

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

Date of Notification (1) 11-22-13		Name of Building Owner/Operator (2) Chris Russell	
Agencies Notified	Type Notification	Street Address 202 Lexington Ave.	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Maplewood, NJ, 07040	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Chris Russell	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number (201) 738-0553	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 1600		
City (5)			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2
			Bldg. Age 80		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address		Street Address 86 Christopher St.		
City, State, Zip Code		City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	License Number 00371	
Scheduled Start Date (10) 12-3-13 Month Day Year	Sched. Completion Date (11) 12-4-13 Month Day Year	Name of OSHA Monitor N/A		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u><OffHours Descript></u> <input type="checkbox"/> Other - Describe: <u><Other Occupancy Descript></u>		Street Address		
		City, State, Zip Code		

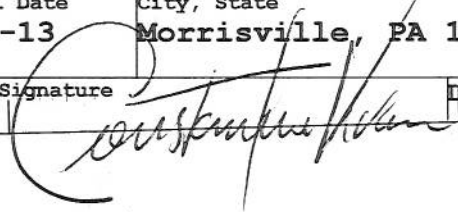
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

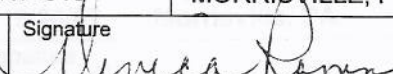
☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Wash & clean prev.	100 lf		X		
				Removed asb remains					

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date 12-5-13	City, State Morrisville, PA 19067		
Completed By (Print or Type) Constantine	Title Manager	Signature 	Date 11-22-13		

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

Date of Notification (1) 11/21/2013		Name of Building Owner/Operator (2) STATE OF NJ, DEPARTMENT OF TRANSPORTATION							
Agencies Notified	Type Notification	Street Address 1035 PARKWAY AVENUE, P.O. BOX 600							
<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 TRENTON, NJ 08625							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact MICHAEL DEANGELO	Telephone Number 609-847-2169						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) HANOVER MAINTENANCE YARD		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 211 EDEN LANE		Square Feet	# of Floors						
City (5) HANOVER TOWNSHIP		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) ENVIRONMENTAL CONNECTION INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 120 N. WARRENT STREET		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code TRENTON, NJ 08608		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm RICK BEECH		Telephone No. 609-392-4200	License No. 00494						
Start Date (10) 12/5/2013	Scheduled Completion Date (11) 12/9/2013	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		TRANSITE PANELS	800 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 6	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 12/9/2013		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature 	Date 11/21/2013					

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Ch # 2512

Date of Notification (1) 10/23/2013		Name of Building Owner / Operator (2) Rider University							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 8107 <input checked="" type="checkbox"/> DOH 8114 <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2083 LAWRENCEVILLE ROAD City, State & Zip Code LAWRENCEVILLE, NJ 08648 Name of Contact Steve Arkuszewski							
		NOV 21	Telephone Number 609-896-5080						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rider University - Olson Hall		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) Non-Subchapter 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2083 LAWRENCEVILLE ROAD		Square Feet	# of Floors						
City (5) LAWRENCEVILLE	County (6) Mercer	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.						
Street Address 515 Grove St # 1B		Street Address 1123 Beaver Street							
City, State & Zip Code Haddon Heights, NJ 08035		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Tom Adams		Telephone Number 856 656-2875	License Number 00509						
Scheduled Start Date (10) 11/25/2013	Scheduled Completion Date (11) 11/25/2013	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 type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement 8:00 AM - 4:00 PM		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"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Clean Up	Enclosure
Olsen Hall Mailroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<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"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 1	Name of Registered Landfill GROWS Landfill					
City, State Bristol, PA		Disposal Date 9/24/07		City, State Morrisville, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jl</i>			Date 10/23/13			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)
11 / 22 / 2013

Name of Building Owner/Operator (2)
State of NJ Dept. of Environmental Protection

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

Street Address
P.O. Box 420
 City, State, Zip Code
Trenton NJ 08625
 Name of Contact Telephone Number
 Bob Kunze 609-273-4568

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Round Valley Recreation Area- Main Residence

Street Address

863 South Brach River road

City (5) County (6) County Code (7)
(STATE USE ONLY)

Somerville Somerset
 Name of Monitoring Firm Hired by Building Owner (8) ASCM

USA Environmental Management Inc

Street Address

344 West State Street

Trenton, NJ 08618

Project Manager for Monitoring Firm Telephone Number
 Willie Weisgarber 609-656-8101

Scheduled State Date (10) Scheduled Completion Date (11)
 11 / 22 / 2013 11 / 23 / 2013
 Month / Day / Year Month / Day / Year

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

1141 Route 23

City, State, Zip Code

Wayne NJ 07470

Telephone Number License No.
 00408

Name of OSHA Monitor

Enviro Vision Consultants, Inc.

Street Address

20-21 Wagaraw Road, Bldg. #34A

City, State, Zip Code

Fairlawn NJ 07410

Scope of Work (Check all that apply)

- ☒ ≥ 3 sf or ≥ 3 lf ☒ Renovation ☐ Full Containment With Negative Pressure
☐ ≥ 160 sf or ≥ 260 lf ☐ Demolition ☐ Mini-Enclosure
☒ Non-Exempted (*) and Non-Friable Procedure ☐ Glovebag 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 E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E	E N C L O S U R E
Room 101, 102, 107, 201, 206			X	VAT	550 SF	X				
Exterior			X	Transite	150 SF	X				
Exterior			X	Caulking	10 SF	X				

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 17819
 J.R. Contracting & Environmental Consulting, Inc.
 City, State
 Wayne NJ 07470
 Cubic Yards of Waste
 Disposal Date
 Name of Registered Landfill
 G.R.O.W.S
 City, State
 Morrisville PA
 Completed by (Print or Type) Title Signature Date
 Jerry Bijelonic Project Manager 11/22/2013

79651

Date of Notification (1) 11-22-13		Name of Building Owner/Operator (2) Joan Mueller	
Agencies Notified	Type Notification	Street Address 89 Clinton Avenue	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montclair, NJ, 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Joan Mueller	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number (973) 865-1826	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 5000		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 3	Bldg. Age 88	
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number	License Number 00371
Scheduled Start Date (10) 12-6-13	Sched. Completion Date (11) 12-9-13		Name of OSHA Monitor N/A	
Month Day Year	Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address	
			City, State, Zip Code	

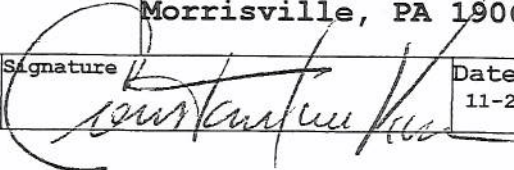
Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
Basement			X	Pipe Insulation	160 lf	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill G.R.O.W.S.	
City, State Montclair, NJ 07042		Disposal Date		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian	Title President	Signature 		Date 11-22-13	

CHECK #
3060

78652

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

Date of Notification (1) <u>11/21/13</u>		Name of Building Owner/Operator (2) <u>CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOM <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 BREUNIG</u>	Telephone Number <u>809.390-2124</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>3714 PEMBROKE LANE</u>		Square Feet <u>1000</u>	Bldg Age <u>40 Y</u>
City (5) <u>OCEAN CITY</u>		# of Floors <u>2</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No.	License No. <u>00444</u>
Start Date (10) <u>12/5/13</u>	Scheduled Completion Date (11) <u>12/12/13</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address <u>369 S. SPRUCE AVE.</u>	
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> 23 SF or 23 ft <input type="checkbox"/> 2160 SF or 2260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Win. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (1) and Non-Frable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	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>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>1400 LF</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>11/21/13</u>

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

78653
 CR 0099

Date of Notification (1) 11/25/13		Name of Building Owner/Operator (2) William West Private Home							
Agencies Notified	Type Notification	Street Address							
<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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	12 East 33rd St							
		City, State, Zip Code Brant Beach NJ 08008							
		Name of Contact Bill	Telephone Number 610-534-4070						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William West Private Home		Type of Facility (4) <u>3</u>							
Street Address 12 East 33rd St		<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) Brant Beach NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 35 +						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No. 00727						
Start Date (10) 11/26/13	Scheduled Completion Date (11) 12/2/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1900 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/2/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature			Date 11/25/13		

78654
CK# 0395

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

Date of Notification (1) 11-22-2013		Name of Building Owner/Operator (2) Benjamin H. Realty Corp.							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 7 Glenwood Ave. Suite 308 City, State, Zip Code East Orange, NJ 07017 Name of Contact David 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 type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 46 North Arlington Ave.			Square Feet		# of Floors				
City (5) East Orange			Bldg. Age 50+						
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation					
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a		License No. 01193					
Start Date (10) 12-3-2013		Scheduled Completion Date (11) 12-5-2013		Name of OSHA Monitor Loznica Management Corporation					
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: 9 am - 4 pm				Street Address 22 Troy Lane					
				City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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 Boiler Room			X	Insulation from Old Water Tank	300 SF	X			
Name of Registered Waste Hauler Loznica Management Corp.		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville PA 19067				
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 11-22-2013			

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

MO#201382878521

Date of Notification (1) <div style="text-align: center;">11 / 21 / 13</div>		Name of Building Owner/Operator (2) Glenn Lobb	
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 564 Lathrop Avenue	
		City, State, Zip Code Boonton, NJ 07005	
		Name of Contact Glenn Lobb	Telephone Number 973-263-0514

FACILITY INFORMATION

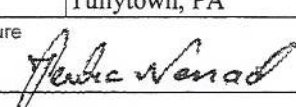
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 564 Lathrop Avenue		Square Feet	# of Floors
City (5) Boonton, NJ 07005		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) Gr Tech LLC		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.	License No. 01127

Start Date (10) <div style="text-align: center;">11 / 30 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 01 / 13</div>	Name of USHA Monitor Envirovision Consultants, Inc
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A
		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	200 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 		Date 11/21/2013	


ASB-41

MAY 11

* 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)

CR 3735

Date of Notification (1) 11/21/13		Name of Building Owner/Operator (2) Krisden M McCrink (Private Home)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 504 Oakshade Road							
		City, State, Zip Code Shamong NJ 08088							
		Name of Contact Krisden	Telephone Number 609-605-4605						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Krisden M McCrink (Private Home)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 504 Oakshade Road		Square Feet 1000 +	# of Floors 2						
City (5) Shamong NJ 08088		Bldg. Age 35							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernado Inc							
Street Address		Street Address P.O. Box 329							
City, State, Zip Code		City, State, Zip Code W. Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No. 00727						
Start Date (10) 11/22/13	Scheduled Completion Date (11) 11/25/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Kitchen			x	Floor Tile	350 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/25/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/21/13		

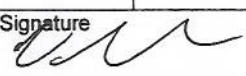
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHECK NO 12514

Date of Notification (1) 11/19/13		Name of Building Owner/Operator (2) Joe Rosati							
Agencies Notified	Type Notification	Street Address 108 Woodward Avenue							
<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 Rutherford, NJ 07070							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jim Unger	Telephone Number 973-868-3323						
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 709 Hill Street		Square Feet 2400	# of Floors 2						
City (5) Carlstadt, NJ		Bldg. Age 80							
County (6) Bergen	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 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	License No. 703						
Start Date (10) 12/2/13	Scheduled Completion Date (11) 1/2/14	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: _____		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 type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	transite shingles	2200	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS					
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President/Owner		Signature 			Date 11/19/13		

Ch. # 393

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

Date of Notification (1) <div style="text-align: center;">11 / 21 / 13</div>		Name of Building Owner/Operator (2) The Haddon Township housing Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 Wynewood Ave							
		City, State, Zip Code Haddon Township, NJ 08108							
		Name of Contact	Telephone Number 856-854-3700						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Roher Towers		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 25 Wynewood Ave		Square Feet 5625Sf	# of Floors 11 Floors						
City (5) Haddon Township		Bldg. Age 50 yrs.							
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Apartments							
Name of Monitoring Firm Hired by Building Owner (8) Raymond Giordano.		ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.						
Street Address 204 E. Germantown Pike		Street Address 14 Read Drive							
City, State, Zip Code Norriton, P.A. 19401		City, State, Zip Code Sicklerville, NJ 08081							
Project Manager for Monitoring Firm Raymond J. Giodano		Telephone No. 856-229-5369	License No. 01158						
Start Date (10) <div style="text-align: center;">12 / 02 / 13</div>	Scheduled Completion Date (11) <div style="text-align: center;">1 / 02 / 14</div>	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.							
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: 7AM-11:30PM/ _____ PM- _____ AM		Street Address 14 Read Drive							
		City, State, Zip Code Sicklerville, NJ 08081							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Tank Insulation	150Sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60-70 Elbows	60-70LF	<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 Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034600	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown					
City, State 14 Read Drive Sicklerville, NJ 08081			Disposal Date	City, State 1513 Brodentown Rd. Morrisville, PA					
Completed By (Print or Type) Willis Graham		Title Owner	Signature 			Date 11-21-13			

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

Date of Notification (1) 11-21-2013		Name of Building Owner/Operator (2) Itzia Arroyo							
Agencies Notified	Type Notification	Street Address 315 Putnam Rd.							
<input 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 Union, NJ 07083							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Itzia Arroyo	Telephone Number 915-726-0863						
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 315 Putnam Rd.		Square Feet 4900+	# of Floors 1						
City (5) Union, NJ		Bldg. Age 77+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Ave.							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	License No. 01174						
Start Date (10) 11-22-2013	Scheduled Completion Date (11) 11-22-2013	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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe insulation	110 LF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Coraopolis, PA			Disposal Date 11-22-2013	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature			Date 11-21-2013			

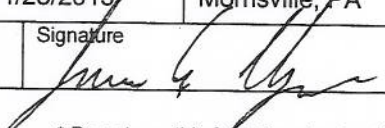
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>11/16/13</u>		Name of Building Owner/Operator (2) <u>Archdiocese of Newark</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>171 Clifton Ave</u> NOV 27							
		City, State, Zip Code <u>Newark NJ</u>							
		Name of Contact <u>Frank Grise</u>	Telephone Number <u>973 345-2222</u>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Queen of Angels / Convent</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>44 Irvine Turner Blvd</u>		Square Feet	Bldg. Age						
City (5) <u>Newark</u>		Current Use (Prior if being demolished)							
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) <u>EMSL</u>	ASCM No.	Name of Abatement Contractor (9) <u>F. Grise & Son</u>							
Street Address <u>307 W 38th St</u>		Street Address <u>513 E 32nd St</u>							
City, State, Zip Code <u>NY, NY</u>		City, State, Zip Code <u>Peterboro NJ</u>							
Project Manager for Monitoring Firm <u>Manager</u>	Telephone No. <u>212-421-6655</u>	Telephone No.	License No. <u>00L 000021</u>						
Start Date (10) <u>11/29/13</u>	Scheduled Completion Date (11) <u>12/20/13</u>	Name of OSHA Monitor <u>Same</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 <input checked="" type="checkbox"/> Other - Describe: <u>Demolition</u>		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 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
<u>Plaster</u>			<u>X</u>	<u>Plaster</u>	<u>19,000 SF</u>	<u>X</u>			
<u>1st + 2nd Floor</u>			<u>X</u>	<u>1</u>	<u>9</u>				
<u>Basement</u>			<u>X</u>	<u>Pipe Insul.</u>	<u>90 LF</u>	<u>X</u>			
<u>Roof</u>			<u>X</u>	<u>Roofing</u>	<u>6400 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Eastern Waste</u>		NJDEP Waste Hauler ID No. <u>AF02</u>		Cubic Yards of Waste <u>40</u>	Name of Registered Landfill <u>Imperial Landfill</u>				
City, State <u>Freehold NJ</u>		Disposal Date		City, State <u>Imperial PA</u>					
Completed By <u>Frank Grise</u>		Title <u>President</u>		Signature <u>[Signature]</u>		Date <u>11/16/13</u>			

Check #
8149

Print Form

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

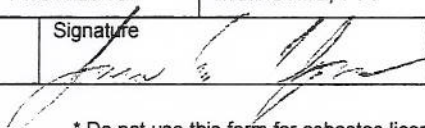
Date of Notification (1) 11/21/2013		Name of Building Owner/Operator (2) Juana Valience							
Agencies Notified	Type Notification	Street Address 222 Drake Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle, NJ 07203							
		Name of Contact Mr. Art Rastelli (Owners Rep.)	Telephone Number 201-896-9400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 222 Drake Avenue		Square Feet 2,000	# of Floors 2						
City (5) Roselle		Bldg. Age 60 +							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No. 00507						
Start Date (10) November 22, 2013	Scheduled Completion Date (11) November 25, 2013	Name of OSHA Monitor Same as above							
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: Unoccupied Basement		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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	28 L.F.	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504		Disposal Date 11/25/2013		City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager		Signature 				Date 11/21/2013	

Check #
8135

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

Print Form

ON
Hold

Date of Notification (1) 10/24/2013		Name of Building Owner/Operator (2) Juana Valience							
Agencies Notified	Type Notification	Street Address 222 Drake Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle, NJ 07203							
		Name of Contact Mr. Art Rastelli (Owner Rep.)	Telephone Number 201-896-9400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 222 Drake Avenue		Square Feet 2,000	# of Floors 2						
City (5) Roselle		Bldg. Age 60 +							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address		Street Address 494 E. 41st Street							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm		Telephone No.	License No. 00507						
Start Date (10) November 5, 2013	Scheduled Completion Date (11) November 7, 2013	Name of OSHA Monitor Same as above							
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>Unoccupied Basement</u>		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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	28 L.F.	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Inc.					
City, State Paterson, NJ 07504			Disposal Date 11/07/2013	City, State Morrisville, PA					
Completed by James E. Unger		Title Project Manager	Signature 	Date 10/24/2013					

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

Check # 9152

Date of Notification (1) November 22, 2013		Name of Building Owner / Operator (2) Bank of America	
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"/> Cancellation	Street Address 28 Broad Street	
		City, State & Zip Code Freehold, NJ 07228	
		Name of Contact Jim Kalafsky	Telephone Number 908-526-1000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		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, home, etc.)	
Street Address 28 Broad Street		Square Feet 1,600	# of Floors 1
City (5) Freehold		Bldg. Age 50	
County (6) Monmouth		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY _____			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants, LLC		ASCM No.	
Street Address One Mall Drive, Suite 404		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Cherry Hill, NJ 08002		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Howard Zenobi		Telephone Number 856-482-1311	License Number 00817
Scheduled Start Date (10) December 4, 2013	Scheduled Completion Date (11) January 2, 2014	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

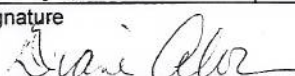
Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 50 lf
☒ ≥ 160 sf or ≥ 260 lf

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Bank Area			X	Floor Tile and Mastic	1,600 SF	X			
Main Bank Area			X	Ceiling Tile	1,600 SF	X			
Main Bank Area			X	Wallpaper	500 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		Cubic Yards of Waste 30	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date January 3, 2014	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date November 22, 2013	

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:26 and 12:120)

CK#0394

Date of Notification (1) 11-19-2013		Name of Building Owner/Operator (2) Ferreira Group		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Henry</i> (signature) Date: 11/19/13 Time: 1:31 PM					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 31 Tannery Road City, State, Zip Code Branchburg, NJ 08876 Name of Contact Tony Telephone Number 908-534-8655					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House for Demo				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 409-144 Warren Street				Squaro Feet # of Floors 2 Bldg. Age 50+					
City (5) Harrison		County (6) Hudson		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) Loznica Management Corporation					
Street Address N/A		City, State, Zip Code N/A		Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035					
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. License No. 01193					
Start Date (10) 11-20-2013		Scheduled Completion Date (11) 11-21-2013		Name of OSHA Monitor Loznica Management Corporation					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:				Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 28 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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 at Entrance			X	Built up Roofing	90 SF	X			
Around the Chimney (Outside)			X	Chimney Mastic	10 SF	X			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville PA 18067				
Completed by E. Cirovic			Title Secretary	Signature			Date 11-19-2013		

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

Date of Notification (1) November 22, 2013		Name of Building Owner/Operator (2) Rich-Mark Contracting, Inc. <i>623129</i>	
Agencies Notified [<input checked="" type="checkbox"/>] EPA [<input type="checkbox"/>] DEP [<input checked="" type="checkbox"/>] DOL [<input checked="" type="checkbox"/>] DOH [<input type="checkbox"/>] DCA	Type of Notification [<input type="checkbox"/>] Initial Notification [<input type="checkbox"/>] Amended Notification Amendment # _____ [<input checked="" type="checkbox"/>] Emergency (including justification) [<input type="checkbox"/>] Cancellation	Street Address P O Box 124	
		City, State, Zip Code Toms River, NJ 08754	
		Name of Contact Mark Tucker	Telephone Number 732-349-3771

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [<input type="checkbox"/>] School (k-12) [<input type="checkbox"/>] Subchapter 8 (other than k-12) [<input checked="" type="checkbox"/>] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 1426 Summit Avenue			Square feet 2000 sf		
City Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number 00624
Scheduled Start Date (10) 11/25/13		Scheduled Completion Date (11) 11/27/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [<input checked="" type="checkbox"/>] Facility Closed/Vacated During Entire Period of Abatement [<input type="checkbox"/>] Abatement Performed Outside of Normal Facility Hours [<input type="checkbox"/>] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[<input checked="" type="checkbox"/>] >3 sf or ≥3 lf		[<input type="checkbox"/>] Renovation		[<input type="checkbox"/>] Full Containment with Negative Pressure	
[<input type="checkbox"/>] ≥160 sf or ≥260 lf		[<input checked="" type="checkbox"/>] Demolition		[<input type="checkbox"/>] Mini-Enclosure	
				[<input type="checkbox"/>] Glovebag Procedure	
				[<input checked="" type="checkbox"/>] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
	R	E	E			N	R	P	A	I		
Exterior		X		Asbestos siding	1800 sf	X						

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 11/29/13		City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 11/22/2013

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

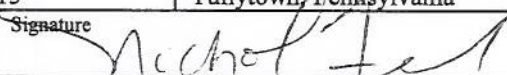
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) November 22, 2013		Name of Building Owner/Operator (2) DENJ Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 669 City, State, Zip Code Clarksburg, NJ 08510	
		Name of Contact Gerry Baldachino	Telephone Number 732-278-1577

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 110 West Penguin Way			Square feet 800 sf		
City Toms River Twp.	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	License Number 00624		
Scheduled Start Date (10) 11/25/13		Scheduled Completion Date (11) 11/27/13		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V E 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	700 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 11/29/13	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/22/2013

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

Check # 8790

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

Date of Notification (1) 11-23-13		Name of Building Owner/Operator (2) Linda LicaKa							
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 5 Meadowview Drive							
		City, State, Zip Code East Windsor, NJ 08512							
		Name of Contact Linda LicaKa	Telephone Number 303 963-7200						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 5 Meadowview Drive		Square Feet	# of Floors 2						
City (5) East Windsor, NJ 08512		Bldg. Age 60+							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 12-4-13	Scheduled Completion Date (11) 12-4-13	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	40 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 12-5-13		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 11-23-13			

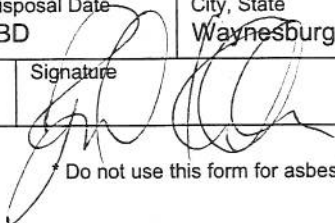
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 8791

Date of Notification (1) 11-23-13		Name of Building Owner/Operator (2) Tom Gove							
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 553 Wahneta Drive City, State, Zip Code Bound Brook, NJ 08055 Name of Contact Tom Gove Telephone Number 732-469-2462							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		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 553 Wahneta Drive		Square Feet	# of Floors 2						
City (5) Bound Brook, NJ 08055		Bldg. Age 20+-							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) 12-5-13	Scheduled Completion Date (11) 12-13-13	Name of OSHA Monitor EPC Technologies 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 P.O. Box 337 City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input 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 X <input type="checkbox"/> <input type="checkbox"/>			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) TSI Paper on Air Duct	Amount (Specify SF or LF) 150 LF	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 4	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 12-13-13		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 11-23-12			


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

CHECK # 20590/20597/20637

Date of Notification (1) 11-21-13		Name of Building Owner/Operator (2) RTL Services, Kearny Point Industrial Park							
Agencies Notified	Type Notification	Street Address 9 Basin Drive, Suite 120							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Jay Zimmern	Telephone Number 973 842 2600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 89		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 9 Basin Drive		Square Feet 10,300	# of Floors 1						
City (5) Kearny		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address		Street Address 200 Broad Street							
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm		Telephone No.	License No. 00756						
Start Date (10) (3)11-26-13	Scheduled Completion Date (11) 12-31-13	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Area is vacant</u>		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Built Up Roofing	10,300SF	x			
Name of Registered Waste Hauler (3)Weigle Trucking		NJDEP Waste Hauler ID No. SW2912	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State 274 Reynolds Road, Linden, PA 17744			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by John Tancredi		Title Project Manager	Signature 	Date 11-21-13					

CR
0098

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

Date of Notification (1) 11/24/13		Name of Building Owner/Operator (2) Steven Guiffreda Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 West Sand Dune Lane							
		City, State, Zip Code Long Beach Township NJ 08008							
		Name of Contact Steven	Telephone Number 315-794-2644						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Steven Guiffreda Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 20 West Sand Dune Lane		Square Feet 1000+	# of Floors 2						
City (5) Long Beach Township NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. _____	License No. 00727						
Start Date (10) 11/25/13	Scheduled Completion Date (11) 11/30/13	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
Exterior Siding			x	Exterior Siding	1600SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/29/13		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 11/24/13	

EMERGENCY
REQUEST FOR WAIVERState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 17:28)(signature)
Date: 11/21/13 9:00
CHECK: 4771

Date of Notification (1) 11-20-2013		Name of Building Owner/Operator (2) D. REMPELL				
Agency Requested <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCB	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Asbestos <input type="checkbox"/> Asbestos <input type="checkbox"/> Emergency (not using justification) <input type="checkbox"/> Consultation	Street Address 22 EDGEWOOD ROAD City, State, Zip Code SUMMIT, NJ 07901 Name of Contact D. REMPELL Telephone Number 412.849.1812				
FACILITY INFORMATION						
Name of Facility (where Abatement is Taking Place) (3) D. REMPELL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Childcare (Other than K-12) <input type="checkbox"/> Other (A. private & commercial building, B. public, etc.)				
Street Address 22 EDGEWOOD ROAD		Square Feet 3800	# of Floors 3			
City (5) SUMMIT		Est. Age 108 YRS				
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE			
Name of Monitoring Firm hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc			
Street Address			Street Address 450 S. River St			
City, State, Zip Code			City, State, Zip Code Hackensack, N.J. 07601			
Project Manager for Monitoring Firm		Telephone No.	Licenses No. 00388			
Start Date (10) 11-22-13	Schedule Completion Date (11) 11-23-13	Name of OSHA Monitor Omega Environmental Inc				
Company Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Operated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Daytime 8 AM 5 PM		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606				
Scope of Work (Check all that apply) <input type="checkbox"/> 25 or more sq ft <input type="checkbox"/> 250 or more sq ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Work <input type="checkbox"/> Grounding Procedures <input type="checkbox"/> Hot Worked and Hot Workable Procedures						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12)	Is Location Normally Used Only by Maintenance/ Contract Staff? (13)	Description of Asbestos-Containing Material (ACM) (A. Thermal/pipe/lag insulation, spraying, VET, or other reinforcement)	Amount (Square Feet or LF)	Abatement Type		
				Removal	Repair	Enclosure
1ST FLOOR RENOVATION AREA		✓ THERMAL INSULATION	28 LF	X		
Name of Registered Waste Handler Best Removal Inc		HAZOP Waste Handler ID No. 17109	Color Code of Waste 114 YD	Name of Registered Landfill Minerva Enterprises		
City, State Hackensack, N.J. 07601		Disposal Date 11-23-13	City, State Waynesburg, Oh			
Completed by R. Veldran	Estimator R. Veldran	Signature R. Veldran	Date 11-20-13			

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

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

<u>Date of Notification (1)</u> 11/26/2013		<u>Name of Building Owner/Operator (2)</u> Exxon-Mobil Technology Corp	
<u>Agencies Notified</u> (X) EPA (X) DOL (X) DOH () DCA	<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled	<u>Street Address</u> 600 Billingsport Road	
		<u>City, State, Zip Code</u> Paulsboro, NJ 08066	
		<u>Name of Contact</u> Bill Nelson	<u>Tel. Number</u> 856-224-2498
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Exxon-Mobil Technology		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 600 Billingsport Road		Sq. Feet <u>8,660</u> # of Floors <u>1</u>	
<u>City (5)</u> Paulsboro	<u>County (6)</u> Gloucester	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> <u>89</u> <u>Current Use (prior if being demolished)</u> <u>R&D, Admin.</u>
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Environmental Management International		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> NCM Demolition and Remediation, LP
<u>Street Address</u> 34 East Germantown Pike		<u>Street Address</u> 395 Turner Industrial Way	
<u>City, State, Zip Code</u> East Norriton, Pa 19401		<u>City, State, Zip Code</u> Aston, PA 19014	
<u>Project Manager for Monitoring Firm</u> Ray Giordano	<u>Telephone Number</u> 610-277-0405	<u>Telephone Number</u>	<u>License Number</u> 01066
<u>Scheduled Start Date (10)</u> 12/19/2013	<u>Scheduled Completion Date (11)</u> 12/24/2013	<u>Name of OSHA Monitor</u> EMSL Analytical	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours - Describe segregated area, no other trades _____ Other - Describe - _____		<u>Street Address</u> 107 Haddon Ave <u>City, State, Zip Code</u> Westmont, NJ 08108	
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. >160 SF or >260 LF ACM () JM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
Guard Shack Bldg. 30	X	VAT/Mastic - Linoleum	670 SF
<u>Name of Reg. Waste Hauler</u> Service Transport Group	<u>NJDEP Waste Hauler ID #</u> 20990	<u>Cubic Yards of Waste</u> 1 cyds	<u>Name of Reg. Landfill</u> Imperial Landfill
<u>City, State</u> New Castle, DE		<u>Disp. Date</u> 12/27/2013	<u>City, State</u> Imperial, PA
<u>Completed by (Print or Type)</u> Russell King	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 11/26/2013

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

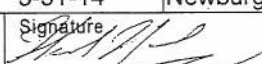
Date of Notification (1) <u>11/18/13</u>		Name of Building Owner/Operator (2) <u>JOHNSON + JOHNSON</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>201 Tabor Road</u>						
		City, State, Zip Code <u>Morris Plains, NJ</u>						
		Name of Contact <u>Anthony Tufaro</u>	Telephone Number <u>973-385-2703</u>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>JOHNSON + JOHNSON</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>201 Tabor Road</u>		Square Feet <u>23,000</u>	# of Floors <u>2</u>					
City (5) <u>Morris Plains</u>		Bldg. Age <u>47</u>						
County (6) <u>Morris</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Offices</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>ELI</u>		ASCM No.	Name of Abatement Contractor (9) <u>ILW Heritage Const. Services</u>					
Street Address <u>655 West Shore Trail</u>		Street Address <u>PO Box 372</u>						
City, State, Zip Code <u>Sparta NJ</u>		City, State, Zip Code <u>Hackettstown, NJ 07840</u>						
Project Manager for Monitoring Firm <u>Bill Kerbel</u>		Telephone No.	License No. <u>00768</u>					
Start Date (10) <u>12/3/13</u>	Scheduled Completion Date (11) <u>12/6/13</u>	Name of OSHA Monitor <u>ELI</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 <input checked="" type="checkbox"/> Other - Describe: <u>Regular Hours</u>		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 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
<u>2ND Floor Conference</u>		<input checked="" type="checkbox"/>		<u>TST</u>	<u>10 LF</u>	<input checked="" type="checkbox"/>		
<u>DCH File Room</u>		<input checked="" type="checkbox"/>		<u>TST</u>	<u>15 LF</u>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>To Be Disposed of by</u>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
City, State <u>Building Owner</u>		Disposal Date		City, State				
Completed By <u>John Wasitani Jr</u>		Title <u>President</u>	Signature <u>John Wasitani Jr</u>		Date <u>11/18/13</u>			

ASB-41

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

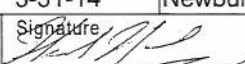
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

915

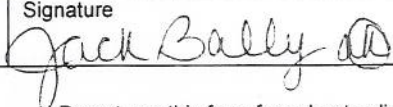
Date of Notification (1) November 13, 2013		Name of Building Owner/Operator (2) Code Environmental							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	200 Middlesex Avenue City, State, Zip Code Carteret, NJ							
		Name of Contact Project Manager	Telephone Number 760-705-8888						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rhodia Inc Street Address 8 CEDAR BROOK DRIVE City (5) CRANBURY, NJ		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) factory							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc. Street Address 907 Doolittle Drive City, State, Zip Code Bridgewater, NJ 08807		ASCM No. _____	Name of Abatement Contractor (9) The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	Telephone No. _____ License No. 00781						
Start Date (10) 11-27-13	Scheduled Completion Date (11) 3-31-14	Name of OSHA Monitor The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) see attached	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) see attached	Amount (Specify SF or LF) see attached	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
Name of Registered Waste Hauler Freehold / Newark Carting / Rovic City, State Freehold / Newark / Riverdale, NJ		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD Disposal Date 3-31-14	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF City, State Newburg / Imperial / Morrisville, PA					
Completed by Mike Cooper		Title President		Signature 		Date 11/13/13			

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

928

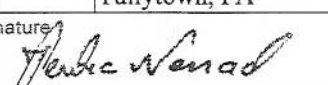
Date of Notification (1) November 26, 2013		Name of Building Owner/Operator (2) Code Environmental							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	200 Middlesex Avenue							
		City, State, Zip Code Carteret, NJ							
		Name of Contact Project Manager	Telephone Number 760-705-8888						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Solvay USA, Inc.		Type of Facility (4)							
Street Address 298 Jersey 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) New Brunswick		Square Feet	# of Floors Bldg. Age						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) factory							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. 908-296-1132	License No. 00781						
Start Date (10) 11-27-13	Scheduled Completion Date (11) 3-31-14	Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
see attached		<input checked="" type="checkbox"/>		see attached	see attached	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold / Newark Carting / Rovic		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF					
City, State Freehold / Newark / Riverdale, NJ		Disposal Date 3-31-14		City, State Newburg / Imperial / Morrisville, PA					
Completed by Mike Cooper		Title President		Signature 			Date 11/26/13		

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

Date of Notification (1) 11/26/13		Name of Building Owner/Operator (2) Poole Ave Realty, LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 555 US Highway 1 S, Suite 400 City, State, Zip Code Iselin, NJ 08830 Name of Contact Wayne Neis						
			Telephone Number 215-200-7240						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Foodtown Street Address 1105 Highway 36 City (5) Hazlet		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 25,000 # of Floors 2 Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant / retail							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address City, State, Zip Code		Street Address 407 W. Lincoln Highway, Suite 500 City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Telephone No. _____		Telephone No. _____	License No. 01161						
Start Date (10) 12/9/13	Scheduled Completion Date (11) 12/14/13	Name of OSHA Monitor EMSL							
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 N City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Southside awning			x	Red roof tiles	2,500 SF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 3	Name of Registered Landfill GROWS					
City, State Ewing, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager		Signature 		Date 11/26/13			

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

MO#21382878532

Date of Notification (1) <div style="text-align: center;">11 / 22 / 13</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Static Power</div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1375 Strykers Road City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Carl Hintz Telephone Number 908-213-2245							
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 1375 Strykers Road City (5) Phillipsburg, NJ 08865 County (6) Warren		Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. License No. 01127							
Start Date (10) 12 / 02 / 13		Scheduled Completion Date (11) 12 / 03 / 13							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Outside siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Siding removal	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature 			Date 11/22/2013			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)
1 0 / 1 6 / 1 3

Name of Building Owner/Operator (2)
Chatham United Methodist Church

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

Street Address
460 Main Street

City, State, Zip Code
Chatham NJ 07924

Name of Contact
Gerald Elgentowics

Telephone Number
973-508-5757

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Chatham United Methodist Church

Street Address
460 Main Street

City (5)
Jersey City

County (6)
Hudson

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM

USA Environmental

Street Address

344 West State Street

Trenton NJ 08618

Project Manager for Monitoring Firm

Telephone Number

Scheduled State Date (10)

1 1 / 1 1 / 1 3
Month / Day / Year

Scheduled Completion Date (11)

1 1 / 2 6 / 1 3
Month / Day / Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period
 of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: _____

Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos - Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			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	E
Rooms 26, 27, 28, 30			X	Fireproofing	1555 SF	X				
Rooms 26, 27, 28, 30			X	Fittings	70 ea.	X				

Name of Registered Waste Hauler

NJDEP Waste
Hauler ID No.
17819

Cubic Yards of Waste

Name of Registered Landfill

J.R. Contracting & Environmental Consulting, Inc.

City, State

Wayne NJ 07470

Disposal Date

G.R.O.W.S

City, State

Morrisville PA

Completed by (Print or Type)

Title

Signature

Date

Jerry Bijelonic

Project Manager

10/16/2013

Unipro, Inc.

173 Karkus Avenue
Woodbridge, NJ 07095

Tel. 732-726-1100
Fax 732-726-1556

Via Fax & USPS

Environmental Contractor

N.J. Asbestos Lic. #00615
N.Y. Asbestos Lic.#AC-97-1039

November 22, 2013

NOV 27 2013

Mr. Thomas Voohres
New Jersey Department of Labor & Workforce Development
Asbestos Control & Licensing
1 John Fitch Plaza 3rd Floor
P.O. Box 949
Trenton, NJ 08625-0949

Re: Asbestos Project Notification

Dear Sirs:

Enclosed is our notification of an asbestos abatement project to be performed at:

Christian Brothers Academy of Lincroft
850 Newman Springs Road
Lincroft, NJ 07738,

and presently scheduled to commence on December 10th.

Very truly yours,



David T. Tolchin,
President

enc. Notification
Check # 2119/\$200.00

cc: Mr. Joe Eldridge
N.J. Department of Health/Senior Citizens
3635 Quaker Bridge Road
Hamilton, NJ 08619

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

Date of Notification (1) 11-20-13		Name of Building Owner/Operator (2) Lourdes Martinez							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 169 Cedar St.							
		City, State, Zip Code Ridgefield Park NJ 07660							
		Name of Contact Lourdes Martinez	Telephone Number 201 641-4319						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lourdes Martinez		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 169 Cedar St.		Square Feet	# of Floors						
City (5) Ridgefield Park NJ 07660		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC						
Street Address		Street Address 522 7th Street							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No. 01206						
Start Date (10) 11-21-13	Scheduled Completion Date (11) 11-22-13	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th Street							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		boiler insulation	24 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City NJ 07087		Disposal Date 11-26-13		City, State Tullytown, PA					
Completed by Leonardo Ramirez		Title Proj. Manager		Signature <i>Leonardo Ramirez</i>			Date 11-20-13		