

MCIA Old Courthouse Basement

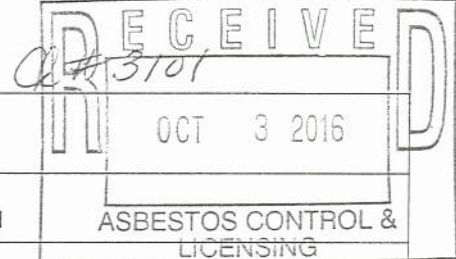
RECEIVED  
OCT 3 2016  
ASBESTOS CONTROL & LICENSING

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OCT 3 2016  
ASBESTOS CONTROL & LICENSING

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

APPROVED: TOM VOORHEES, NJDOH

CH 3101



Date of Notification (1) 9 / 27 / 16		Name of Building Owner/Operator (2) Verizon	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212	
		Name of Contact Anthony Porta	Telephone Number .....

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Verizon Hightstown CO		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 393 Mercer St.			
City (5) Hightstown		Square Feet	# of Floors
		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1253 N. Church St		Street Address 1123 BEAVER STREET	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Harold Baldwin	Telephone No. 856-840-8800	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 9 / 27 / 16	Scheduled Completion Date (11) 9 / 30 / 16	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-5:00PM/ _____PM-1:30AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

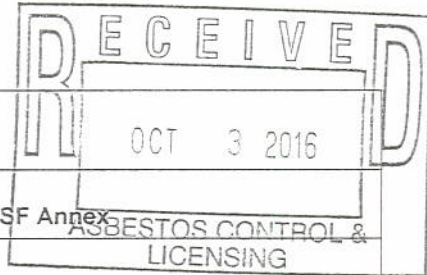
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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 MER #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite wall panels	24 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 BRISTOL ENVIRONMENTAL INC		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill GROWS LANDFILL	
City, State BRISTOL, PA		Disposal Date		City, State MORRISVILLE, PA	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro /jl</i>		Date 9/27/16	



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



Date of Notification (1) <u>9</u> / <u>3</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>Federal Aviation Administration</b>	
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 checked="" type="checkbox"/> Amended Amendment # <u>4-9/28/16</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>William J Hughes Tech. Center Bldg 306 TSF Annex</b>	
		City, State, Zip Code <b>Atlantic City Airport, NJ 08405</b>	
		Name of Contact <b>Chris Jones</b>	Telephone Number 

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>William J Hughes Tech Center</b>		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 <b>Amelia Earhart Blvd</b>			
City (5) <b>Atlantic City Airport</b>		Square Feet	# of Floors
County (6) <b>Atlantic</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <b>NONE</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <i>BACK ON SITE</i> <u>9</u> / <u>29</u> / <u>16</u>	Scheduled Completion Date (11) <u>9</u> / <u>29</u> / <u>16</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

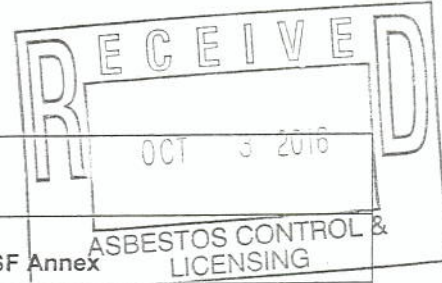
Scope of Work (Check all that apply)

<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 type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior-Pole 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite conduit	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Pole 256	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Conduit	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>	
City, State <b>BRISTOL, PA 19007</b>			Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>	
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro /jl</i>		Date <b>9/28/16</b>	

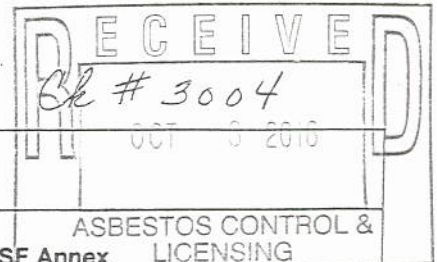
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
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Date of Notification (1) <u>9</u> / <u>3</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>Federal Aviation Administration</b>							
Agencies Notified <input type="checkbox"/> EPA <input 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 checked="" type="checkbox"/> Amended Amendment # <u>3-4/18/16</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>William J Hughes Tech. Center Bldg 306 TSF Annex</b> City, State, Zip Code <b>Atlantic City Airport, NJ 08405</b> Name of Contact <b>Chris Jones</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>William J Hughes Tech Center</b>		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 <b>Amelia Earhart Blvd</b>		Square Feet	# of Floors						
City (5) <b>Atlantic City Airport</b>		Bldg. Age							
County (6) <b>Atlantic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>NONE</b>	ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Street Address		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <u>4</u> / <u>15</u> / <u>16</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-4:00PM</u> / ____ PM - ____ AM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior-Pole 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite conduit	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Pole 256	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Conduit	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>					
City, State <b>BRISTOL, PA 19007</b>			Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>			Date <b>4/18/16</b>			



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Date of Notification (1) <div style="text-align: center;">9 / 3 / 15</div>		Name of Building Owner/Operator (2) <b>Federal Aviation Administration</b>	
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 checked="" type="checkbox"/> Amended Amendment # <b>2-4/13/16</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>William J Hughes Tech. Center Bldg 306 TSF Annex</b>	
		City, State, Zip Code <b>Atlantic City Airport, NJ 08405</b>	
		Name of Contact <b>Chris Jones</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>William J Hughes Tech Center</b>		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 <b>Amelia Earhart Blvd</b>		Square Feet	# of Floors
City (5) <b>Atlantic City Airport</b>		Bldg. Age	
County (6) <b>Atlantic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>NONE</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <b>4 / 15 / 16</b>	Scheduled Completion Date (11) <b>4 / 18 / 16</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-4:00PM/</b> PM- AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

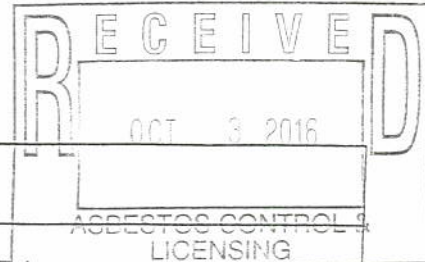
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior-Pole 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite conduit	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Pole 256	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Conduit	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>	
City, State <b>BRISTOL, PA 19007</b>		Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>		
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>		Date <b>4/13/16</b>	

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



Date of Notification (1) <u>9</u> / <u>3</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>Federal Aviation Administration</b>	
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 checked="" type="checkbox"/> Amended Amendment # <b>1-9/14/15</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>William J Hughes Tech. Center Bldg 306 TSF Annex</b>	
		City, State, Zip Code <b>Atlantic City Airport, NJ 08405</b>	
		Name of Contact <b>Chris Jones</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>William J Hughes Tech Center</b>		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 <b>Amelia Earhart Blvd</b>			
City (5) <b>Atlantic City Airport</b>		Square Feet	# of Floors
		Bldg. Age	
County (6) <b>Atlantic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Office</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>NONE</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <u>ON HOLD</u>	Scheduled Completion Date (11) ____ / ____ / ____	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-4:00PM</b> / ____ PM- ____ AM		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

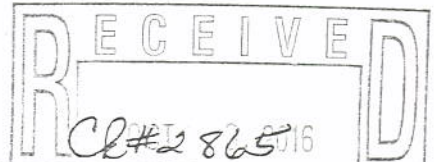
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf        | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |
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Exterior-Pole 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite conduit	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>	
City, State <b>BRISTOL, PA 19007</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>	
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro / jk</i>		Date <b>9/14/15</b>	



State of New Jersey  
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(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">9 / 3 / 15</div>		Name of Building Owner/Operator (2) <b>Federal Aviation Administration</b>		<b>ASBESTOS CONTROL &amp; LICENSING</b>
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 9702 <input checked="" type="checkbox"/> DHSS 9719 <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 <b>William J Hughes Tech. Center Bldg 306 TSF Annex</b>		
		City, State, Zip Code <b>Atlantic City Airport, NJ 08405</b>		
		Name of Contact <b>Chris Jones</b>		Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>William J Hughes Tech Center</b>			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 <b>Amelia Earhart Blvd</b>			Square Feet		
City (5) <b>Atlantic City Airport</b>			# of Floors		Bldg. Age
County (6) <b>Atlantic</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Office</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>NONE</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address		Street Address <b>1123 BEAVER STREET</b>			
City, State, Zip Code		City, State, Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm		Telephone No.		License No.	
		<b>215-788-6040</b>		<b>00509</b>	
Start Date (10) <div style="text-align: center;">9 / 15 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">10 / 2 / 15</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-4:00PM</b> / ____ PM- ____ AM		Street Address <b>1123 BEAVER STREET</b>			
		City, State, Zip Code <b>BRISTOL, PA 19007</b>			

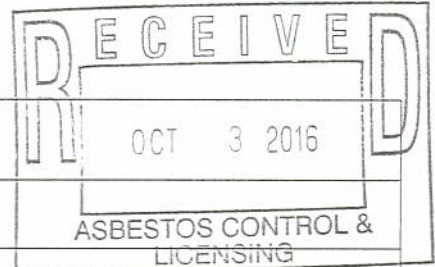
Scope of Work (Check all that apply)

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><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-Pole 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite conduit	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste		Name of Registered Landfill <b>G.R.O.W.S. NORTH LANDFILL</b>	
City, State <b>BRISTOL, PA 19007</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>			
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>9/3/15</b>	

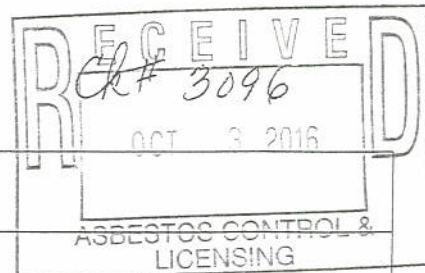
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">9 / 19 / 16</div>		Name of Building Owner/Operator (2) <b>BASF Catalysts, LLC</b>							
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 checked="" type="checkbox"/> Cancellation	Street Address <b>25 Middlesex Avenue</b> City, State, Zip Code <b>Iselin New Jersey</b>							
		Name of Contact <b>Diana Wright</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BASF</b>		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 <b>25 Middlesex Avenue</b>									
City (5) <b>Iselin</b>	Square Feet <b>60000</b>	# of Floors <b>5</b>	Bldg. Age						
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Lab, R&amp;D</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Health Investigations</b>		ASCM No. <b>00104</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>655 West Shore Trail</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Sparta NJ 07871</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Jean-Paul von Doehren</b>		Telephone No. <b>973-651-2041</b>	Telephone No. <b>215-788-6040</b>						
Start Date (10) <b>10 / 3 / 16</b>		Scheduled Completion Date (11) <b>10 / 21 / 16</b>	License No. <b>00509</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-5PM</b> / ____ PM - ____ AM		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Mat Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	3,450 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mat Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Fume Hood	300sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace(east of column line 6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation/fittings	600 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>tbd</b>		City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Pat Decaro</b>		Title <b>Estimator</b>		Signature <i>Patrick P. Decaro</i>			Date <b>9/28/16</b>		



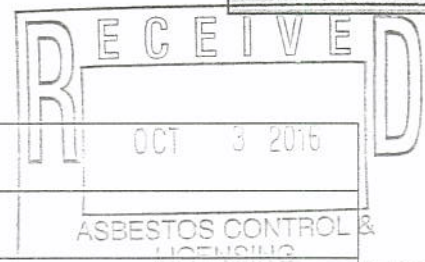
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



*no ck*

Date of Notification (1) <u>9</u> / <u>19</u> / <u>16</u>		Name of Building Owner/Operator (2) <b>BASF Catalysts, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <i>1062</i> <input checked="" type="checkbox"/> DOLWD <i>1048</i> <input checked="" type="checkbox"/> DHSS <i>1055</i> <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 <b>25 Middlesex Avenue</b>							
		City, State, Zip Code <b>Iselin New Jersey</b>							
		Name of Contact <b>Diana Wright</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>BASF</b>		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 <b>25 Middlesex Avenue</b>									
City (5) <b>Iselin</b>	Square Feet <b>60000</b>	# of Floors <b>5</b>	Bldg. Age						
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Lab, R&amp;D</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Health Investigations</b>		ASCM No. <b>00104</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>655 West Shore Trail</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Sparta NJ 07871</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Jean-Paul von Doehren</b>		Telephone No. <b>973-651-2041</b>	License No. <b>00509</b>						
Start Date (10) <u>10</u> / <u>3</u> / <u>16</u>	Scheduled Completion Date (11) <u>10</u> / <u>21</u> / <u>16</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-5PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Mat Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vat/Mastic	3,450 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mat Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Fume Hood	300sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace(east of column line 6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pipe insulation/fittings	600 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>tbd</b>		City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Pat Decaro</b>		Title <b>Estimator</b>		Signature <i>Pat Decaro</i>			Date <b>9/19/16</b>		

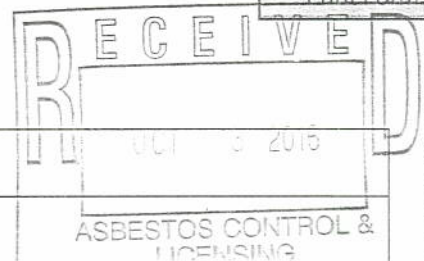
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/28/16		Name of Building Owner/Operator (2) Jay & Diana Talsanis Private Home							
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cape May NJ 08204							
		Name of Contact Jim	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jay & Diana Talsanis 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]									
City (5) Cape May NJ 08204		Square Feet 1000+	# of Floors 1 Bldg. Age 35=						
County (6) Cape May	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 10/11/16	Scheduled Completion Date (11) 10/18/16	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 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 10/18/16		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/28/16		



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



Date of Notification (1) 9/28/16		Name of Building Owner/Operator (2) Toniann Roses Private Home	
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"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayville NJ 08721	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Jeff	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Toniann Roses 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]			
City (5) Bayville NJ 08721	Square Feet 1000+	# of Floors 1.5	Bldg. Age 35=
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-753-9800	License No. 00727
Start Date (10) 10/11/16	Scheduled Completion Date (11) 10/18/16	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

## Scope of Work (Check All That Apply)

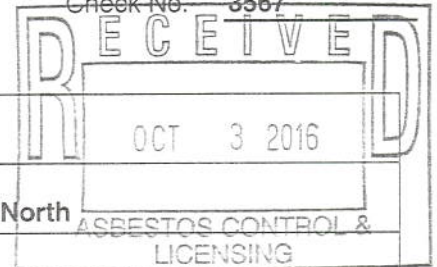
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|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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)			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	1400 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 10/18/16	City, State Morrisville PA 19067	
Completed by Anthony T Perna	Title President	Signature 	Date 9/28/16

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

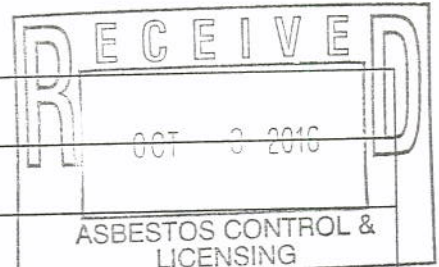
Check No. **3567**



Date of Notification (1) <b>September 26, 2016</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ</b>						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:2004</small> <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 <b>Goethals Bridge, 2777 Goethal Road North</b> City, State, Zip Code <b>Staten Island, NY 10303-8413</b> Name of Contact <b>Uday Mehta</b> Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Goethals Bridge - New Jersey Side of Bridge</b>		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 <b>2777 Goethals Road North</b>		Square Feet <b>440,758</b>	# of Floors <b>1</b>					
City (5) <b>Staten Island, NY 10303-8413</b>		Bldg. Age <b>88 +/-</b>						
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Bridge</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Saban Engineering Group, Inc.</b>	ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K. Restoration Company, Inc.</b>						
Street Address <b>201 Stuyvesant Avneu</b>		Street Address <b>223 Randolph Avenue</b>						
City, State, Zip Code <b>Lyndhurst, NJ 07071</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>						
Project Manager for Monitoring Firm <b>Stephen Pharaï</b>	Telephone No. <b>201-673-0064</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>					
Start Date (10) <b>October 06, 2016</b>	Scheduled Completion Date (11) <b>December 31, 2016</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>						
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: <b>Non-friable exterior work</b>		Street Address <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071</b>						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
Bakers Basin	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Duct Bank)	300 In ft	<input checked="" type="checkbox"/>		
Bakers Basin	<input checked="" type="checkbox"/>			Two debris piles consisting of transite pipe & concrete	20 yards each	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Two Brothers Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>18743</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>				
City, State <b>Totowa, NJ 07512-1120</b>			Disposal Date <b>10/07/2016 - 12/31/2016</b>	City, State <b>Penn Argyl, PA</b>				
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>		Signature 			Date <b>9/26/2016</b>		

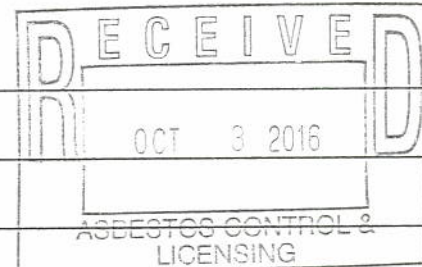


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09-23-16		Name of Building Owner/Operator (2) Caravella Demolition							
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 # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Deforest Ave.							
		City, State, Zip Code East Hanover NJ 07936							
		Name of Contact Cary Palmer III	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 220 W. Westfield Ave.		Square Feet	# of Floors						
City (5) Roselle Park		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) 09-29-16	Scheduled Completion Date (11) 10-05-16	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" 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
Bsmt., 1st floor & 2nd Floor		X		Pipe Insulation	670 LF	X			
Bsmt., & 2n Floor		X		Linoleum & VAT	950 SF	X			
3rd Floor		X		Table Top	181 SF	X			
Roof 1 & 2		X		Black Flashing	5,550 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ		Disposal Date 10-10-16		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 09-23-16		

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



Date of Notification (1) 09-23-16		Name of Building Owner/Operator (2) Caravella Demolition	
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.	
<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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover NJ 07936	
		Name of Contact Cary Palmer III	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 250 W. Westfield Ave.		Square Feet	# of Floors
City (5) Roselle Park		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.	
Street Address		Name of Abatement Contractor (9) Delfa Contracting LLC.	
City, State, Zip Code		Street Address 522 7th St.	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 10-10-16		Scheduled Completion Date (11) 10-15-16	Name of OSHA Monitor Delfa Contracting LLC
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.	
		City, State, Zip Code Union City NJ 07087	

Scope of Work (Check All That Apply)

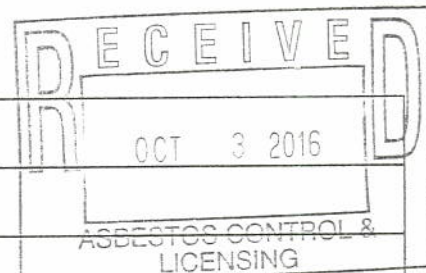
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation / Wrap-Cut	80 LF	x			
1st Floor		X		Joint Compound	4,000 SF	x			
2nd Floor		X		Wall Plaster	2,200 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 10-17-16		City, State Tullytown, PA	
Completed by Jaime Delgado		Title Proj. Manager.	Signature 		Date 09-23-16

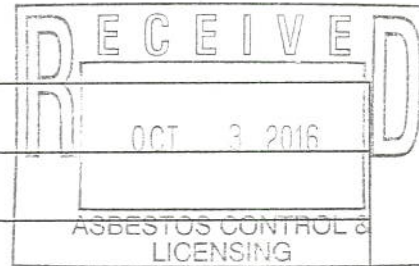


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09-23-16		Name of Building Owner/Operator (2) Caravella Demolition							
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover NJ 07936							
		Name of Contact Cary Palmer III	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 230 W. Westfield Ave.		Square Feet	# of Floors						
City (5) Roselle Park		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) 10-03-16	Scheduled Completion Date (11) 10-08-16	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	40 LF	X			
1st Floor		X		VAT & Mastic	375 SF	X			
1st & 2nd Floor		X		Wall Plaster	4500 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ			Disposal Date 10-10-16	City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 09-23-16			

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

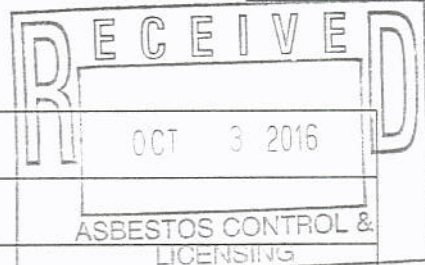


Date of Notification (1) 09-23-16		Name of Building Owner/Operator (2) Caravella Demolition							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 40 Deforest Ave.							
		City, State, Zip Code East Hanover NJ 07936							
		Name of Contact Cary Palmer III							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 240 W. Westfield Ave.		Square Feet	# of Floors						
City (5) Roselle Park		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) 10-06-16	Scheduled Completion Date (11) 10-11-16	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		x		Roof Flasing	3,400 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 10-14-16		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 09-23-16		



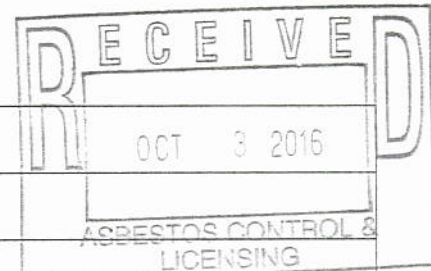
MO19723074851

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



Date of Notification (1) 09/26/16		Name of Building Owner/Operator (2) Margarete Trotmam							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input 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 Newark, NJ							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Margarete Trotmam		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) Newark		Bldg. Age							
County (6) Essex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 10/08/16	Scheduled Completion Date (11) 10/22/16	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement				TSI	77 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ		Disposal Date		City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager		Signature 		Date 09/26/16			

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

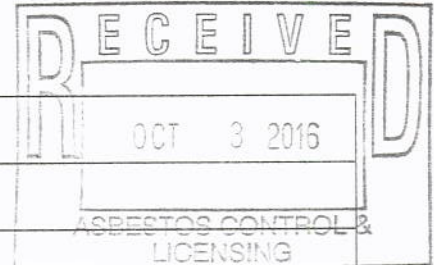


Date of Notification (1) 09/27/16		Name of Building Owner/Operator (2) Karen Becker							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood, NJ 07450							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Karen Becker		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) Ridgewood		Bldg. Age							
County (6) Bergen County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 10/17/16	Scheduled Completion Date (11) 10/31/16	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement				TSI	270 LF	x			
Boiler				TSI	4 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 	Date 09/27/16					



MO24051281400

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



Date of Notification (1) 09/28/16		Name of Building Owner/Operator (2) Erna Properties LLC							
Agencies Notified	Type Notification	Street Address 45 Campbell,							
<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 # _____	City, State, Zip Code Edison, NJ 08817							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Erna Properties LLC		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 45 Campbell,		Square Feet	# of Floors						
City (5) Edison		Bldg. Age							
County (6) Middlesex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 10/20/16	Scheduled Completion Date (11) 11/03/16	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Basement				Other	300 SF	x			
2nd Floor				VAT	300 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 	Date 09/28/16					



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

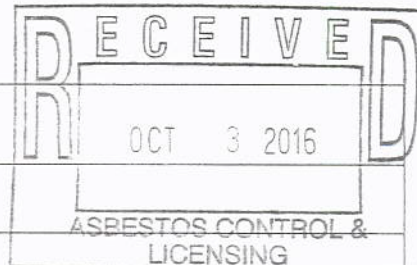
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**RECEIVED**  
2016  
LICENSING

GAC Project # 060-16

Date of Notification (1) <b>September 28, 2016</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>RBHS POWER PLANT, BLDG# 7261</b>		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 <b>RBHS NEWARK CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>10/08/16</b>	Scheduled Completion Date (11) <b>10/12/16</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
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: <b>Schedule: 3PM - 5PM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)  <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>GF 1</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI</b>	Amount (Specify SF or LF) <b>&lt;9LF</b>
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>10/12/2016</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>
		Date <b>September 28, 2016</b>	



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



Date of Notification (1) 9 / 28 / 16		Name of Building Owner/Operator (2) Justin Fuson	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Dunellen, NJ 08812	
		Name of Contact Justin Fuson	Telephone Number

**FACILITY INFORMATION**

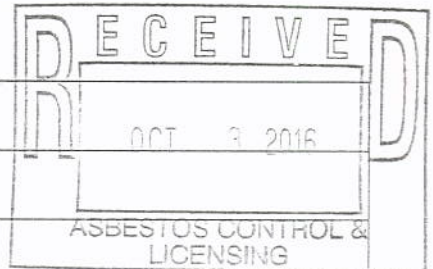
Name of Facility Where Abatement is Taking Place (3) Fuson Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Dunellen	Square Feet 1,100	# of Floors 3	Bldg. Age 90
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) 10 / 10 / 16	Scheduled Completion Date (11) 10 / 11 / 16	Name of OSHA Monitor EMSL Analytical, 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 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" 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 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	50 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill	
City, State Freehold, NJ		Disposal Date 10/11/2016	City, State Newburg, PA		
Completed By (Print or Type) Christina Lynch	Title Operations Manager	Signature 	Date 9/28/16		

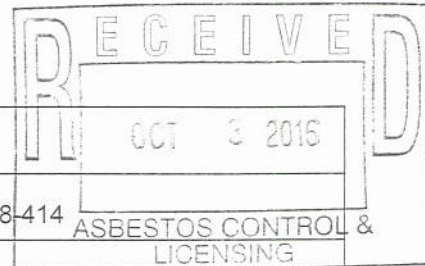
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09/28/16		Name of Building Owner/Operator (2) Soofiyan Darvesh							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lake Hiawatha, NJ 07034							
		Name of Contact Soofiyan Darvesh	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Lake Hiawatha		Bldg. Age							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No. 01155						
Start Date (10) 10/10/16	Scheduled Completion Date (11) 10/17/16	Name of OSHA Monitor Same as Above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Garage			X	Pipe Insulation	13 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>			Date 09/28/16		



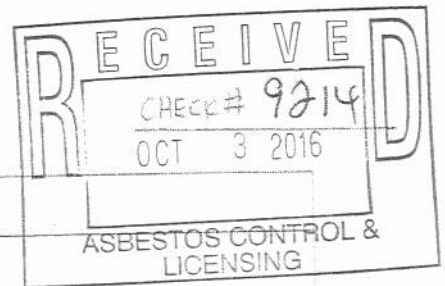
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/29/2016		Name of Building Owner/Operator (2) Merck Sharp & Dohme Corp.							
Agencies Notified	Type Notification	Street Address 126 East Lincoln Avenue PO Box 2000, RY28-414							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rahway, NJ 07065							
		Name of Contact Sandra Schenk, Director S&E	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 75 Power 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 126 East Lincoln Avenue		Square Feet 16,287	# of Floors 3						
City (5) Rahway		Bldg. Age 74 yrs old							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Power House							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc.		ASCM No. 00104	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 655 West Shore Trail		Street Address 2217 Spillman Drive							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm Lisa Liloia		Telephone No. 973-729-5649	License No. 00721						
Start Date (10) 9/6/2016	Scheduled Completion Date (11) 11/23/2016	Name of OSHA Monitor Brandenburg Industrial Service Company							
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: Renovation Work		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem, PA 18015							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) 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 6 Ceiling		X		TSI Block Asbestos	144 SF	X			
Boiler 4 East/West Walls & Ceiling		X		TSI	600 SF	X			
Boiler 8 Inertia Pad Mastic		X		Non-Friable Mastic on Cork	120 SF	X			
Name of Registered Waste Hauler Freehold Catage, Inc.		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 450	Name of Registered Landfill Lycoming Cty Resource Management					
City, State Freehold		Disposal Date TBD		City, State Montgomery, PA					
Completed by Jennifer Polzer		Title Contract Manager		Signature 		Date 9/29/2016			

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



Date of Notification (1) <b>9/27/16</b>		Name of Building Owner/Operator (2) <b>JOHN MCCARTHY</b>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code <b>NORWOOD, N.J. 07648</b>						
Name of Contact <b>JOHN MCCARTHY</b>		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		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 [REDACTED]		Square Feet <b>1,600</b>						
City (5) <b>NORWOOD</b>		# of Floors <b>2</b>						
County (6) <b>BERGEN</b>		Bldg. Age <b>450</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENTIAL</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) <b>A. MAC Contracting Inc.</b>						
City, State, Zip Code		Street Address <b>185 Vreeland Ave.</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, NJ</b>						
Telephone No.		Telephone No. <b>(201)262-5841</b>						
Start Date (10) <b>10/17/16</b>		License No. <b>00156</b>						
Scheduled Completion Date (11) <b>10/31/16</b>		Name of OSHA Monitor <b>Omega Environmental Services</b>						
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 type="checkbox"/> Other - Describe		Street Address <b>280 Huyler St</b>						
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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-Enable Procedure		City, State, Zip Code <b>Hackensack, NJ 07606</b>						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED In Facility (13)</b>	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
<b>BASEMENT</b>			<b>VAT</b>	<b>140SF</b>	<input checked="" type="checkbox"/>			
<b>ATTIC</b>			<b>VERMICULITE</b>	<b>580SF</b>				
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>3</b>		Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>		
City, State <b>Newark, NJ</b>		Disposal Date <b>10/17/16</b>		City, State <b>Bethlehem, PA</b>				
Completed by <b>Joseph Vocaturo</b>		Title <b>Vice President</b>		Signature <b>J Vocaturo</b>		Date <b>9/27/16</b>		



CK 9214

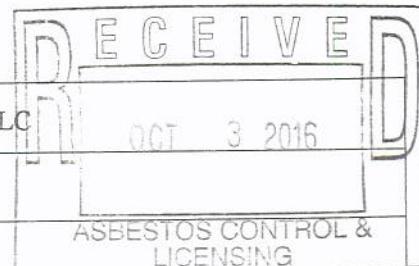
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED	CHECK # 9214
	OCT 3 2016
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/28/16		Name of Building Owner/Operator (2) Mark Breslow					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]					
City, State, Zip Code Westfield, N.J. 07091		Name of Contact Mark Breslow					
Telephone Number [REDACTED]		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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 1,450					
City (5) WESTFIELD		# of Floors 2					
County (6) UNION		Bldg. Age +50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A.MAC Contracting Inc.					
Street Address		Street Address 185 Vreeland Ave.					
City, State, Zip Code		City, State, Zip Code Midland Park, NJ					
Project Manager for Monitoring Firm		Telephone No. (201)262-5841					
Telephone No.		License No. 00156					
Start Date (10) 10/31/16		Scheduled Completion Date (11) 11/30/16					
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:		Name of OSHA Monitor Omega Environmental Services					
		Street Address 280 Huyler St.					
		City, State, Zip Code Hackensack, NJ 07606					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement	Yes No N/A	PIPE INSULATION	115LF	✓			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.			
City, State Newark, NJ		Disposal Date 10/31/16		City, State Bethlehem, PA			
Completed by Joseph Vaccaro		Title Vice President	Signature [Signature]	Date 9/28/16			

OK 041428

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



Date of Notification (1) 9/29/16		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line Company, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2800 Post Oak Blvd	
		City, State, Zip Code Houston, Tx 77056	
		Name of Contact David Martinkewiz	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Abandon House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 14 Bordentown – Chesterfield Rd		Square Feet 1500	# of Floors 2
City (5) Bordentown, NJ		Bldg. Age 60yrs	
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandon home for demolition	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) New States Contracting, LLC
Street Address		Street Address 2400 Main Street Extension, Suite 10	
City, State, Zip Code		City, State, Zip Code Sayreville, NJ 08872	
Project Manager for Monitoring Firm		Telephone No. 732-525-0100	License No. 00749
Start Date (10) 10/12/16	Scheduled Completion Date (11) 10/14/16	Name of OSHA Monitor Tiger Environmental Show Desktop.scf	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Abandon Garage</u>		Street Address 234 20 <sup>th</sup> Ave  City, State, Zip Code Brick, NJ 08724	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building roof		X		Roofing tar	200 SF	X			
		X				X			

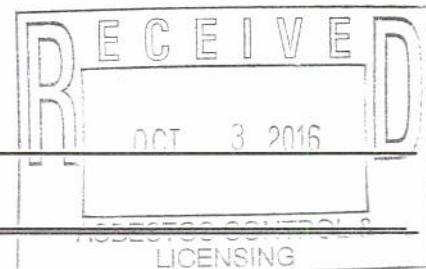
  

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Cumberland County Land Fill
City, State Freehold, NJ		Disposal Date 10/14/16	City, State Newburg, PA
Completed by Michael Migliore	Title Sr. Account Manager	Signature <i>Michael Migliore</i>	Date 9/29/16



D&S Proj. #: 16-293

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



Date of Notification (1) 10/19/12/17/11/16		Name of Building Owner/Operator (2) leonia de wolf	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code elmwood Park, NJ 07407	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact leonia de wolf	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) leonia de wolf			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) elmwood Park			County (6) BERGEN	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 10/05/16	Sched. Completion Date (11) 10/21/16			
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- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	90 L FT	<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"/>

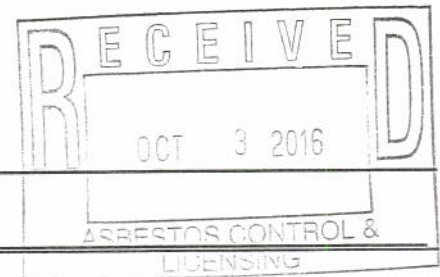
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/06/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/27/ 2016



CH 6851

D&amp;S Proj. #: 16-392

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



Date of Notification (1) 10/9/12/17/11/16		Name of Building Owner/Operator (2) joseph lipke	
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 #: _____	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code ELIZABETH, NJ 07208	
	<input type="checkbox"/> Cancellation	Name of Contact joseph lipke	
		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) joseph lipke			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) ELIZABETH	County (6) UNION	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 10/07/16		Sched. Completion Date (11) 10/28/16	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

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

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

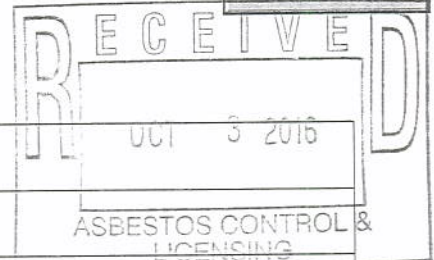
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	74 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/08/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/27/2016

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



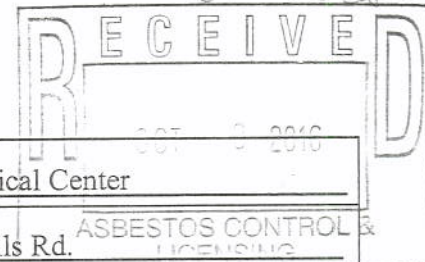
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/30/16		Name of Building Owner/Operator (2) Township of Woolwich							
Agencies Notified	Type Notification	Street Address 120 Village Green Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woolwich Township, NJ 08085							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Palladino Farm		Type of Facility (4)							
Street Address 371 High Hill Rd		<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) Woolwich		Square Feet 1200	# of Floors 2						
County (6) <i>Gloucester</i>		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental						
Street Address		Street Address 135 Kinnelon Rd., Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 10/6/16	Scheduled Completion Date (11) 10/10/16	Name of OSHA Monitor Yannuzzi Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd., Suite 102							
<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>abandoned</u>		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Block 5, Lot 3				Unsafe Structure					
ENTIRE STRUCTURE TO BE									
KNOCKED DOWN & DISPOSED									
AS RACM ASBESTOS									
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 100	Name of Registered Landfill GROWS					
City, State Kinnelon, NJ		Disposal Date 10/10/16		City, State Morrisville, PA					
Completed by John Mucha		Title Sr. Project Mgr.		Signature <i>John Mucha</i>				Date 9/30/16	

CK#25280

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

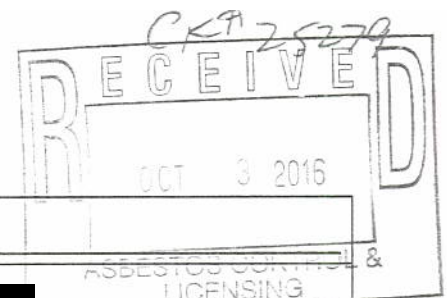


Date of Notification (1) <u>9/30/16</u>		Name of Building Owner/Operator (2) <u>Saint Barnabas Medical Center</u>							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>94 Old Short Hills Rd.</u>						
			City, State, Zip Code <u>Livingston, NJ 07078</u>						
		Name of Contact <u>Mr. Ron Carvalho</u>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Saint Barnabas Medical Center</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>94 Old Short Hills Rd.</u>		Square Feet <u>200000</u>	# of Floors <u>6</u>						
City (5) <u>Livingston, NJ</u>		Bldg. Age <u>55+/-</u>							
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____							
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>64 Broad Street</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>		Telephone No. <u>(732) 290-2217</u>	License No. <u>00493</u>						
Start Date (10) <u>10/14/16</u>	Scheduled Completion Date (11) <u>10/31/17</u>	Name of OSHA Monitor <u>MECS</u>							
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: <u>Removal as needed when needed</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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>125</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Various Locations</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Fittings</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>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/31/17</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>		Signature 			Date <u>9/30/16</u>			



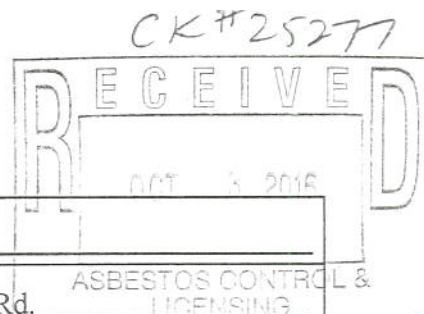
CH 25279

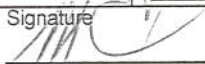
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>9/30/16</u>		Name of Building Owner/Operator (2) <u>Owens</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div>	
		City, State, Zip Code <u>Collingswood, NJ 08108</u>	
		Name of Contact <u>Mr. Loyal Owens</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Owens</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 <div style="background-color: black; width: 100px; height: 1.2em; margin: 2px 0;"></div>			
City (5) <u>Collingswood, NJ</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>
		Bldg. Age <u>85+/-</u>	
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>
Street Address <u>4 Berkeley Ave.</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Freehold, NJ 07728</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Dave Bunocore</u>		Telephone No. <u>(732) 740-8408</u>	Telephone No. <u>(609) 259-9688</u>
		License No. <u>00493</u>	
Start Date (10) <u>10/10/16</u>	Scheduled Completion Date (11) <u>10/15/16</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am - 4 pm</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 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)
	Yes	No	
<u>Basement</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>
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/15/16</u>	Name of Registered Landfill <u>GROWS Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/30/16</u>

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



Date of Notification (1) <u>9/30/16</u>		Name of Building Owner/Operator (2) <u>Yedlin</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1000 Herrontown Rd.</u>	
		City, State, Zip Code <u>Princeton, NJ 08540</u>	
		Name of Contact <u>Charlie Yedlin</u>	Telephone Number _____
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>SAVE Animal Shelter</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>900 Herrontown Rd</u>		Square Feet <u>3500</u>	# of Floors <u>2</u>
City (5) <u>Princeton, NJ</u>		Bldg. Age <u>95+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>NA</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address _____		Street Address <u>PO Box 322</u>	
City, State, Zip Code _____		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm _____	Telephone No. <u>(609) 259-9688</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>10/13/16</u>	Scheduled Completion Date (11) <u>10/31/16</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Main House</u>		<input checked="" type="checkbox"/>	<u>Transite Siding</u>
<u>Garage</u>		<input checked="" type="checkbox"/>	<u>Traniste Siding</u>
<u>Rear Building Shelter</u>			<u>Transite Siding</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>6 CU</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>GROWS Landfill</u>	
		Disposal Date <u>10/31/16</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/30/16</u>



## State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

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

CHECK#25885

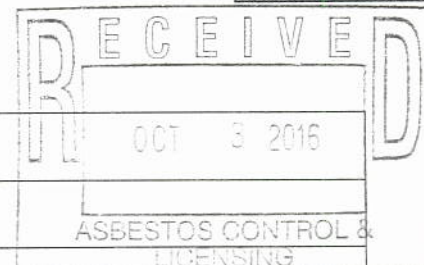
OCT 3 2016

Date of Notification (1) 9/28/2016		Name of Building Owner/Operator (2) MERCER PROPERTIES LLC/DELCO DEVELOPMENT							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH 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 200 CAMPBELL DRIVE City, State, Zip Code WILLINGBORO, NJ Name of Contact DAVID D'ANDREA Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MERCER PROPERTIES, LLC/DELCO DEVELOPMENT		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)							
Street Address 1170 ROUTE 33		Square Feet	# of Floors Bldg. Age						
City (5) HAMILTON, NJ		County Code (7) (STATE USE ONLY)							
County MERCER		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.						
Street Address		Street Address 15 BLACK FOREST ROAD City, State, Zip Code HAMILTON, NJ 08691							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676						
Start Date (10) 9/29/2016	Scheduled Completion Date (11) 9/29/2016	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM		Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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		X		TRANSITE SIDING	900S.F.	X			
Name of Registered Waste Hauler CARNEVALE DISPOSAL		NJDEP Waste Hauler ID No. 17247	Cubic Yards of Waste 5 YDS	Name of Registered Landfill GROWS					
City, State HAMILTON, NJ		Disposal Date 9/30/2016		City, State MORRISVILLE, PA					
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 27-Mar <i>David J. D'Andrea</i>				Date 9/28/2016			

ASB-41

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

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



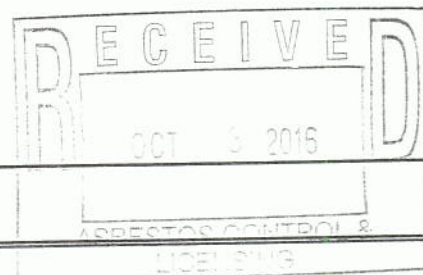
Date of Notification (1) 09/28/16		Name of Building Owner/Operator (2) Phillips 66 Trembley Point Terminal							
Agencies Notified	Type Notification	Street Address 4601 South Wood Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ 07036							
		Name of Contact Mark kaminsky	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Phillips 66 Terminal Trembley Point		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 4601 South Wood Ave		Square Feet Outdoors	# of Floors Outdoors						
City (5) Linden		Bldg. Age Outdoors							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Piping for Storage Tank							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No. NA	Name of Abatement Contractor (9) New States Contracting						
Street Address NA		Street Address 2400 Main Street Ext. Suite 10							
City, State, Zip Code NA		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm NA		Telephone No. NA	License No. 00749						
Start Date (10) 10-12-16	Scheduled Completion Date (11) 10/21/16	Name of OSHA Monitor Tiger Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Normal Work Hours, Area Closed Off		Street Address 234 20th Ave							
		City, State, Zip Code Brick, NJ 08724							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <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
Tank 38 Thermal Insulation		x		Piping Insulation	60 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Cumberland Landfill					
City, State Freehold, NJ			Disposal Date 10/21/16	City, State Newburg, PA 17240					
Completed by Daniel Baptista		Title Account Rep	Signature 	Date 9/28/16					



CKL848

D&amp;S Proj. #: 16-287

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



Date of Notification (1) 09/12/16		Name of Building Owner/Operator (2) anita maggio	
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 [REDACTED]		City, State, Zip Code GLEN RIDGE, NJ 07028	
Name of Contact anita maggio		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) anita maggio			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) GLEN RIDGE			County (6) ESSEX		County Code (7) (State use only)
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]				Street Address 20 California Ave.	
City, State, Zip Code [REDACTED]				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 01169	
Start Date (10) 09/29/16		Sched. Completion Date (11) 10/16/16		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <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 w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	401 ft	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yd.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/30/16		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 09/26/2016	



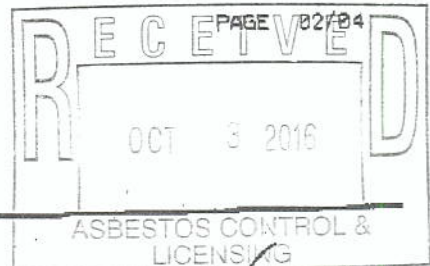
09/26/2016 11:39AM 973458063

D&amp;S RESTORATIO

PAGE 02/04

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

D&amp;S Proj. #: 16-281



Date of Notification (1) 10/19/16		Name of Building Owner/Operator (2) anita maggio	
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 [REDACTED]		City, State, Zip Code GLEN RIDGE, NJ 07028	
Name of Contact anita maggio		Telephone Number	

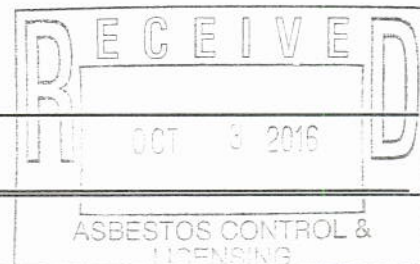
## FACILITY INFORMATION

Name of facility where abatement is taking place (3) anita maggio			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) GLEN RIDGE	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 09/29/16		Sched. Completion Date (11) 10/16/16	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <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 w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-inhabitable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c l o s e	E n c l o s e		
	Yes	No	N/A								
BASEMENT		X		PIPE INSULATION	401 ft	X					
Registered Waste Hauler D & S RESTORATION, INC.		NJ DEP Hauler ID# 13505		Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY						
City, State PATERSON, NJ 07503		Disposal Date 09/30/16		City, State TULLYTOWN, PA							
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature			Date 09/26/2016				

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





Date of Notification (1) 10/9/16		Name of Building Owner/Operator (2) elaine morrison	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Newark, NJ 07104	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #: _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact elaine morrison	Telephone Number _____

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) elaine morrison			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) Newark	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address _____			Street Address 20 California Ave.		
City, State, Zip Code _____			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 10/06/16		Sched. Completion Date (11) 10/20/16	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

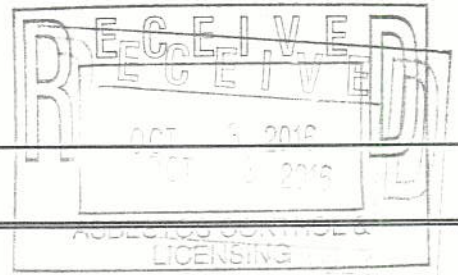
☒ >3 sf or >3 lf☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☐ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boiler and storage rms		<input checked="" type="checkbox"/>		PIPE INSULATION	28 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/07/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 09/26/ 2016



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



Date of Notification (1) 10/19/16		Name of Building Owner/Operator (2) hoon kim	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code fort lee, nj 07024	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact hoon kim	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) hoon kim			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address [REDACTED]			Square Feet	# of Floors
City (5) fort lee	County (6) BERGEN	County Code (7) (State use only)	Bldg. Age	
Current Use (Prior if being demolished)				

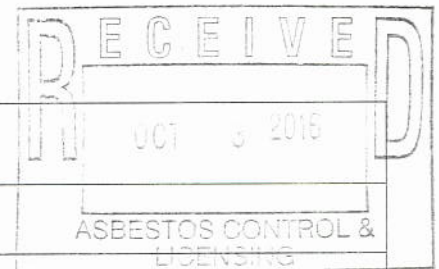
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 10/11/16	Sched. Completion Date (11) 10/25/16			
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- Describe: _____				
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc.			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	253 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/11/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/26/ 2016



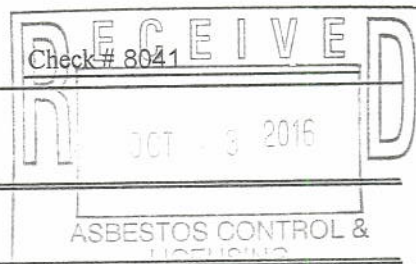
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">09 / 30 / 16</div>		Name of Building Owner/Operator (2) <b>New Jersey Turnpike Authority</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA- <i>DOE</i> (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>6</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>581 Main St.</b>							
		City, State, Zip Code <b>Woodbridge NJ 07095</b>							
		Name of Contact <b>Robert Wowensdorf</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Existing Bldg</b>		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 <b>MP E111.5</b>		Square Feet <b>6900</b>	# of Floors <b>1</b>						
City (5) <b>Secaucus</b>		Bldg. Age <b>1960</b>							
County (6) <b>Hudson</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Prosecutor's Office</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Environmental Solutions LLC</b>		ASCM No. <b>06-15995</b>	Name of Abatement Contractor (9) <b>APS Contracting, Inc.</b>						
Street Address <b>PO Box 1224</b>		Street Address <b>155-161 Pennsylvania Avenue</b>							
City, State, Zip Code <b>Union, NJ 07083</b>		City, State, Zip Code <b>Paterson, NJ 07503</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>01-287</b>						
Start Date (10) <div style="text-align: center;">10 / 17 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 28 / 16</div>	Name of OSHA Monitor <b>APS Contracting, Inc.</b>							
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 <b>155-161 Pennsylvania Avenue</b>							
		City, State, Zip Code <b>Paterson, NJ 07503</b>							
Scope of Work (Check all that apply)									
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input 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
Thruout Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	8,448 sf.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thruout Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fiberglass Wall Insul/Cement Brd Panels/Transite	324sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rm1038	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic/Cork Floor Tile	7,940sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rms 1040	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cement Piping/Pipe Insulation	22 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>APS Contractors, Inc.</b>		NJDEP Waste Hauler ID No. <b>21259</b>	Cubic Yards of Waste <b>40 Yards</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Paterson, New Jersey</b>			Disposal Date <b>10/15/16</b>	City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Svetozar Savreski</b>		Title <b>President</b>	Signature 			Date <b>9/30/16</b>			

B &amp; G proj. #: 2016-148

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



Date of Notification (1) 10/9/13/10/11/16		Name of Building Owner/Operator (2) Hudson County Parks	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address Francis X Burke Administration Building, Lincoln Park	
		City, State, Zip Code Jersey City, NJ 07304	
		Name of Contact Joseph Cecchini	Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) The White House at West Hudson Park			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address Woodland Drive			Square Feet # of Floors Bldg. Age		
City (5) Harrison, NJ 07029	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) Abandoned house		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/17/2016		Sched. Completion Date (11) 10/26/2016	Name of OSHA Monitor B & G 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- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

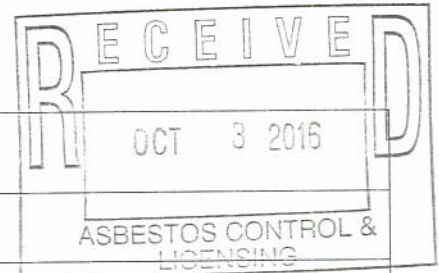
- ☒ Demolition ☐ Renovation ☒ Full Containment w/negative pressure ☒ Glovebag procedure  
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	4 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior			<input checked="" type="checkbox"/>	grey caulk	12 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior			<input checked="" type="checkbox"/>	white window caulk	300 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior			<input checked="" type="checkbox"/>	flashing cement	50 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st & 2nd floor			<input checked="" type="checkbox"/>	ceiling plaster	1,420 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ		Disposal Date 10/17/16 - 10/27/17		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 09/30/2016		



CH 1728

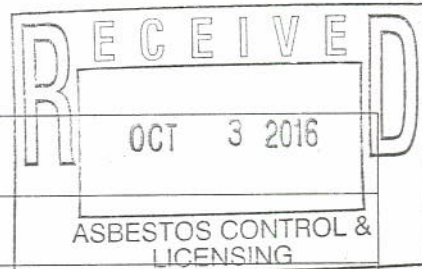
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>09 / 29 / 16</b>		Name of Building Owner/Operator (2) <b>KR Masonry LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>363 East Greystone Road</b>							
		City, State, Zip Code <b>Old Bridge, NJ 08859</b>							
		Name of Contact <b>David Tolchin</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>		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 <b>99 Water Street</b>		Square Feet	# of Floors						
City (5) <b>South River, NJ</b>		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <b>10 / 01 / 16</b>	Scheduled Completion Date (11) <b>10 / 15 / 16</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
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 <b>27 Outwater Lane</b>							
		City, State, Zip Code <b>Garfield, NJ 07026</b>							
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) <b>TO BE ABATED IN Facility (13)</b>	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) <b>96 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Restrooms</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT, Mastic</b>		<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 <b>ATC</b>		NJDEP Waste Hauler ID No. <b>SW-24310</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>Shirley, NY</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature 		Date <b>9/29/16</b>			

CK 1723


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



Date of Notification (1) 09 / 29 / 16		Name of Building Owner/Operator (2) Tonwship of West Caldwell							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 Clinton Road</b> City, State, Zip Code <b>West Caldwell, NJ 07006</b> Name of Contact <b>Adam Brewer</b> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Apartment Building</b>		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 <b>3 Fairfield Avenue</b>		Square Feet	# of Floors						
City (5) <b>West Caldwell, NJ</b>		Bldg. Age							
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio.Terra Solutions</b>	ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>	Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>						
Start Date (10) 10 / 10 / 16	Scheduled Completion Date (11) 12 / 16 / 16	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
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 <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2 <sup>nd</sup> Floor BR #1 & #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	105 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Material	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor NW	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor NE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ATC</b>		NJDEP Waste Hauler ID No. <b>SW-24310</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>Shirley, NY</b>			Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature 			Date <b>9/29/16</b>		

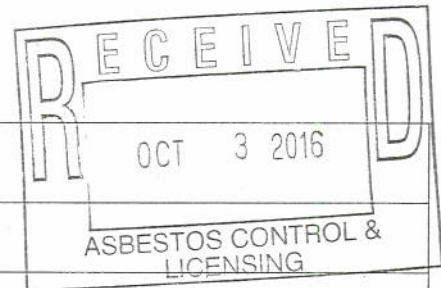


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OCT 3 2016  
ASBESTOS CONTROL &  
LICENSING

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signatures 	Date 9/29/12
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CK1723

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



Date of Notification (1) 09 / 29 / 16		Name of Building Owner/Operator (2) Township of West Caldwell							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 Clinton Road</b> City, State, Zip Code <b>West Caldwell, NJ 07006</b> Name of Contact <b>Adam Brewer</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Apartment Building</b>		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 <b>5 Fairfield Avenue</b>		Square Feet							
City (5) <b>West Caldwell, NJ</b>		# of Floors							
County (6) <b>Essex</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) 10 / 10 / 16	Scheduled Completion Date (11) 12 / 16 / 16	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
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 <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof- East	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof- Front and Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	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"/>
Name of Registered Waste Hauler <b>ATC</b>		NJDEP Waste Hauler ID No. <b>SW-24310</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>Shirley, NY</b>		Disposal Date <b>TBD</b>		City, State <b>Waynesburg, OH</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature 		Date <b>9/29/16</b>			