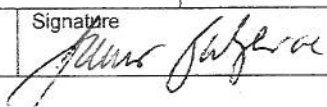


CK 3423

Print Form

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

RECEIVED

Date of Notification (1) 09/26/2104		Name of Building Owner/Operator (2) Paterson Public Schools		2014 OCT -2 PM 5:36					
Agencies Notified	Type Notification	Street Address 90 Delaware Ave.							
<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 Paterson, NJ 07503		ASBESTOS CONTROL & LICENSING					
		Name of Contact Muyiwa Onigbogi		Telephone _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) John F. Kennedy High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 61-127 Preakness Avenue			Square Feet 80,000	# of Floors 3	Bldg. Age 50+				
City (5) Paterson									
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) High School						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No. 0003	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 1253 North Church Street		Street Address 265A Route 46 Suite 3D							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jim Galiardi		Telephone No. 856-840-8800	Telephone No. 973-256-7010	License No. 0666					
Start Date (10) 10/10/14	Scheduled Completion Date (11) 10/13/14		Name of OSHA Monitor Bako Construction & Restoration, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Fri:4pm-12:00pm, Sat, Sun: 8am-4:30pm			Street Address 265A Route 46 Suite 3D						
			City, State, Zip Code Totowa, NJ 07512						
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"/> 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
Rooms 251,348,351,352		X		Table Tops	180 SF	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Damir Valjevack		Title Project Manager	Signature 		Date 09/26/2014				


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

Date of Notification (1) 3 / 14 /14			Name of Building Owner/Operator (2) RICHARD AND LISA STEIMEL		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 444 LAKE ROAD			2014 SEP 29 PM 5:0		
City, State, Zip Code WYCKOFF, NJ 07481			Name of Contact RICHARD STEIMEL		
Telephone Number					


FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 444 LAKE ROAD, WYCKOFF, NJ 07481				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. Private/Commcl. bldgs., homes, etc.)	
Street Address 444 LAKE ROAD				Square Feet 1,776	# of Floors 1
City (5) WYCKOFF				Bldg. Age 68	
County (6) BERGEN				Current Use (Prior if being demolished) PRIVATE RESIDENCE	
County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) CTSI				ASCM No. 17	
Street Address 622 GEORGES ROAD				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm KYLE KRUGE				City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 908-377-5644				Telephone Number 845-369-7500	License Number 460
Expected State Date (10) 10 / 6 /14		Sched. Completion Date (11) 10 / 17 /14		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 8AM to 4:30 PM					
Street Address 1376 ROUTE 9 W					
City, State, Zip Code WAPPINGERS FALLS, NY 12590					

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF						<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure					
<input type="checkbox"/> Renovation											

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL
BASEMENT			X	BOILER INSULATION	60 SF	X		
BASEMENT			X	PIPE FITTING INSULATION	10 LF	X		

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 10/06-10/17/14		City, State MONTGOMERY, PA 17752			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 9/26/14	

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

Date of Notification (1) 9 / 20 /14		Name of Building Owner/Operator (2) RICHARD AND LISA STEIMEL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 444 LAKE ROAD		City, State, Zip Code WYCKOFF, NJ 07481	
Name of Contact RICHARD STEIMEL		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 444 LAKE ROAD, WYCKOFF, NJ 07481		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. Private/Commcl. bldgs., homes, etc.)	
Street Address 444 LAKE ROAD		Square Feet 1,776	# of Floors 1
City (5) WYCKOFF	County (6) BERGEN	Bldg. Age 68	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) PRIVATE RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) CTSI		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 622 GEORGES ROAD		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code NORTH BRUNSWICK, NEW JERSEY 08902		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm KYLE KRUGE		Telephone Number 908-377-5644	License Number 460
Expected Start Date (10) 10 / 6 /14		Sched. Completion Date (11) 10 / 17 /14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 8AM to 4:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Frangible Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	
Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type REMOVAL REPAIR ENCAPSUL
BASEMENT		X	
BASEMENT		X	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
		Signature 	Date 9/29/14

NO CK

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

RECEIVED

Date of Notification (1) 04/11/14 Month/Day/Year		Name of Building Owner/Operator (2) State of NJ Department of Treasury	
Agency Notified x EPA x DEP DCA x DOH	Type Notification	Street Address	
	Initial	50 Barrack Street	
	Notification	City, State, Zip Code	
	4 Amended	Trenton NJ 08608	
	Notification	Name of Contact	Telephone Number
	Cancellation	Craig Cody	

2014 OCT -2 PM 2:42

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) Marlboro Psychiatric Hospital			Type of Facility (4) School (K12) Subchapter 8 (Other than K12) x Other (i.e. Private & commercial buildings, homes, etc.)		
Street Address 546 Newman Springs Road			Square Feet 0		
City (5) Marlboro Township			County (6) Monmouth County	County Code (7) (STATE USE ONLY)	# of Floors 70+ bldgs
			Bldg. Age 100+		
			Current Use (Prior if being demolished) vacant		

Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) Associated Specialty Contracting	
Street Address 28 North Pennell Road		Street Address 98 laCrue Avenue		
City, State, Zip Code Media, PA 19063		City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm David Turowsky	Telephone Number 610-891-0114	Telephone Number 610-364-9622	Licence Number 1103	

Scheduled Start Date (10) 04/28/14 Month/Day/Year	Sched. Completion Date (11) 05/28/15 Month/Day/Year	Name of OSHA Monitor Accredited Environmental Technologies, Inc.	
Occupancy Status During Abatement (Check only one) x Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 5:30 PM Other - Describe:		Street Address 28 North Pennell Road	
		City, State, Zip Code Media, PA 19063	

Scope of work (Check all that apply)			
x Demolition >3 sf or >3 lf x >160 sf or >260 lf	x Renovation	x Full Containment with Negative Pressure	x Mini - Enclosure
		x Glovebag Procedure	xx 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) (ie. 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 N C L O S U R E
see attached sheets									
See highlights									

Name of Registered Waste Hauler Allstate Power Vac, Inc	NJDEP Waste Hauler ID No. ##	Cubic Yards of Waste 3700	Name of Registered Landfill Minerva Landfill
City, State Rahway, NJ 07065	Disposal Date As needed	City, State Waynesburg, OH	
Completed By (Print or Type) John Heemer	Title Project Manager	Signature 	Date 9/30/14

CK 1496

SEP-26-2014 13:52 From:SKY CONTRACTING LLC 19739285842

To:16096330664

Page: 2/5

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PRINT Form

2014 OCT -2 PM 2:59

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

DOL - 10 DAY

Date of Notification (1) 9/26/2014		Name of Building Owner/Operator (2) Ridge Crossing LLC	
Agencies Notified: <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type of 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 P.O. Box		City, State, Zip Code Bayonne, NJ 07002	
Name of Contact Mr. Michael Riata		WAIVER APPROVED (Signature)	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building 18A		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 550 Belleville Turnpike		Square Feet 12,000	
City (5) Kearny		# of Floors 2	
County (6) Hudson		Age 60	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No.	
Street Address 318 12th Street		Name of Abatement Contractor (9) Sky Contracting, LLC	
City, State, Zip Code Hammononton, NJ 08037		Street Address 1385 Valley Road, Suite K	
Project Manager for Monitoring Firm Jim Proctor		City, State, Zip Code Wayne, New Jersey 07470	
Telephone No. (609) 704-8850		Telephone No. (973) 928-5040	
Start Date (10) 9/29/2014		License No. 00874	
Scheduled Completion Date (11) 10/08/2014		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	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 10 or more SF <input checked="" type="checkbox"/> 100 SF or more <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempt Procedure		City, State, Zip Code Wayne, New Jersey 07470	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Throughout 2nd Floor	X	Floor Tiles	1,805 SF
2nd Floor Ceiling	X	Compressed Board Ceiling Tiles	1,805 SF
Main Entrance Highest Roof	X	Roofing Membrane	4,490 SF
Lower Warehouse Roof	X	Roofing Flashing	430 LF
Name of Registered Waste Hauler Service Transport Group, Inc.	NJ DEP Waste Hauler ID No. 20890	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises, LLC
City, State New Castle, Delaware	Disposal Date TBD	City, State Waynesburg, Ohio	
Completed by Predrag Sarcevic	Title Vice President	Signature (Signature)	Date 9/26/2014

A89-41 (R-06-08)

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

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2014 OCT -2 PM 2:59

CK 000 289

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

RECEIVED

2014 OCT -2 PM 2:38

ASBESTOS CONTROL
& LICENSING


Date of Notification (1) 09-26-14		Name of Building Owner/Operator (2) Mike Markovic																																																																																																																																										
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 707 Wood Ave. City, State, Zip Code Roselle NJ 07203 Name of Contact Mike Markovic Telephone Number _____																																																																																																																																									
	<p align="center">FACILITY INFORMATION</p> <table border="1"> <tr> <td colspan="2">Name of Facility Where Abatement is Taking Place (3) Private Residence</td> <td colspan="2">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.) </td> </tr> <tr> <td colspan="2">Street Address 707 Wood Ave.</td> <td>Square Feet</td> <td># of Floors</td> </tr> <tr> <td colspan="2">City (5) Roselle</td> <td colspan="2">Bldg. Age</td> </tr> <tr> <td>County (6) Union</td> <td>County Code (7) (STATE USE ONLY) _____</td> <td colspan="2">Current Use (Prior if being demolished)</td> </tr> <tr> <td colspan="2">Name of Monitoring Firm Hired by Building Owner (8) N/A</td> <td>ASCM No.</td> <td>Name of Abatement Contractor (9) Delfa Contracting LLC.</td> </tr> <tr> <td colspan="2">Street Address</td> <td colspan="2">Street Address 522 7th St.</td> </tr> <tr> <td colspan="2">City, State, Zip Code</td> <td colspan="2">City, State, Zip Code Union City NJ 07087</td> </tr> <tr> <td colspan="2">Project Manager for Monitoring Firm</td> <td>Telephone No.</td> <td>Telephone No. 201 216-9603</td> </tr> <tr> <td colspan="2"></td> <td></td> <td>License No. 01206</td> </tr> <tr> <td colspan="2">Start Date (10) 10-07-14</td> <td colspan="2">Scheduled Completion Date (11) 10-08-14</td> </tr> <tr> <td colspan="2">Name of OSHA Monitor Delfa Contracting LLC</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM- 5:00 PM </td> <td colspan="2"> Street Address 522 7th St. City, State, Zip Code Union City NJ 07087 </td> </tr> <tr> <td colspan="4"> Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </td> </tr> <tr> <td rowspan="2">Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)</td> <td colspan="2">Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</td> <td rowspan="2">Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</td> <td rowspan="2">Amount (Specify SF or LF)</td> <td colspan="4">Abatement Type</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> <td>Removal</td> <td>Repair</td> <td>Encapsulate</td> <td>Enclosure</td> </tr> <tr> <td>Basement</td> <td></td> <td>x</td> <td></td> <td>pipe insulation</td> <td>90 LF</td> <td>x</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Name of Registered Waste Hauler Delfa Contracting LLC</td> <td>NJDEP Waste Hauler ID No. 35240</td> <td>Cubic Yards of Waste 1</td> <td colspan="6">Name of Registered Landfill Tullytown Resource Recovery Facility</td> </tr> <tr> <td colspan="2">City, State Union City NJ</td> <td colspan="2">Disposal Date 10-09-14</td> <td colspan="6">City, State Tullytown, PA</td> </tr> <tr> <td colspan="2">Completed by Jaime Delgado</td> <td colspan="2">Title Proj. Manager.</td> <td colspan="4">Signature </td> <td colspan="2">Date 09-26-14</td> </tr> </table>			Name of Facility Where Abatement is Taking Place (3) Private 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 707 Wood Ave.		Square Feet	# of Floors	City (5) Roselle		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.	Telephone No. 201 216-9603				License No. 01206	Start Date (10) 10-07-14		Scheduled Completion Date (11) 10-08-14		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: 8:00 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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure	Basement		x		pipe insulation	90 LF	x																																		Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility						City, State Union City NJ		Disposal Date 10-09-14		City, State Tullytown, PA						Completed by Jaime Delgado		Title Proj. Manager.		Signature 				Date 09-26-14
Name of Facility Where Abatement is Taking Place (3) Private 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.)																																																																																																																																										
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Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603																																																																																																																																									
			License No. 01206																																																																																																																																									
Start Date (10) 10-07-14		Scheduled Completion Date (11) 10-08-14																																																																																																																																										
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: 8:00 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 type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																																																																																																																																												
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type																																																																																																																																							
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure																																																																																																																																			
Basement		x		pipe insulation	90 LF	x																																																																																																																																						
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility																																																																																																																																								
City, State Union City NJ		Disposal Date 10-09-14		City, State Tullytown, PA																																																																																																																																								
Completed by Jaime Delgado		Title Proj. Manager.		Signature 				Date 09-26-14																																																																																																																																				

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

PK 1220

<u>Date of Notification (1)</u> Aug. 6, 2014		<u>Name of Building Owner/Operator (2)</u> South Brunswick Board of Education	
<u>Agencies Notified</u> (x) EPA (x) DOL (x) DOH () DCA	<u>Notification Type</u> (x) Initial Notification () Amended Certification () Cancelled (X) Emergency	<u>Street Address</u> 4 Executive Drive	
		<u>City, State, Zip Code</u> Monmouth Junction, NJ 08852	
		<u>Name of Contact</u> John Bruff	<u>Tel. Number</u> 732-295-7800

FACILITY INFORMATION

<u>Name of Facility Where Abatement is Taking Place (3)</u> Crossroads Middle School		<u>Type of Facility (4)</u> (X) School (K-12) () Subchapter 8 (other than K-12) () Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet 30,000 # of Floors 3 Bldg. Age 70 Current Use (prior if being demolished) Municipal office (X) School	
<u>Street Address</u> 635 Georges Road			
<u>City (5)</u> Monmouth Junction	<u>County (6)</u>	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Briggs Associates		<u>ASCM No.</u> 00004	<u>Name of Contractor (9)</u> Academy Construction, Inc
<u>Street Address</u> 3 Crosswicks Street		<u>Street Address</u> 205 Rt 46W, Suite 14	
<u>City, State, Zip Code</u> Bordentown, New Jersey 08505		<u>City, State, Zip Code</u> Totowa, NJ 07512	
<u>Project Manager for Monitoring Firm</u> Mike Hoodak	<u>Telephone Number</u> 609-298-5520	<u>Telephone Number</u> 973-832-4244	<u>License Number</u> 01155
<u>Scheduled Start Date</u> Sept. 25, 2014	<u>Scheduled Completion Date</u> Sept. 27, 2014	<u>Name of OSHA Monitor</u> none	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -			
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure (X) Intact Removal: Wrap & Cut			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u>	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
	YES NO NA		<u>Rem.</u> <u>Rep.</u> <u>Encap</u> <u>Enclose</u>
Auto Shop	X	Pipe fittings Insulation	Wrap & Cut 12 LF
<u>Name of Reg. Waste Hauler</u> Academy Construction	<u>NJDEP Waste Hauler ID #</u> 0034422	<u>Cubic Yards of Waste</u> 1	<u>Name of Reg. Landfill</u> GROVES
<u>City, State</u> Totowa, New Jersey		<u>Disp. Date</u> 9/27/14	<u>City, State</u> Morrisville, PA
<u>Completed by (Print or Type)</u> Frank Marino	<u>Title</u> VP Operations	<u>Signature</u> 	<u>Date</u> Sept. 23, 2014

Signature
Date: 9/29/14 Time: 11:00

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

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 9/29/14		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 160 South Livingston Ave.		City, State, Zip Code Livingston, NJ 07039							
Name of Contact John		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brandywyne East Apt. # 96A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Brandywyne East Court		Square Feet 2500							
City (5) Brielle, NJ		# of Floors 1							
County (6) Monmouth		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Unit							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a							
Street Address n/a		Name of Abatement Contractor (9) Loznica Management Corporation							
City, State, Zip Code n/a		Street Address 22 Troy Lane							
Project Manager for Monitoring Firm n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Telephone No. n/a		Telephone No. 973-706-7950							
Start Date (10) 10/1/2014		License No. 01193							
Scheduled Completion Date (11) 10/2/2014		Name of OSHA Monitor Loznica Management Corporation							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Throughout Apartment	x			VAT	333 SF	x			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 33137		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 9/29/14			

CK 1495

Sep 24 2014 01:35pm

P001/001

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

PRINT FORM

Date of Notification 9/23/2014		Time 2 PM 2:36		Name of Building Owner/Operator (2) Mrs. Blanche E. Harris		APPROVED NJ Dept of Health & Senior Services <i>[Signature]</i> (Signature) Date: 9/24/14 Time: 1:34PM	
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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1115 Sussex Road City, State, Zip Code Teaneck, NJ 07866		Name of Contact Mrs. Blanche E. Harris	
				Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 1115 Sussex Road				Square Feet 2,000		# of Floors 2	
City (5) Teaneck				Bldg. Age 90			
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential			
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.		Telephone No. (973) 928-5040		License No. 00874	
Start Date (10) 9/25/2014		Scheduled Completion Date (11) 9/27/2014		Name of OSHA Monitor Sky 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: Abatement performed within unoccupied floor level - banit				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"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> ≥ 180 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Demolition	
				<input checked="" type="checkbox"/> Full Containment with Negative Pressure		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
		Yes	No				
Basement		X			Pipe Insulation & fittings		46 LF
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 2		Name of Registered Landfill Minerva Enterprises, LLC	
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio			
Completed by Predrag Sarcev		Title Vice President		Signature <i>[Signature]</i>		Date 9/23/2014	

CK 2887

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

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 04/01/14		Name of Building Owner/Operator (2) COL-MOR							
Agencies Notified	Type Notification	Street Address 210-214 FRANKLIN STREET							
<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 BLOOMFIELD, NJ 07003							
		Name of Contact DAVID	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 210-214 FRANKLIN STREET		<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) BLOOMFIELD, NJ		Square Feet	# of Floors 4						
County (6) ESSEX COUNTY		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) MULTI-FAMILY						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 10/21/14	Scheduled Completion Date (11) 10/22/14	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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 LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input 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
BASEMENT	X			WATER TANK	20 SF	X			
BASEMENT	X			PIPING	150 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 10/22/14	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 9/30/14			

NO CK

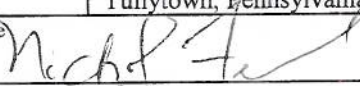
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 29, 2014		Name of Building Owner/Operator (2) Bouch Excavating	
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 checked="" type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 Butler Blvd.	City, State, Zip Code Bayville, NJ 08721
		Name of Contact Donald Bouch	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 131 George Road			Square feet 1000 sf		
City Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 9/26/14		Scheduled Completion Date (11) 9/30/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	900 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 10/1/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/29/14

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

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

Date of Notification (1) September 29, 2014		Name of Building Owner/Operator (2) Crivelli Construction	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	1955 Route 35 North, Suite D	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Ortley Beach, NJ 08751	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		Matt Crivelli	3

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 3205 Ivy Lane			<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	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Lavallette	Ocean		1500 sf	1	60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) 9/30/14		Scheduled Completion Date (11) 10/2/14	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe _____			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure		
			<input type="checkbox"/> Glovebag Procedure		
			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior-house		X		Asbestos siding	1000 sf	X			
Exterior-garage		X		Asbestos siding	500 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 10/3/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/29/2014

*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)

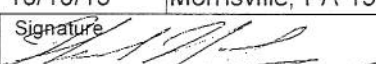
OIA O.S. Mail
Ch# 1098

Date of Notification (1) 10/09/14		Name of Building Owner/Operator (2) MRS FILOMENA SCUDERI	
Agency Notified <input checked="" type="checkbox"/> DEPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1491 DEER PATH	
Type of Work <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 MOUNTAINSIDE N.J. 07092	
		Name of Contact MRS SCUDERI	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 1491 DEER PATH		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 1491 DEER PATH		Square Feet 3,000	# of Floors 2
City (5) MOUNTAINSIDE		Bldg. Age 65	
County (6) MOUNTAIN		Current Use (Prior if being demolished) RESIDENT	
Name of Monitoring Firm Hired by Building Owner (8) NOVATECH INC		Name of Abatement Contractor (9) NOVATECH INC	
Street Address P.O. Box 814		Street Address P.O. Box 814	
City, State, Zip Code OLD BRIDGE N.J. 08857		City, State, Zip Code OLD BRIDGE N.J. 08857	
Project Manager for Monitoring Firm [Signature]		Telephone No. 732 232x7500	
Start Date (10) 10/09/14		License No. 00806	
Scheduled Completion Date (11) 10/09/14		Name of OSHA Monitor NOVATECH INC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814	
		City, State, Zip Code OLD BRIDGE N.J. 08857	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft			
<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-Fume Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
GARAGE ONLY		X	PIPE INSULATION < 10 LF
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 2
City, State OLD BRIDGE N.J. 08857		Name of Registered Landfill G.R.O.W.S. P.A.	
Disposal Date 11/10/14		City, State HARRISVILLE P.A.	
Signature [Signature]		Date 9/30/14	
Completed by CARLOS AMEIDA			
Title PRESIDENT			

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

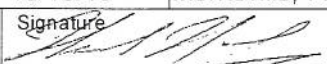
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1196

Date of Notification (1) September 29, 2014		Name of Building Owner/Operator (2) Epic Management (GC)							
Agencies Notified	Type Notification	Street Address 136 11th Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Piscataway, NJ 08854							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Skillman N&S Buildings		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 199 Grandview Rd.		Square Feet	# of Floors						
City (5) Skillman, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Somerset							
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 655 West Shore Trail		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Project Manager		Telephone No. 973-729-5649	License No. 00781						
Start Date (10) 10/10/14	Scheduled Completion Date (11) 10/10/15	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
New SC/POP Lab Ground Floor		<input checked="" type="checkbox"/>		fume hood transite	228 s/f	<input checked="" type="checkbox"/>			
-"-		<input checked="" type="checkbox"/>		VAT & Mastic	8,764 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 89.9	Name of Registered Landfill GROWS N Landfill					
City, State Freehold, NJ		Disposal Date 10/10/15		City, State Morrisville, PA 19067					
Completed by Michael Cooper		Title President		Signature 				Date 9/29/14	

NO CK

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

Date of Notification (1) September 29, 2014		Name of Building Owner/Operator (2) OCD/PRD/J&J							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	920/1001 Rt. 202							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Skillman N&S Buildings		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 199 Grandview Rd.		Square Feet	# of Floors						
City (5) Skillman, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Somerset							
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 655 West Shore Trail		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Project Manager		Telephone No. 973-729-5649	License No. 00781						
Start Date (10) 10/10/14	Scheduled Completion Date (11) 10/10/15	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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) 228 s/f	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
New SC/POP Lab Ground Floor		<input checked="" type="checkbox"/>		fume hood transite	228 s/f	<input checked="" type="checkbox"/>			
-"		<input checked="" type="checkbox"/>		VAT & Mastic	8,764 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 89.9	Name of Registered Landfill GROWS N Landfill					
City, State Freehold, NJ		Disposal Date 10/10/15		City, State Morrisville, PA 19067					
Completed by Michael Cooper		Title President	Signature 			Date 9/29/14			

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2014 OCT -2 PM 2:30

ASBESTOS CONTROL & LICENSING

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

OK 41572

Date of Notification (1) 09/25/2014		Name of Building Owner/Operator (2) South Orange Maplewood BOE							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 525 Academy Street		City, State, Zip Code Maplewood, NJ 07040							
Name of Contact William Kale		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Columbia High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 17 Parker Avenue		Square Feet # of Floors Bldg. Age							
City (5) Maplewood		County Code (7) (STATE USE ONLY) _____							
County (6) Essex		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc		ASCN No. 0057							
Street Address Po Box 385		Name of Abatement Contractor (9) VMC Company, Inc							
City, State, Zip Code Oceanville, NJ 08231		Street Address 208 Piaget Ave							
Project Manager for Monitoring Firm Eric Clarkson		City, State, Zip Code Clifton, NJ 07011							
Telephone No. 609-652-1833		Telephone No. 973-253-8828							
License No. 00704		Name of OSHA Monitor VMC Company, Inc							
Start Date (10) 09/26/2014		Scheduled Completion Date (11) 09/27/2014							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd Fl Stair Landing		X		Ceiling Plaster	10 SF	X			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste _____		Name of Registered Landfill IAESI Landfill			
City, State Newark, NJ		Disposal Date _____		City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President		Signature V. Roszkowski		Date 09/25/2014			

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

Check # 9077

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Date of Notification (1) 2014 OCT 2 PM 2:27		Name of Building Owner/Operator (2) Sholom Schonbrum	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 231 Carol AVE	
Type Notification ASBESTOS CONTROL & LICENSING <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Lakewood NJ 08701	
		Name of Contact Sholom Schonbrum	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 231 Carol AVE			
City (5) Lakewood NJ 08701		Square Feet	# of Floors 2
		Bldg. Age 60+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc	
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394
Start Date (10) Oct 10, 2014	Scheduled Completion Date (11) Oct 15, 2014	Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Remediable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior Walls		X	Siding Shingles 1200 SF
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6
City, State New Egypt NJ		Name of Registered Landfill Waste Management of PA	
		Disposal Date 10-15-14	City, State Morrisville PA
Completed by Steve Schenker	Title President	Signature Steve Schenker	Date 9-30-14

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

Check # 9076

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Date of Notification (1) 9-30-14 2014 OCT 2 PM 2:27		Name of Building Owner/Operator (2) Avrum Rajchenbach	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 572 Vine Ave	
Type Notification ASBESTOS CONTROL & LICENSING <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Lakewood NJ 08701	
		Name of Contact Charlie Schöbrun	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 572 Vine Ave			
City (5) Lakewood NJ 08701		Square Feet	# of Floors 1
		Bldg. Age 60+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single Family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394
Start Date (10) Oct 10, 2014		Scheduled Completion Date (11) Oct 15, 2014	
Name of OSHA Monitor EPC Technologies Inc			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337	
		City, State, Zip Code New Egypt NJ 08533	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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-Feasible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior		x	Siding Shingles
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6
City, State New Egypt NJ		Disposal Date 10-15-14	Name of Registered Landfill Waste Management of PA
		City, State Moansville PA	
Completed by Steve Schenker		Title President	Signature Steve Schenker
		Date 9-30-14	

CHK# 2455

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

Date of Notification (1) 9/30/14		Name of Building Owner/Operator (2) Allison Caulfeild	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1031 Tullio Farm Rd		City, State, Zip Code Bridgewater, New Jersey	
Name of Contact Allison		RECEIVED 2014 OCT -2 PM 2:25 ASBESTOS CONTROL & REMEDIATION	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Caulfeild 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 1031 Tullio Farm Rd		Square Feet 1700	
City (5) Bridgewater		# of Floors 1	
County (6) Somerset		Bldg. Age 64	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
City, State, Zip Code		Street Address 95 Montrose Road	
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, N.J. 07722	
Telephone No.		Telephone No. 732-294-1757	
Start Date (10) 10/10/14		License No. 00029	
Scheduled Completion Date (11) 10/15/14		Name of OSHA Monitor:	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) In Facility (13) indoor		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) ceiling material		Amount (Specify SF or LF) 120 lf	
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	
Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S.	
City, State Colts Neck, New Jersey		Disposal Date 10/17/14	
City, State Tullytown, PA		Signature Bree	
Completed by Bree McGuire		Title Secretary Treasurer	
Date 9/30/14			

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

OK# 2455

Date of Notification (1) 9/30/14

Name of Building Owner/Operator (2) Don Bondick

Agencies Notified: ☒ EPA, ☒ DEP, ☒ DCL, ☒ DOH, ☒ DCA

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

Street Address: 135 Valencia Drive

City, State, Zip Code: Brick, New Jersey

Name of Contact: Don

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ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bondick Residence

Street Address: 135 Valencia Drive

City (5) Brick

County (6) Ocean

County Code (7) (STATE USE ONLY)

Type of Facility (4): ☐ School (K-12), ☐ Subchapter 8 (Other than K-12), ☐ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 1400

of Floors: 1

Bldg. Age: 60+

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: 95 Montrose Road

City, State, Zip Code: Colts Neck, N.J. 07722

Project Manager for Monitoring Firm

Telephone No. 732-294-1757

License No. 00029

Start Date (10) 10/9/14

Scheduled Completion Date (11) 10/14/14

Name of OSHA Monitor

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

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply): ☒ ≥3 sf or ≥3 lf, ☒ ≥160 sf or ≥260 lf, ☒ Renovation, ☒ Demolition, ☒ Full Containment with Negative Pressure, ☐ Mini-Enclosure, ☐ Glovebag Procedure, ☐ Non-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
Indoors				floor tile	150 lf	X			

Name of Registered Waste Hauler: Ace Insulation Co., Inc.

NJDEP Waste Hauler ID No.: 12086

Cubic Yards of Waste: 2

Name of Registered Landfill: G.R.O.W.S.

City, State: Colts Neck, New Jersey

Disposal Date: 10/14/14

City, State: Tullytown, PA

Completed by: Bree McGuire

Title: Secretary Treasurer

Signature: Bree McGuire

Date: 9/30/14