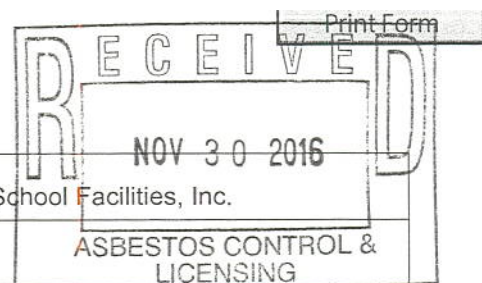


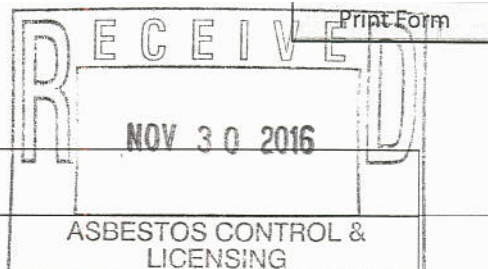
CK4687

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



Date of Notification (1) 11-29-16		Name of Building Owner/Operator (2) Cooper Lanning Square Renaissance School Facilities, Inc.							
Agencies Notified	Type Notification	Street Address 200 Federal Street, Suite 146	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Camden, NJ 08103							
		Name of Contact Dave Millman	Telephone Number 						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kipp Cooper Norcross Academy at Whittier		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 740 Chestnut St.		Square Feet 200,000	# of Floors 2						
City (5) Camden		Bldg. Age +/-50							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc.						
Street Address 1805 Atlantic Avenue		Street Address 2251 Fraley Street							
City, State, Zip Code Manasquan, NJ 08076		City, State, Zip Code Philadelphia, PA 19137							
Project Manager for Monitoring Firm Gary Fleming		Telephone No. 732-223-2225	Telephone No. 215-533-5155						
License No. 01166									
Start Date (10) 11-28-16	Scheduled Completion Date (11) 12-31-16	Name of OSHA Monitor Brinkerhoff Environmental							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1805 Atlantic Avenue							
		City, State, Zip Code Manasquan, NJ 08076							
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
1st floor			x	Vat and Mastic	300sf	x			
3rd and 4th fls (7 separate areas)			x	vat and mastic	63sf	x			
under radiators -9sf each area									
throughout			x	mastic glue dots	500sf	x			
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill					
City, State Newark, DE			Disposal Date	City, State Libson, OH					
Completed by Jennifer Niven		Title Dir. of Operations	Signature 	Date 11-29-16					

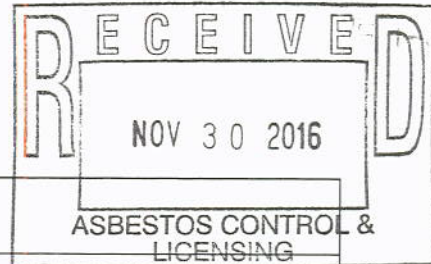
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/29/2016		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bound Brook, NJ 08805							
		Name of Contact Mark Mediros	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bound Brook		Square Feet 2500	# of Floors 2 Bldg. Age 89						
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions, LLC		ASCM No. N/A	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465 License No. 01316						
Start Date (10) 12/14/2016	Scheduled Completion Date (11) 12/22/2016	Name of OSHA Monitor A. Seine Lighthouse Solutions, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<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 South Orange, NJ 07079							
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	10lf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date 12/22/2016	City, State Penn Argyle, PA					
Completed by Ron Brink		Title President	Signature 	Date 11/29/2016					

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



Date of Notification (1) 11 / 28 / 2016		Name of Building Owner/Operator (2) ERE Property Trust							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1545 Route 22 East City, State, Zip Code Annandale, New Jersey 07002 Name of Contact Alek Heilstedt Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Runyon Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,326							
City (5) Clinton		# of Floors 2							
County (6) Hunterdon		Bldg. Age 66 Years							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Unoccupied							
Name of Monitoring Firm Hired by Building Owner (8) Kleinfelder		ASCM No.							
Street Address 1340 Charwood Road, Suite I		Name of Abatement Contractor (9) Terra Contracting Services, LLC							
City, State, Zip Code Hanover, MD 21076		Street Address 5100 West Michigan Avenue							
Project Manager for Monitoring Firm Dan Beard		City, State, Zip Code Kalamazoo, MI 49006							
Telephone No. (858) 877-0727		Telephone No. (269) 375-9595							
Start Date (10) 12 / 12 / 2016		License No. 01208							
Scheduled Completion Date (11) 12 / 22 / 2016		Name of OSHA Monitor Analytical Testing & Consulting Services							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 14625 Doster Road							
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		City, State, Zip Code Plainwell, MI 49080							
<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
Building & Garage Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	1,950 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First & Second Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	3,995 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Basement/Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Air Cell Pipe Insulation/Window Glazing	256 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Hazmat Environmental Group		NJDEP Waste Hauler ID No. 1665		Cubic Yards of Waste 20 Tons	Name of Registered Landfill High Acres Landfill				
City, State Buffalo, NY		Disposal Date		City, State Fairport, NY					
Completed By (Print or Type) Gregory G. Moe		Title Director of Abatement		Signature <i>Gregory G. Moe</i>		Date 11/28/2016			

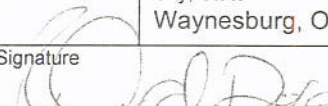
CH23614

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

Print Form

CHECK # 23614 NOV 30 2016

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11-22-16		Name of Building Owner/Operator (2) JNJ Hyatt							
Agencies Notified	Type Notification	Street Address 2 Albany Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact John Tracy	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hyatt Regency Hotel		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 Albany Street		Square Feet 1,237	# of Floors 1						
City (5) New Brunswick		Bldg. Age 35 yrs.							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hotel							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 655 West Shore Trail		Street Address 200 Broad Street							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Jill Wack		Telephone No. (973) 713-6947	License No. 00756						
Start Date (10) 11-25-16	Scheduled Completion Date (11) 11-30-16	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
2nd Floor: Corridor			x	VAT/Mastic	1,700	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager		Signature 		Date 11-22-16			

PK#3044

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

RECEIVED	NOV 30 2016
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/25/16		Name of Building Owner/Operator (2) Bryan Cullen	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Hawthorn, New Jersey 07506	
Name of Contact Bryan		Telephone Number [REDACTED]	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Cullen 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 [REDACTED]		Square Feet 2100	# of Floors 2
City (5) Hawthorn		Bldg. Age 55+	
County (6) Passaic	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) Ace Insulation Co., Inc
Street Address		Street Address 95 Montrose Rd	
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey	
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029
Start Date (10) 12/5/16		Scheduled Completion Date (11) 12/12/16	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7pm		Name of OSHA Monitor Mark Jovic	
		Street Address 87 N Main St So. A	
		City, State, Zip Code Lincoln Park, New Jersey 07035	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input 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)	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	floor tile w/ mastic	1000 sf	X			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins Landfill	
City, State Colts Neck, New Jersey		Disposal Date 12/12/16		City, State Easton, PA	
Completed by Bree McGuire		Title Secretary Treasurer	Signature [Signature]	Date 11/25/16	

11-17-'16 07:07 FROM-


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

RECEIVED
T-052 P0002/0004 F-372
NOV 30 2016
Print Form
Check # 2139

Date of Notification (1) 11/17/2016		Name of Building Owner/Operator (2) Bargain Auto Sales							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation							
Street Address 140 East Saint George Avenue		City, State, Zip Code Linden, NJ 07036							
Name of Contact Mr. Dennis Mugica		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bargain Sales Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 140 East Saint George Avenue		Square Feet 2,000	# of Floors 1						
City (5) Linden		Bldg. Age 70							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-6040	License No. 00874						
Start Date (10) 11/17/2016	Scheduled Completion Date (11) 11/20/2016	Name of OSHA Monitor Sky 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 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> E3 sf or a3 lf <input checked="" type="checkbox"/> a160 sf or a260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boller Room		X		Boller Insulation	20 SF	X			
Boller Room		X		Pipe Insulation	10 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJ DEP Waste Hauler ID No. 20990	Cubic Yards of Waste 3	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcey		Title Vice President		Signature		Date 11/17/2016			

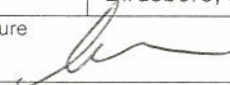
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 15876

Date of Notification (1) 11/22/16		Name of Building Owner/Operator (2) Comprehensive Property Management		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED NOV 30 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address PO Box 3128			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Long Branch, NJ 07740			
						Name of Contact Joe Ferragina			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 1609 Wood Avenue City (5) Roselle County (6) Union				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 500 # of Floors 2 Bldg. Age 70 Current Use (Prior if being demolished) apartments					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address				Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276 License No. 703					
Start Date (10) 12/2/16		Scheduled Completion Date (11) 1/2/17		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>basement</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	100 LF	x			
basement			x	boiler insulation	100 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ				Disposal Date TBD	City, State Birdsboro, PA				
Completed by A. Scott Higgins			Title President		Signature 		Date 11/22/16		

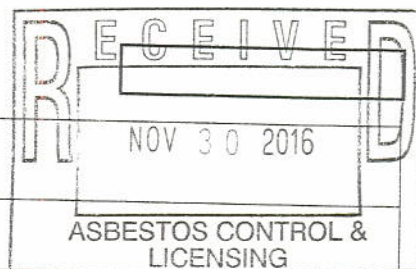
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 15887

Date of Notification (1) 11/25/16		Name of Building Owner/Operator (2) AnnaMarie DeAngelis		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 30 2016 ASBESTOS CONTROL & TESTING </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ							
		Name of Contact AnnaMarie							
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 [REDACTED]									
City (5) Bloomfield		Square Feet 2200	# of Floors 2	Bldg. Age 95					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 12/8/16		Scheduled Completion Date (11) 12/31/16		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				Street Address					
				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 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	130 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ				Disposal Date TBD	City, State Birdsboro, PA				
Completed by A. Scott Higgins			Title President	Signature 		Date 11/25/16			

Check#2652

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



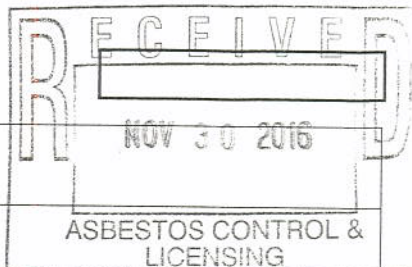
Date of Notification (1) 11 / 25 / 16		Name of Building Owner/Operator (2) David Johnson							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code Boonton Township, NJ 07005							
		Name of Contact David Johnson	Telephone Number <div style="background-color: black; width: 100px; height: 1.2em;"></div>						
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 <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City (5) Boonton Township, NJ 07005		Square Feet	# of Floors						
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY) Morris		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. 973-638-1777	License No. 01127						
Start Date (10) 12 / 05 / 16	Scheduled Completion Date (11) 12 / 06 / 16	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct-wrap&cut	15 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>			Date 11/25/16			

ASB-41
MAY 11

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

MO#19730017980

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

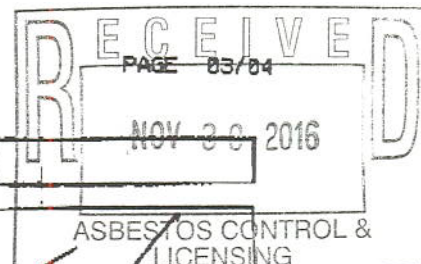


Date of Notification (1) 11 / 26 / 16		Name of Building Owner/Operator (2) David Matthews	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Englewood, NJ 07631	
Name of Contact David Maron		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Englewood, NJ 07631		# of Floors	
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 12 / 06 / 16		License No. 01127	
Scheduled Completion Date (11) 12 / 08 / 16		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
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"/> Clean up and decontamination with negative pressure <input checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Amount (Specify SIF or LF)	
Basement		90 LF	
First floor		20 LF	
First floor		150 SF	
Name of Registered Waste Hauler Gr Tech LLC		NUDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N.Jevtic		Name of Registered Landfill T.R.R.F. Inc	
Title Owner		Disposal Date TBD	
Signature <i>N. Jevtic</i>		City, State Tullytown, PA	
Date 11/26/16			

ASB-41

MAY 11

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



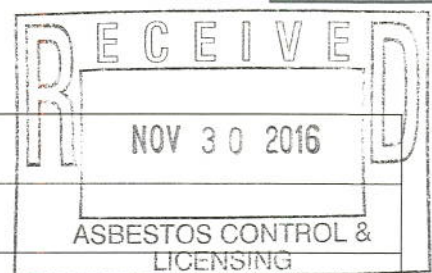
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

MO#19730005402

Date of Notification (1) 11 / 23 / 16		Name of Building Owner/Operator (2) Rebecca & David Middleton		ASBESTOS CONTROL & LICENSING					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Glen Ridge, NJ 07028 Name of Contact Darren Rogers Telephone Number [REDACTED]					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age						
City (5) Glen Ridge, NJ 07028			County Code (7) (STATE USE ONLY)						
County (6) Essex			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Essex		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address				Street Address 576 Valley Rd #283					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777					
Start Date (10) 11 / 24 / 16		Scheduled Completion Date (11) 11 / 27 / 16		License No. 01127					
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 _____ AM				Name of OSHA Monitor Envirovision Consultants, Inc					
				Street Address 20-21 Wagaw Road, Bldg. # 3SE					
				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"/> > 180 sf or > 280 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input 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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Kitchen-first floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	700 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		NJ DEP 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 [Signature]		Date 11/23/16			

CK 60609

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



Date of Notification (1) 11/21/2016		Name of Building Owner/Operator (2) St. Anthony Parish							
Agencies Notified	Type Notification	Street Address 276 Diamond Bridge Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hawthorne, NJ 07509							
		Name of Contact Cathy Clyne	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Anthony's RC Church		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 276 Diamond Bridge Avenue		Square Feet 9,000	# of Floors 1						
City (5) Hawthorne		Bldg. Age 84							
County (6) Hudson <i>PASSAIC</i>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Environmental Solution		ASCM No. _____	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 1030 Chestnut Street # 1224		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Union, New Jersey 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. (973) 494 3762	Telephone No. (973) 450-9500						
License No. 001036									
Start Date (10) 12/01/2016	Scheduled Completion Date (11) 12/06/2016	Name of OSHA Monitor Incinia Contracting, 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 checked="" type="checkbox"/> Other - Describe: <u>M-S: 8:00 AM - 5:00 PM</u>		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
1st Floor - Vestibule			X	Skim Coat Plaster	862 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill Corp.					
City, State Wayne, NJ		Disposal Date TBD	City, State Pen Argyl, PA						
Completed by Milena Zoric	Title Executive Director	Signature 	Date 11/21/2016						

CK 5839

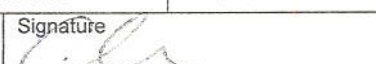
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Print Form

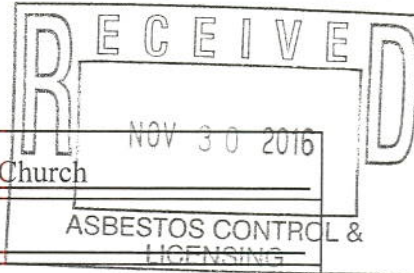
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NOV 30 2016

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/25/16		Name of Building Owner/Operator (2) David Little Private Home							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087 Name of Contact Julia							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) David Little Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Little Egg Harbor NJ 08087		Square Feet 1000+	# of Floors 1 Bldg. Age 35+						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House & Garage							
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.	Telephone No. 856-753-9800 License No. 00727						
Start Date (10) 12/8/16	Scheduled Completion Date (11) 12/14/16	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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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	1000 SF	x			
Name of Registered Waste Hauler United Roll Off		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 12/14/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 11/25/16		

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



Date of Notification (1) <u>11/22/16</u>		Name of Building Owner/Operator (2) <u>Kingston Presbyterian Church</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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>4565 Rt 27</u>	
		City, State, Zip Code <u>Kingston, NJ 08528</u>	
		Name of Contact <u>Brad Clifton</u>	Telephone Number <u> </u>

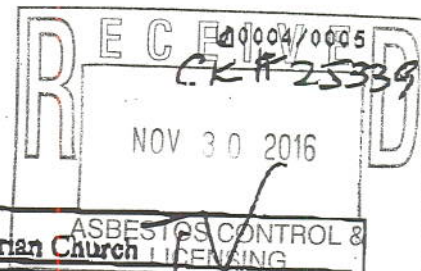
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Kingston Presbyterian Church</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>4565 Rt 27</u>		Square Feet <u>7000</u>	# of Floors <u>2</u>
City (5) <u>Kingston, NJ</u>		Bldg. Age <u>85+/-</u>	
County (6) <u>Middlesex</u>	County Code (7) (STATE USE ONLY) <u> </u>	Current Use (Prior if being demolished) <u> </u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 240-4070</u>	License No. <u>00493</u>
Start Date (10) <u>11/23/16</u>	Scheduled Completion Date (11) <u>11/25/16</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>8 am - 4 pm</u>		Name of OSHA Monitor <u>MECS</u>	
		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Boiler Room</u>	<input checked="" type="checkbox"/>			<u>Thermal Pipe Insulation</u>	<u>27 lf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/25/16</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>11/22/16</u>		

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



Date of Notification (1) 11/22/16		Name of Building Owner/Operator (2) Kingston Presbyterian Church							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4565 Rt 27							
		City, State, Zip Code Kingston, NJ 08528							
		Name of Contact Brad Clifton	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kingston Presbyterian Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 4565 Rt 27		Square Feet 7000							
City (5) Kingston, NJ		# of Floors 2							
County (6) Middlesex		Bldg. Age 85+/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 240-4070							
Start Date (10) 11/23/16		Scheduled Completion Date (11) 11/25/16							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8 am - 4 pm		Name of OSHA Monitor MECS							
		Street Address PO Box 341							
		City, State, Zip Code Crosswicks, NJ 08515							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 100 sf or ≥ 250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Thermal Pipe Insulation	27 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services, Inc.		NJ DEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 CU	Name of Registered Landfill GROWS Landfill					
City, State Allentown, NJ		Disposal Date 11/25/16	City, State Morrisville, PA						
Completed By Mahlon E. Stevens		Title Project Manager	Signature 	Date 11/22/16					

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

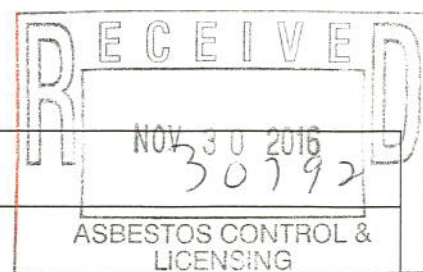
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED NOV 30 2016 ASBESTOS CONTROL & LICENSING	
----------------------------------------------------------------	--

Date of Notification (1) 11/25/16		Name of Building Owner/Operator (2) ANTONIO						
Agencies Notified		Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
		City, State, Zip Code RAHWAY NJ						
		Name of Contact _____ Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address		<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) RAHWAY NJ		Square Feet	# of Floors					
County (6) UNION		Bldg. Age						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) HOME						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____						
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
City, State, Zip Code		Street Address 6 WHITE DOVE COURT						
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701						
Telephone No. _____		Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 12/05/16	Scheduled Completion Date (11) 12/06/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT						
<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: _____		City, State, Zip Code LAKEWOOD, NJ 08701						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
INTERIOR			Floor Tile	35 SF	x			
					x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill IESI				
City, State NEWARK, NJ		Disposal Date 12/06/16		City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature _____		Date _____			

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



Date of Notification (1) November 23, 2016		Name of Building Owner/Operator (2) Linda Henderson	
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 265
			City, State, Zip Code Avon, NJ 07717
			Name of Contact Linda Henderson
		Telephone Number _____	

FACILITY INFORMATION

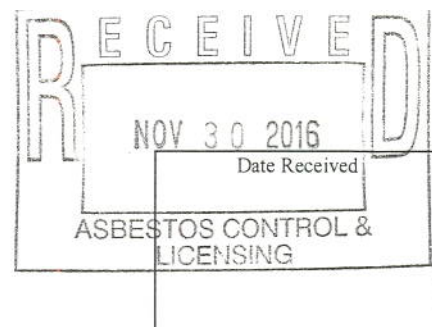
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]					
City Ocean Grove	County (6) Monmouth	County Code (7) (STATE USE ONLY)	Square feet 2500 sf	# of Floors 2	Bldg. Age 80
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Rte. 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 11/25/16		Scheduled Completion Date (11) 11/28/16	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 checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> 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			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		Asbestos pipe insulation	100 lf	X			
1 st & 2 nd floor		X		Asbestos duct wrap	50 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 11/29/16	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 11/23/2016	

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

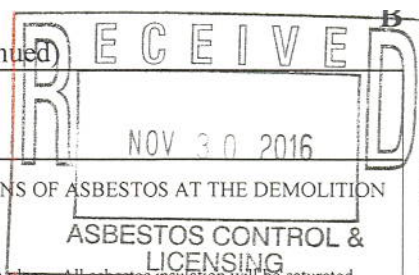
GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O			II. IS ASBESTOS PRESENT? (Yes/No): Y		
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Linda Henderson					
Address: P O Box 265					
City: Avon		State: NJ		Zip: 07717	
Contact: Linda Henderson				Tel:	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): R					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 101 Webb Avenue					
City: Ocean Grove		State: NJ		County: Monmouth	
Site Location: basement, 1 st & 2 nd floor					
Building Size: 2500 sf		# of Floors: 2		Age in Years: 80	
Present Use: Residence			Prior Use: Residence		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed					
Pipes (Linear feet): 5 lf		Asbestos pipe insulation		Basement	
Surface Area (Square feet): 50 sf		Asbestos duct wrap		1 st & 2 nd floor	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start:		11/25/16		Complete: 11/28/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)



x. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED

xi. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Removal to take place using negative pressure glove-bag method. Prior to removal, work area to be isolated, negative air units to be put in place. All asbestos insulation will be saturated with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed/locked container for disposal. Encapsulation of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/or wet wiping of all surfaces.

xii. WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.

Address: 1889 Route 9, Unit 61

City: Toms River

State: New Jersey

Zip: 08755

Contact Person: Nicholas Fericola

WASTE TRANSPORTER #2 Name:

Address:

City:

State:

Zip:

Contact Person:

xiii. WASTE DISPOSAL SITE Name: T.R.R.F.

Location: Bordentown Road

City: Tullytown

State: Pennsylvania

Zip: 19007

Telephone: 215-943-9732

Permit #: 101494

xiv. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

xv. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

xvii. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)

Nicholas Fericola / Project Manager

(Printed Name/Title)

(Signature of Owner/Operator)

November 23, 2016

(Date)

xviii. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fericola / Project Manager

(Printed Name/Title)

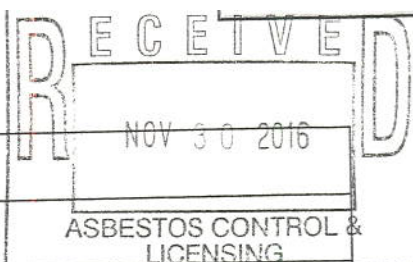
(Signature of Owner/Operator)

November 23, 2016

(Date)

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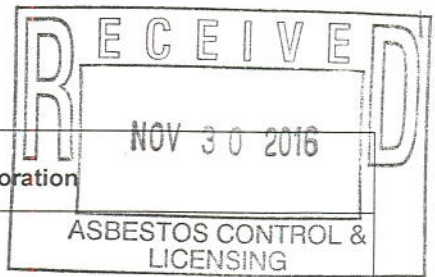
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 11-22-16		Name of Building Owner/Operator (2) Iglesia de Dios Septimo Dia							
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07201							
		Name of Contact Josias Hernandez	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 [REDACTED]		Square Feet	# of Floors						
City (5) Elizabeth		Bldg. Age							
County (6) Union	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 St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 12-01-16	Scheduled Completion Date (11) 12-02-16	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am- 5:00 pm		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	160 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 12-06-16		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 				Date 11-22-16	

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



Date of Notification (1) 10 / 16 / 15		Name of Building Owner/Operator (2) State of New Jersey Department of Transportation	
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 checked="" type="checkbox"/> Amended Amendment #5-11/23/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave., CN 600	
		City, State, Zip Code Trenton, NJ 09625	
		Name of Contact Luis Limo	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge		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 Rt 7			
City (5) Kearny		Square Feet	# of Floors
County (6) Bergen		Bldg. Age	
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	
Street Address 3 Terri Lane		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
City, State, Zip Code Burlington, NJ 08016		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	License No. 00509
Start Date (10) ON SITE 11/23 5 / 23 / 16	Scheduled Completion Date (11) 12 / 7 / 16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

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 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)	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
Underside of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature		Date	

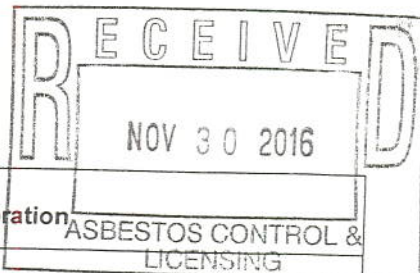
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*** BACK ON SITE 11/23/16

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

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



Date of Notification (1) <u>10</u> / <u>16</u> / <u>15</u>		Name of Building Owner/Operator (2) State of New Jersey Department of Transportation	
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 checked="" type="checkbox"/> Amended Amendment # <u>4-5/31/16</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave., CN 600	
		City, State, Zip Code Trenton, NJ 09625	
		Name of Contact Luis Limo	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge		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 Rt 7			
City (5) Kearny		Square Feet	# of Floors
County (6) Bergen		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>5</u> / <u>23</u> / <u>16</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

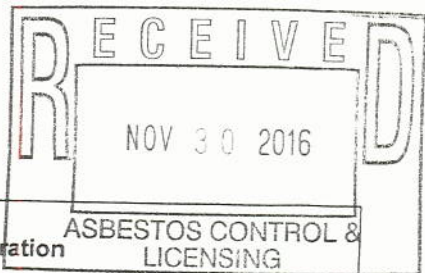
- | | | |
|--------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input 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
Underside of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro / jgl</i>		Date 5/31/16	

no ck

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



Date of Notification (1) <u>10</u> / <u>16</u> / <u>15</u>		Name of Building Owner/Operator (2) State of New Jersey Department of Transportation	
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 checked="" type="checkbox"/> Amended Amendment # 3-5/26/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1035 Parkway Ave., CN 600 City, State, Zip Code Trenton, NJ 09625 Name of Contact Luis Limo Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge		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 Rt 7		Square Feet	# of Floors
City (5) Kearny		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) Cardno ATC		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET	
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-386-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <u>5</u> / <u>23</u> / <u>16</u>	Scheduled Completion Date (11) <u>6</u> / <u>3</u> / <u>16</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

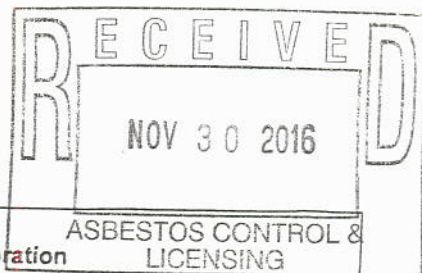
- | | | |
|--------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input 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
Underside of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro /jl</i>		Date 5/26/16	

NOCK

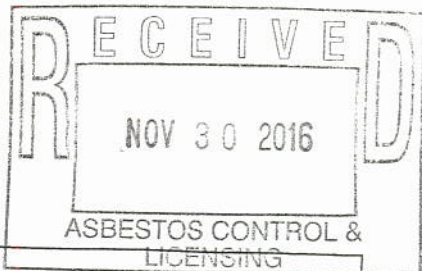
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>10</u> / <u>16</u> / <u>15</u>			Name of Building Owner/Operator (2) State of New Jersey Department of Transportation			ASBESTOS CONTROL & LICENSING							
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 checked="" type="checkbox"/> Amended Amendment # 2-5/20/16 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Ave., CN 600			City, State, Zip Code Trenton, NJ 09625						
				Name of Contact Luis Limo			Telephone Number						
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge						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 Rt 7													
City (5) Kearny						Square Feet		# of Floors					
								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) Cardno ATC			ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.								
Street Address 3 Terri Lane			Street Address 1123 BEAVER STREET										
City, State, Zip Code Burlington, NJ 08016			City, State, Zip Code BRISTOL, PA 19007										
Project Manager for Monitoring Firm John Lutz			Telephone No. 609-386-8800		Telephone No. 215-788-6040		License No. 00509						
Start Date (10) 5 / 23 / 16		Scheduled Completion Date (11) 5 / 27 / 16		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 1123 BEAVER STREET									
				City, State, Zip Code BRISTOL, PA 19007									
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 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)		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) 2800 SF		Abatement Type				
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure	
Underside of bridge piers		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing			<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 SERVICE TRANSPORT GROUP, INC.			NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL						
City, State NEW CASTLE, DE 19720					Disposal Date		City, State WAYNESBURG, OH 44688						
Completed By (Print or Type) Brian Scafiro			Title Estimator		Signature <i>Brian Scafiro</i>			Date 5/20/16					

NOCK

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



Date of Notification (1) 10 / 16 / 15			Name of Building Owner/Operator (2) State of New Jersey Department of Transportation						
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 checked="" type="checkbox"/> Amended Amendment #1-10/23/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Ave., CN 600 City, State, Zip Code Trenton, NJ 09625 Name of Contact Luis Limo					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge			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 Rt 7			Square Feet		Bldg. Age				
City (5) Kearny			County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)				
County (6) Bergen									
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 Terri Lane				Street Address 1123 BEAVER STREET					
City, State, Zip Code Burlington, NJ 08016				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800		License No. 00509					
Start Date (10) 10 / 19 / 15		Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
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 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <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
underside of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
State NEW CASTLE, DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Printed By (Print or Type)		Title		Signature		Date			

NO CK

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

APPROVED: TOM

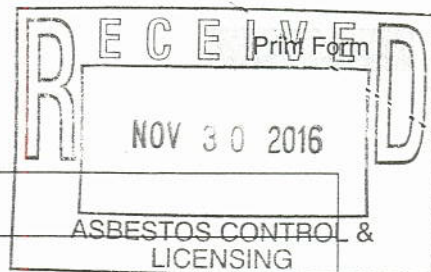
NOV 30 2016
VOORHEES, NJ DOH

Ch # 4588974 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10 / 16 / 15			Name of Building Owner/Operator (2) State of New Jersey Department of Transportation						
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 1035 Parkway Ave., CN 600 City, State, Zip Code Trenton, NJ 08625 Name of Contact Luis Limo Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Route 7 Bridge			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 Rt 7			Square Feet						
City (5) Kearny			# of Floors						
County (6) Bergen			Bldg. Age						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Cardno A/C		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 Terri Lane				Street Address 1123 BEAVER STREET					
City, State, Zip Code Burlington, NJ 08016				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800		Telephone No. 215-788-6040					
Start Date (10) 10 / 19 / 15		Scheduled Completion Date (11) 11 / 28 / 15		License No. 00509					
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM				Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Type of Work (Check all that apply)									
<input type="checkbox"/> 3 sf or <3 lf <input type="checkbox"/> 160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
side of bridge piers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet packing	2800 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"/>
Registered Waste Hauler CE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
ASTLE, DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				

CH14382

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



Date of Notification (1) NOVEMBER 28, 2016		Name of Building Owner/Operator (2) VISIONARY DEVELOPERS, LLC							
Agencies Notified	Type Notification	Street Address 211 RANDALL STREET							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PT. PLEASANT BEACH, NJ 08742							
		Name of Contact PETER AGRESTI	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) LITTLE SILVER		Square Feet 1865 SF	# of Floors 1						
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)	Bldg. Age 1950						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. 00040						
Start Date (10) 12/8/16	Scheduled Completion Date (11) 12/9/16	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
VAT			X	VAT	550 SF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 3 cy	Name of Registered Landfill TRRF LANDFILL					
City, State WEST LONG BRANCH, NJ		Disposal Date 12/9/16		City, State TULLYTOWN, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT		Signature 			Date 11/28/16		