			City, State, Zip Code		
Project Manager for Monitoring Firm			Telephone Number		
Telephone Number			License Number		
Scheduled Start Date (10) 11/14/14			Scheduled Completion Date (11) 11/17/14		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			E.M.S.L. Analytical		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Street Address		
<input type="checkbox"/> Other - Describe _____			1056 Stelton Road		
Scope of Work (Check all that apply)			City, State, Zip Code		
<input type="checkbox"/> >3 sf or ≥3 lf			<input type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Mini-Enclosure		
<input checked="" type="checkbox"/> Renovation			<input type="checkbox"/> Glovebag Procedure		
<input checked="" type="checkbox"/> Demolition			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

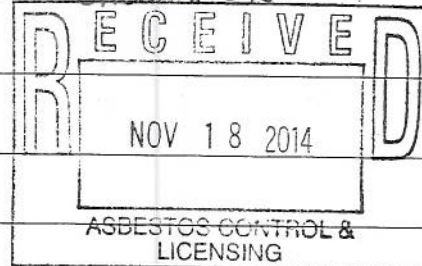
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	2840 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/18/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/14/2014

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

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

CHECK # 8435



Date of Notification (1) 11 / 14 / 14		Name of Building Owner/Operator (2) Princeton University							
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 701 Camegle Center							
		City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Mr. Bob Ortego	Telephone Number 609-258-1841						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 175 Prospect Street		Square Feet 3,600 SF	# of Floors 2						
City (5) Princeton		Bldg. Age 40+							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 515 Grove Street, Suite 1 B		Street Address 494 E. 41 Street							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Craig P. Wilson		Telephone No. 856-547-0505	License No. 00507						
Start Date (10) 11 / 24 / 14	Scheduled Completion Date (11) 12 / 02 / 14	Name of OSHA Monitor East Coast Haz Mat Removal, 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: 7:00AM-4:00PM / ____ PM- ____ AM		Street Address 494 E. 41 Street							
		City, State, Zip Code Paterson, NJ 07504							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Original House & Addition-Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows Glaze/Caulking	1800 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 East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 20	Name of Registered Landfill GROWS, INC. W/M of Pennsylvania					
City, State Paterson, NJ 07504		Disposal Date 12-01-2014		City, State Morrisville, PA 19067					
Completed By (Print or Type) Lelsie Olszewski		Title Project Manager		Signature 			Date 11-14-2014		

CH GCR #
3527

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:174)

RECEIVED

Date of Notification (1) <u>11/14/14</u>		Name of Building Owner/Operator (2) <u>MITCHELL NICHOLS</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCJ	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: <u>23 KING ST.</u> City, State, Zip Code: <u>RIO GRANDE, N.J. 08242</u> Name of Contact: <u>Same</u> Telephone Number: <u></u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial dwelling, hotel, etc.)							
Street Address: <u>1003 GARDEN TERRACE</u>		Square Feet <u>2000</u>	Lot #/Floor <u>2</u>						
City (5) <u>TOWN BANC</u>		Block Age <u>40+</u>							
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) <u></u>	Current Use (Prior to being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. <u></u>							
Street Address: <u></u>		Name of Abatement Contractor (9) <u>Klemm Inc.</u>							
City, State, Zip Code <u></u>		Street Address: <u>369 S. SPRUCE AVE</u>							
Project Manager for Monitoring Firm <u></u>		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Telephone No. <u></u>		Telephone No. <u>856-779-0422</u>	License No. <u>010144</u>						
Sign Date (10) <u>11/24/14</u>		Scheduled Completion Date (11) <u>12/7/14</u>							
Name of OSHA Monitor <u>JOSEPH KLEMM</u>		Street Address: <u>369 S. SPRUCE AVE</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other Describe: <u></u>		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 10101.01 <input checked="" type="checkbox"/> 10101.02 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (1) and Non-Fixable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY (13)</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"><tr><td>YES</td><td>NO</td><td>N/A</td></tr><tr><td></td><td></td><td></td></tr></table>		YES	NO	N/A			
YES	NO	N/A							
Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAI, or other miscellaneous) <u>SIDING</u>		Amount (Spec. S.F. or L.) <u>2000 sq ft</u>							
Name of Registered Waste Hauler <u>Klemm Inc.</u>		NUOEP Waste Hauler ID No. <u>17904</u>							
City, State <u>MAPLE SHADE, N.J.</u>		Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>CIMCMUA</u>						
Disposal Date <u></u>		City, State <u>WOODBINE, N.J.</u>							
Completed By <u>JOSEPH KLEMM</u>		Title <u>V/P</u>	Signature <u>Joseph Klemm</u>						
Date <u>11/14/14</u>									

11/11/2014 11:48

NO.545 8002

CK 1623

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

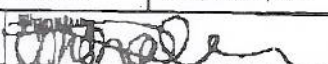
REC-1

DOL - 10 DAY

NOV 18 AM 12:11

Check # 1623

WAIVER APPROVED

Date of Notification (1) November 11, 2014		Name of Building Owner/Operator (2) Northgate Village Apartments					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 309 Northgate Village City, State, Zip Code Burlington, NJ 08016 Name of Contact Nikki Soto Telephone Number 609-298-4070					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Northgate Village Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 309 Northgate Village		Square Feet 10,000	# of Floors 2				
City (5) Burlington		Bldg. Age 100					
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartments					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08516		City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Bill Welagerber		Telephone No. 809-298-4070	Telephone No. 858-756-0088				
Start Date (10) November 13, 2014		License No. 00842					
Scheduled Completion Date (11) November 21, 2014		Name of OSHA Monitor EMSL Laboratories					
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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> R3 s/or R3 II <input checked="" type="checkbox"/> R160 s/or R280 II <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)	Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (13)		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
Units 183 & 184		XXX	Sheetrock & Joint Compound	8,236 SF	X		
Name of Registered Waste Hauler Jack Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. North Landfill			
City, State Voorhees, NJ		Disposal Date 11/21/2014		City, State Morrisville, PA			
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 11/11/2014	

ASB-41 (4-09-08)

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

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

APPROVED: CINDY MITCHELL, NJ
DOH

CR # 2729
RECEIVED

Date of Notification (1) <div style="text-align: center;">11 / 13 / 14</div>		Name of Building Owner/Operator (2) St Francis Medical Center							
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 601 Hamilton Ave							
		City, State, Zip Code Trenton NJ 08629							
		Name of Contact Chuck Lawson	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Francis Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 601 Hamilton Ave									
City (5) Trenton		Square Feet 70,000	# of Floors 3						
		Bldg. Age 60+							
County (6) MERCER		County Code (7) (STATE USE ONLY)							
		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08010		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Jim Frisbee		Telephone No. 609-392-4200	Telephone No. 215-788-6040						
		License No. 00509							
Start Date (10) <div style="text-align: center;">11 / 17 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 17 / 14</div>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-5:30PM/ _____ PM-_____ AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	22 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	35 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"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 2 Cu Yd	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date 11/17/14		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni / jpl</i>			Date 11/14/14		

GI 14215

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

CHECK # 1111

Date of Notification (1) 11/14/2014		Name of Building Owner/Operator (2) St. Joseph's Regional Medical Center							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 703 Main Street		City, State, Zip Code Paterson, NJ 07503							
Name of Contact Edward Curry		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Reagan 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 703 Main Street		Square Feet 30,000 +	# of Floors 3 +						
City (5) Paterson		Bldg. Age 50+							
County (6) Passaic	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) Unicorn Contracting Corp.						
Street Address		Street Address 163 Sargeant Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07013							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 12/01/2014	Scheduled Completion Date (11) 12/03/2014	Name of OSHA Monitor Envirovision Consultants 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: Normal Hrs		Street Address 20-21 Wagaraw Rd - 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 type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pharmacy Stock Room		X		Pipe Insulation and Fittings	35 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State West Orange, New Jersey		Disposal Date TBD		City, State Morrisville, Pennsylvania					
Completed by Dimo Golcev		Title Project Manager		Signature B. Nikolov		Date 11/14/2014			

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

Date of Notification (1) 11 / 13 /14			Name of Building Owner/Operator (2) VERIZON		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 126 LAKESIDE BLVD.			City, State, Zip Code LANDING, NEW JERSEY 07850		
Name of Contact DOUGLAS O'HARE			Telephone Number [REDACTED]		

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) VERIZON			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 71 MADISON AVENUE			Square Feet 113,347	# of Floors 5	Bldg. Age 40
City (5) JERSEY CITY	County (6) HUDSON COUNTY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING		
Name of Monitoring Firm Hired by Building Owner (8) ESIS HEALTH & SAFETY			ASCM No. 17		
Street Address 436 WALNUT STREET			City, State, Zip Code PHILADELPHIA, PA 19106		
Project Manager for Monitoring Firm FRANK WESTFALL			Telephone Number 215-640-5320		
Expected State Date (10) 10 / 20 /14 Month Day Year			Sched. Completion Date (11) 11 / 13 /14 Month Day Year		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM			Name of OSHA Monitor AMERISCI LABORATORIES INC #11480		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
FLOORS 1-5 EAST ELEVATION EXTERIOR			X	EXTERIOR CAULK	58 SF	X			
FLOORS 1-5 EAST ELEVATION EXTERIOR			X	STONE CAULK	66 SF	X			

Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE City, State NEWARK, NEW JERSEY 07114		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL 620 NEWVILLE ROAD City, State NEWBURG, PA 17242	
Disposal Date 10/20-2/15/2015		Signature [Signature]		Date 11/13/14	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS			

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

Date of Notification (1) <div style="text-align: center;">10 / 7 /14</div>		Name of Building Owner/Operator (2) VERIZON Street Address 126 LAKESIDE BLVD. City, State, Zip Code LANDING, NEW JERSEY 07850 Name of Contact Telephone Number DOUGLAS O'HARE	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) VERIZON Street Address 71 MADISON AVENUE City (5) JERSEY CITY County (6) HUDSON COUNTY County Code (7) (STATE USE ONLY) PHILADELPHIA, PA 19106		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Square Feet 113,347</td> <td style="width:33%;"># of Floors 5</td> <td style="width:33%;">Bldg. Age 40</td> </tr> </table> Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Telephone Number 845-369-7500</td> <td style="width:50%;">License Number 1101</td> </tr> </table> Name of OSHA Monitor AMERISCI LABORATORIES INC #11480 Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016		Square Feet 113,347	# of Floors 5	Bldg. Age 40	Telephone Number 845-369-7500	License Number 1101							
Square Feet 113,347	# of Floors 5	Bldg. Age 40													
Telephone Number 845-369-7500	License Number 1101														
Name of Monitoring Firm Hired by Building Owner (8) ESIS HEALTH & SAFETY Street Address 436 WALNUT STREET City, State, Zip Code PHILADELPHIA, PA 19106		ASCM No. 17 Project Manager for Monitoring Firm FRANK WESTFALL Telephone Number 215-640-5320													
Expected State Date (10) 10 / 20 /14 Month Day Year		Sched. Completion Date (11) 2 / 15 /15 Month Day Year													
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM															
Scope of Work (Check all that apply) <table style="width:100%;"> <tr> <td style="width:33%;"><input type="checkbox"/> Demolition</td> <td style="width:33%;"><input checked="" type="checkbox"/> Renovator</td> <td style="width:33%;"><input type="checkbox"/> Full Containment with Negative Pressure</td> </tr> <tr> <td><input checked="" type="checkbox"/> >3SF OR LF</td> <td></td> <td><input type="checkbox"/> Mini-Enclo.</td> </tr> <tr> <td><input type="checkbox"/> >160 SF OR 260 LF</td> <td></td> <td><input type="checkbox"/> Glovebag Procedure</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Non-Friable Procedure</td> </tr> </table>				<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovator	<input type="checkbox"/> Full Containment with Negative Pressure	<input checked="" type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Mini-Enclo.	<input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Glovebag Procedure			<input checked="" type="checkbox"/> Non-Friable Procedure
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovator	<input type="checkbox"/> Full Containment with Negative Pressure													
<input checked="" type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Mini-Enclo.													
<input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Glovebag Procedure													
		<input checked="" type="checkbox"/> Non-Friable Procedure													

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
FLOORS 1-5 EAST ELEVATION EXTERIOR			X	EXTERIOR CAULK	58 SF	X			
FLOORS 1-5 EAST ELEVATION EXTERIOR			X	STONE CAULK	66 SF	X			

Name of Registered Waste Hauler EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE City, State NEWARK, NEW JERSEY 07114	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL 620 NEWVILLE ROAD City, State NEWBURG, PA 17242
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature
		Disposal Date 10/20-2/15/2015	Date 10/7/14

Nov 14-2014 07:19am

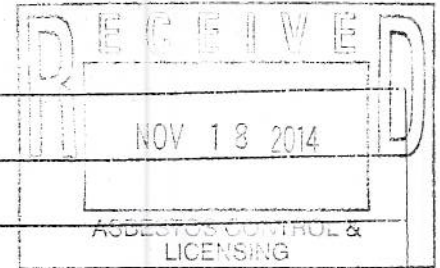
P001/001

CHECK # 8608

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

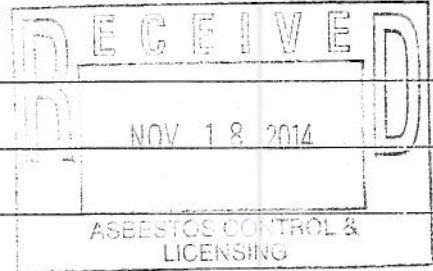
Date of Notification (1) 11/13/14		Name of Building Owner/Operator (2) MARGOT Boyan							
Agencies Notified	Type Notification	Street Address 109 S. MAPLE AVE							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RIDGEWOOD, N.J. 07457							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact ADLENA ALAZIAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)							
Street Address 109 S. MAPLE 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) RIDGEWOOD		Square Feet 1,275	# of Floors 2						
County (6) BERGEN		Bldg. Age +50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			A.MAC Contracting Inc.						
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, NJ 07452							
Telephone No.		Telephone No. (201)262-5841	License No. 00156						
Start Date (10) 11/14/14	Scheduled Completion Date (11) 11/30/14		Name of OSHA Monitor Omega Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street							
<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 Hackensack, NJ 07605							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 200 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			✓	PIPE INSULATION	85LF	✓			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, NJ 07457		Disposal Date 11/14/14		City, State Bethlehem, PA 18015					
Completed by Joseph Vaccaro		Title Vice President		Signature J. Vaccaro		Date 11/13/14			

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



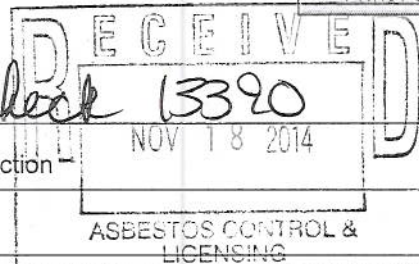
Date of Notification (1) 11/13/14		Name of Building Owner/Operator (2) Princeton Day School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation							
Street Address PO BOX 75		City, State, Zip Code Princeton, New Jersey 08540							
Name of Contact Matthew Connolly		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton Day 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 650 Great Road		Square Feet 10,000							
City (5) Princeton, New Jersey 08540		# of Floors 2							
County (6) Mercer		Bldg. Age 55+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RAMM Environmental		Name of Abatement Contractor (9) Lillich Corporation							
Street Address 77 Nottingham Road		Street Address 606 McBride Avenue							
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Woodland Park, New Jersey 07424							
Project Manager for Monitoring Firm Rodger Headrick		Telephone No. 201-475-9880							
Start Date (10) 11/22/14		Telephone No. 973-225-8400							
Scheduled Completion Date (11) 11/23/14		License No. 01104							
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		Name of OSHA Monitor J&S Environmental Labs, Inc.							
Street Address 2333 Route 22 West		City, State, Zip Code Union, New Jersey 07424							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BusinessOfficeMechRmStorageArea			X	TSI	9 LF	X			
Name of Registered Waste Hauler Lillich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1/2		Name of Registered Landfill G.R.O.W.S Landfill			
City, State Woodland Park, New Jersey 07424		Disposal Date 11/24/14		City, State Morrisville, Pennsylvania					
Completed by Momo Glavatic		Title Vice President		Signature 		Date 11/13/14			

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



Date of Notification (1) 11/12/14 CK# 3347 \$200		Name of Building Owner/Operator (2) Princeton Day School							
Agencies Notified	Type Notification	Street Address PO BOX 75							
<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 Princeton, New Jersey 08540							
		Name of Contact Matthew Connolly							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton Day School		Type of Facility (4)							
Street Address 650 Great Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Princeton, New Jersey 08540		Square Feet 10,000	# of Floors 2						
County (6) Mercer		Bldg. Age 55+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RAMM Environmental		ASC No.							
Street Address 77 Nottingham Road		Name of Abatement Contractor (9) Lilich Corporation							
City, State, Zip Code Fair Lawn, New Jersey 07410		Street Address 606 McBride Avenue							
Project Manager for Monitoring Firm Rodger Headrick		City, State, Zip Code Woodland Park, New Jersey 07424	Telephone No. 973-225-8400						
Telephone No. 201-475-9880		License No. 01104							
Start Date (10) 11/22/14	Scheduled Completion Date (11) 11/23/14	Name of OSHA Monitor J&S Environmental Labs, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM		City, State, Zip Code Union, New Jersey 07424							
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) <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
BusinessOfficeMechRmStorageArea			X	TSI	9 LF	X			
PhoneRoomTunnelArea&ServerRm			X	Clean up ACM Dust					
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1/2	Name of Registered Landfill G.R.O.W.S Landfill					
City, State Woodland Park, New Jersey 07424			Disposal Date 11/24/14	City, State Morrisville, Pennsylvania					
Completed by Momo Glavatovic		Title Vice President	Signature 			Date 11/12/14			

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



Date of Notification (1) 11/14/14		Name of Building Owner/Operator (2) AA Richards House Lifting & Construction	
Agencies Notified	Type Notification	Street Address 433 Middle Road	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Hazlet, NJ 07730	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Steve Pisano	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3240 Oceanic Drive		Square Feet 2200	# of Floors 2
City (5) Toms River		Bldg. Age 65	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-583-8500	License No. 703
Start Date (10) 11/26/14	Scheduled Completion Date (11) 12/30/14	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		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"/> 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"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
entire house			X	popcorn ceiling	712 SF	X			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill TBD
City, State Freehold NJ	Disposal Date TBD	City, State	
Completed by A. Scott Higgins	Title President	Signature 	Date 11/14/14