

NO CK

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

RECEIVED

AMENDMENT # 1

ETS JOB # 4287/14

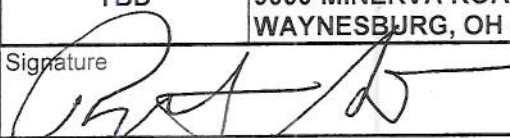
Date of Notification (1) 10/9/2014		Name of Building Owner / Operator (2) THE PORT AUTHORITY OF NEW YORK & NEW JERSEY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 241 ERIE STREET, ROOM 236	
		City, State & Zip Code JERSEY CITY, NJ 07310	
		Name of Contact MR. RALPH CAMPIONE	Telephone Number 201-992-8000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) HERTZ RENTAL FACILITY - BUILDING 23			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 NEWARK LIBERTY INTERNATIONAL AIRPORT 3 BREWSTER ROAD			Square Feet 8,000	# of Floors 2	Bldg. Age 50+
City (5) NEWARK	County (6) ESSEX	County Code (7)	Current Use (Prior if being demolished) COMMERICAL - CAR RENTAL		
Name of Monitoring Firm Hired by Building Owner (8) CARDNO ATC		ASCM No. 98	Name of Abatement Contractor (9) ETS CONTRACTING, INC.		
Street Address 104 E. 25TH STREET - 10TH FLOOR		Street Address 160 CLAY STREET			
City, State & Zip Code NEW YORK 10010		City, State & Zip Code BROOKLYN, NY 11222			
Project Manager for Monitoring Firm PATRICK SISK		Telephone Number 212-353-8280	Telephone Number 718-706-6300	License Number 00511	
Scheduled Start Date (10) HOLD	Scheduled Completion Date (11) 12/31/2014		Name of OSHA Monitor TESTOR TECH.		
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: MONDAY - FRIDAY 7:00 AM - 3:30 PM <input type="checkbox"/> Other - Describe:			Street Address 10 59 JACKSON AVENUE		
			City, State & Zip Code LONG ISLAND CITY, NY 11101		

Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure			
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input type="checkbox"/> Glovebag Procedure			
<input type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Other:			

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
ROOF LEVEL	YES	TSI	8 LF	MINI ENCLOSURE
ROOF LEVEL	YES	ROOF FLASHING	25 SF	NON-FRIABLE REMOVAL

Name of Registered Waste Hauler TRI-STATE TRANSFER	NJDEP Waste Hauler ID # 2A-456	Cu. Yds. of Waste 5	Name of Registered Landfill MINERVA ENTERPRISES, INC.
City, State 1199 RANDALL AVENUE, BRONX, NY 10474		Disposal Date TBD	City, State 9000 MINERVA ROAD, WAYNESBURG, OH 44688
Completed By (Print or Type) Richie Smith	Title Project Executive	Signature 	Date 10/9/2014

NO CK

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

RECEIVED
OCT 16 AM 2:51

ASBESTOS CONTROL
& LICENSING

Notification (1) 2-14		Name of Building Owner/Operator (2) Exxon Mobil Environmental	
Type Notification <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 52 Beacham Street City, State, Zip Code Everett, MA 02148 Name of Contact Mike Geci	

FACILITY INFORMATION

Facility Where Abatement is Taking Place (3) Water Pump Lubrication Mfg. Plant		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.)	
Square Feet 2,250		# of Floors N/A	Bldg. Age
County Code (7) (STATE USE ONLY) 02500		Current Use (Prior if being demolished) Storage Tank	
Name of Monitoring Firm Hired by Building Owner Asst. Inspection Technologies		Name of Abatement Contractor (8) Terra Contracting Services, LLC	
Street Address 33 N. Tea Rd PO Box 3015 City, State, Zip Code South Hampton N.Y. 11969		Street Address 5787 Stadium Drive City, State, Zip Code Kalamazoo, MI 49007	
Project Manager for Monitoring Firm Steve Williams		Telephone No. 917-450-9217	
Start Date (10) 9-8-14		Scheduled Completion Date (11) 10-17-14	
Emergency Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Isolated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Name of OSHA Monitor Analytical Testing & Consulting Services Street Address 14625 Foster Rd. City, State, Zip Code Plainfield, NJ 07060	
Scope of Work (Check all that apply) <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 type="checkbox"/> Non-Exempted (*) and Non-Frangible 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 Enclosure
	Yes	No	N/A			
TANKS = 99	X			TANK Coating	2,250 SF	X

Name of Registered Waste Hauler Exxon Mobil Environmental Group	NJDEP Waste Hauler ID No. 1065	Cubic Yards of Waste 30	Name of Registered Landfill High Acres Landfill
City, State Farmingdale, NY	Disposal Date 9/30/14	City, State Farmingdale, NY	
Signature [Signature]	Title Director of Abatement	Signature [Signature]	Date 8-22-14

* Do not use this form for asbestos licensure exempted activities

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

NOCK

Date of Notification (1)
6-10-14

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

Type Notification
☒ Initial
☒ Amended Amendment # 2
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Exxon Mobil Environmental Services

Street Address
52 Beacham Street

City, State, Zip Code
Everett, MA 02826

Name of Contact
Eric Errico

Telephone Number
ASBESTOS CONTROL & LICENSING

Facility Information

Name of Facility Where Abatement is Taking Place (3)
Former Bayzone Lubrication Mfg Plant

Street Address
Avenue J

City (5)
Bayzone

County (6)
Hudson

County Code (7)
(STATE USE ONLY)

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

Square Feet
600,000

of Floors
3

Bldg. Age
60

Current Use (Prior if being demolished)
Abandoned

Name of Monitoring Firm Hired by Building Owner (8)
Asset Inspection Technologies, Inc.

Street Address
123 N. 1st Rd. P.O. Box 3015

City, State, Zip Code
South Hampton, NY 11969

Project Manager for Monitoring Firm
Peter Williams

Start Date (10)
7/1/14

Scheduled Completion Date (11)
11/15/14

ASCM No.

Name of Abatement Contractor (9)
Torra Contracting Services, LLC

Street Address
5787 Stadium Drive

City, State, Zip Code
Kalamazoo MI 49009

Telephone No.
269-375-9595

License No.
01208

Name of OSHA Monitor
Analytical Testing & Consulting Services

Street Address
14625 Dostler Rd.

City, State, Zip Code
Plainville, MI 49180

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

Scope of Work (Check All That Apply)

☐ 25 sf or 25 lf
☒ >160 sf or >250 lf

☐ Renovation
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Overhead Piping			X	Thermal System Insulation	17,170 LF	X			
Warehouse			X	Thermal System Insulation	1,397 LF	X			
Warehouse			X	Asbestos Cement	34,608	X			

Name of Registered Waste Hauler
HARMA Environmental Group

NJDEP Waste Hauler ID No.
1665

Cubic Yards of Waste

Name of Registered Landfill
High Acres Landfill

City, State
Fairport, NY

Disposal Date

Completed by
Meghan A. Moe

Title
Director of Abatement

Signature
Meghan A. Moe

Date
6/10/14

NO CF

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)RECEIVED
Check # 7517

2014 OCT 16 AM 2:56

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/9/14		Name of Building Owner/Operator (2) Montclair State University	
Agencies Notified [] EPA [] DEP [X] DOL [X] DOH [] DCA	Type of Notification [] Initial Notification [] Emergency [X] Amended Notification #1 [] Cancellation	Street Address One Normal Avenue	
		City, State, Zip Code Upper Montclair, NJ 07043	
		Name of Contact Amy Ferdinand	Telephone Number ...

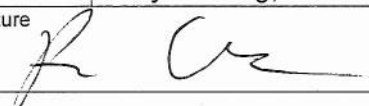
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Life Hall, Montclair State University			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [] Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1 Normal Avenue			Square Feet 80000	# of Floors 2	Bldg. Age ~ 50
City (5) Upper Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Whitman Companies, Inc.		ASCM No. 00110	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 7 Pleasant Hill Road			Street Address 3 Lynn Court		
City, State, Zip Code Cranford, NJ 08512			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 732-390-5858	Telephone Number 973-709-0200		License Number 00852
Scheduled Start Date (10) 6/23/14	Sched. Completion Date (11) 12/31/14		Name of OSHA Monitor J & S Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) [] Facility Closed/Vacated During Entire Period of Abatement [X] Abatement Performed Outside of Normal Facility Hours – Describe: [] Other – Describe:			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- [] Demolition
[] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf
- [X] Renovation
- [] Full Containment with Negative Pressure
[X] Mini – Enclosure
[X] Glovebag Procedure
[X] Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	R	E	E	E
Various areas – in phases		X		VAT	4000 SF	X				
Various Areas – in phases		X		TSI	2000 LF	x				

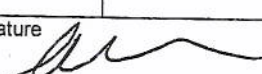
Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 50	Name of Registered Landfill Minerva Landfill	
City, State Lincoln Park, NJ		Disposal Date 7/31/14 +	City, State Waynesburg, OH		
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 10/9/14

ASB-41

Note: Work to be done in phases. First phase is to start on 6/23/14 with expected completion on/about 6/30/14. Some 40 LF of TSI is to be removed via "wrap & cut" method from areas by auditorium. Amendments will be sent for other phases.

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

NO CK
RECEIVED 13280
2014 OCT 16 AM 2:42
ASBESTOS CONTROL & LICENSING

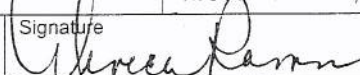
Date of Notification (1) 10/8/14		Name of Building Owner/Operator (2) Mr. Adam Guttenplan							
Agencies Notified	Type Notification	Street Address 70 Prospect Circle							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlantic Highlands, NJ 07716							
		Name of Contact Adam Guttenplan							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 70 Prospect Circle		<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) Atlantic Highlands		Square Feet 1200	# of Floors 2						
County (6) Monmouth		Bldg. Age 60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.							
Start Date (10) 10/13/14		Scheduled Completion Date (11) 11/16/14							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address							
Scope of Work (Check All That Apply)		City, State, Zip Code							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> WRAP & CUT <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	50 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill TBD					
City, State Freehold NJ		Disposal Date TBD		City, State					
Completed by A. Scott Higgins		Title President	Signature 			Date 10/8/14			

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

RECEIVED

2014 OCT 16 AM 2:57

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/8/2014		Name of Building Owner/Operator (2) BERGEN COUNTY IMPROVEMENT AUTHORITY							
Agencies Notified	Type Notification	Street Address 1 BERGEN PLAZA, 4TH FLOOR							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code HACKENSACK, NJ 07601							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact ROBERT S. GARRISON	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BERGEN REGIONAL MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 230 EAST RIDGEWOOD AVENUE		Square Feet	# of Floors						
City (5) PARAMUS		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SERVICES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1805 ATLANTIC AVENUE		Street Address 250 RUTHERFORD BLVD.							
City, State, Zip Code MANSQUAN, NJ 08736		City, State, Zip Code CLIFTON, NJ 07014							
Project Manager for Monitoring Firm JASON P. HOOPER		Telephone No. 732-223-2225	Telephone No. 973-956-8700						
Start Date (10) 10/9/2014		Scheduled Completion Date (11) 10/13/2014	License No. 00494						
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 SAME AS (9) ABOVE							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address _____ City, State, Zip Code _____							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR		X		CONDUIT WRAP (WRAP & CUT ONLY)	15 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 10/13/2014		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 		Date 10/8/2014			

B & G proj. #: 2014-177

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

RECEIVED Check # 6839

CK 6839

Date of Notification (1)
11/01/10/18/11/4

Name of Building Owner/Operator (2)
Linden Board of Education

Street Address
2 East Gibbons Street

City, State, Zip Code
Linden, NJ 07036-2951

Name of Contact
Kathleen A. Gaylord

Telephone Number

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

2014 OCT 16 AM 2:50
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
School # 8 (NON-SUB 8)

Street Address
500 W Blancke Street

City (5)
Linden, NJ

County (6)
Union

County Code (7)
(State use only)

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

Square Feet
of Floors
Bldg. Age

Current Use (Prior if being demolished)
school non sub 8

Name of Monitoring Firm Hired by Bldg. Owner (8)
N/A

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
973-696-6869

License Number
0378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
Phone Number

Scheduled Start Date (10)
10/09/2014

Sched. Completion Date (11)
10/10/2014

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours- Describe:
☒ Other-Describe: start work @ 4:00 pm

Scope of Work (check all that apply)
☐ Demolition
☒ >3 sf or >3 lf
☒ Renovation
☐ ≥160 sf or ≥260 lf
☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ wrap & cut
☐ Glovebag procedure
☐ 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						
Old cafeteria			X	pipe (wrap & cut)	12 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
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1/2

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ 07035

Disposal Date
10/10/2014

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

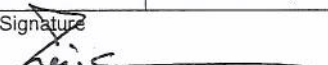
Signature
Gordana Luna

Date
10/08/2014

MO 21570437248

Print Form

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

Date of Notification (1) 10/8/2014		Name of Building Owner/Operator (2) DIV HDV Newark LLC c/o Highland Development Ventures							
Agencies Notified	Type Notification	Street Address 405 Tarrytown Road, Suite 1011							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code White Plains, NY 10607							
		Name of Contact Paul Young	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Formerly Family Laundry		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 50-64 Gould Avenue		Square Feet 35000	# of Floors 3						
City (5) Newark		Bldg. Age 94							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former Laundry - Vacant for Demolition							
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 20-21 Wagaraw Road - Bldg. 35E		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Fred Larson		Telephone No. 973-636-9145	Telephone No. 973-450-9500						
		License No. 01036							
Start Date (10) 10/20/2014	Scheduled Completion Date (11) 12/20/2014		Name of OSHA Monitor Incinia Contracting, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) <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 - Boiler Room		X		Boiler Insulation	3,600 SF	X			
Basement - Boiler Room		X		Pipe Insulation	200 LF	X			
Basement - Boiler Room		X		Fire Brick	500 SF	X			
Basement - Boiler Room		X		Transite Electrical Panel	10 SF	X			
Name of Registered Waste Hauler Atlantic Carting, LLC		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste TBD	Name of Registered Landfill IESI PA Bethlehem Landfill Corporation					
City, State Wayne, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Sean Zoric		Title President	Signature 			Date 10/8/2014			

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 & Insulation Debris	200 LF	X			
Basement Restroom		X		Plaster	300 SF	X			
Basement		X		Exhaust Packing	10 SF	X			
1 st Floor Restroom		X		9"x9" Floor Tiles and Mastic	250 SF	X			
1 st Floor Middle Section		X		Sprayed On Insulation	250 SF	X			
1 st Floor South Side		X		Pipe Insulation	10 LF	X			
2 nd Floor North West Corner		X		Wall Plaster	200 SF	X			
2 nd Floor West Side		X		Tar Paper Under Wood Floor	5,000 SF	X			
2 nd Floor		X		Pipe Insulation	50 LF	X			
3 rd Floor Fur Room		X		Plaster / Insulation Under Plaster	2,000 SF	X			
3 rd Floor Fur Room		X		Pipe Insulation	30 LF	X			
3 rd Floor Fur Room		X		Fire Door Packing	20 SF	X			
3 rd Floor		X		Pipe Insulation	5 LF	X			
3 rd Floor		X		Transite Electrical Panel	10 SF	X			
Lower Roof Parapet		X		Flashing	1,000 SF	X			
SW Corner Roof		X		Roofing	1,000 SF	X			
Boiler Room Wall		X		Sheeting	500 SF	X			

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

Check # 2471

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Date of Notification (1) 10/10/14		Name of Building Owner/Operator (2) Pt. Pleasant Beach Department of Public Works						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	416 New Jersey Ave						
		City, State, Zip Code Pt. Pleasant Beach, New Jersey 08059						
		Name of Contact Done	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Pt. Pleasant Beach Pump House		Type of Facility (4)						
Street Address 320 Cooks 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) Pt. Pleasant Beach		Square Feet 150	# of Floors 1					
County (6) Ocean		Bldg. Age 50+						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Pump House / Station						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Ace Insulation Co., Inc.						
City, State, Zip Code		Street Address 95 Montrose Road						
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, N.J. 07722						
Telephone No.		Telephone No. 732-294-1757	License No. 00029					
Start Date (10) 10/11/14	Scheduled Completion Date (11) 10/13/14	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-3pm		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 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
indoors			X transite ceiling	150 lf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.				
City, State Colts Neck, New Jersey			Disposal Date 10/13/14	City, State Tullytown, PA				
Completed by Bree McGuire		Title Secretary Treasurer	Signature Bree McGuire	Date 10/10/14				

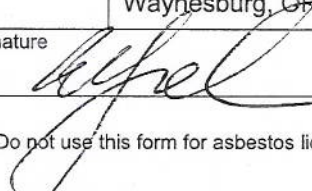
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 10/11/14		Name of Building Owner/Operator (2) Wm Blanchard Company							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	199 Mountain Ave	Springfield, New Jersey 07081						
		Name of Contact	Telephone Number						
		B. Harrington							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Phosphor Production Building		Type of Facility (4)							
Street Address 214 Kings Highway		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Washington Township		Square Feet	# of Floors						
County (6)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			Ace Insulation Co., Inc.						
City, State, Zip Code		Street Address							
		95 Montrose Road							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		732-294-1757	00029						
Start Date (10) 10/20/14	Scheduled Completion Date (11) 10/28/14	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Outdoor-Roof			X	Roof tarp apron flashing	9000	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S.					
City, State Colts Neck, New Jersey		Disposal Date 10/28/14		City, State Tullytown, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire		Date 10/11/14			

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

Date of Notification (1) October 10, 2014		Name of Building Owner/Operator (2) Kobi Offer							
Agencies Notified	Type Notification	Street Address 175 Hudson Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Hackensack, NJ 07601							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ted Berzak							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OK Sales Tip Top Tops		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 375 Blair Road		Square Feet 50,000	# of Floors 1						
City (5) Avenel		Bldg. Age 49							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office/Showroom and Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No. _____	Name of Abatement Contractor (9) ELCON Environmental Inc.						
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 150 Glenwood Drive							
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Richard S. Werner		Telephone No. 610-279-7070	License No. 01225						
Start Date (10) 10/27/2014	Scheduled Completion Date (11) 11/1/2014	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
East portion of office/showroom			x	Floor tile (tile only)	2,000 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE 19720			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Elizabeth Gosek		Title President	Signature 			Date 10/10/2014			

Check#2015

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

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2014 OCT 16 AM 2:54

ASBESTOS CONTROL
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Date of Notification (1) 10 / 09 / 14		Name of Building Owner/Operator (2) Gladys Rosado	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 717 Floral Avenue		City, State, Zip Code Elizabeth, NJ 07208	
Name of Contact Gladys Rosado		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 717 Floral Avenue		Square Feet	
City (5) Elizabeth, NJ 07208		# of Floors	
County (6) Union		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		License No. 973-638-1777 01127	

Start Date (10) 10 / 19 / 14		Scheduled Completion Date (11) 10 / 20 / 14	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Street Address 20-21 Wagaraw Road, Bldg. # 34A		City, State, Zip Code Fair Lawn, NJ 07410	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	165 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA		Date 10/09/2014	
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 10/09/2014	

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

CIC 5288

RECEIVED

Date of Notification (1) 10/10/14		Name of Building Owner/Operator (2) MR. H. JOSHUA						
Agency 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 506 CLIFTON AVE						
		City, State, Zip Code NEWARK, NJ 07102						
		Name of Contact MR. JOSHUA	Telephone Number 201-241-1111					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. JOSHUA		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 506 CLIFTON AVE		Square Feet 2200	# of Floors 2					
City (5) NEWARK		Bldg. Age 85 years						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 S. River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 10/23/14	Scheduled Completion Date (11) 10/24/14	Name of OSHA Monitor Omega 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 <input checked="" type="checkbox"/> Other - Describe: 7AM TO 5PM		Street Address 280 Huyler St						
		City, State, Zip Code South Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASEMENT			Y	THERMAL INSULATION	170 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 CY	Name of Registered Landfill Minerva Enterprises				
City, State Hackensack, N.J. 07601		Disposal Date 10/24/14		City, State Waynesburg, Oh				
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>			Date 10/10/14			

10/09/2014 13:30 2813297448

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CK # 5284 PAGE 02/04

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2014 OCT 16 AM 2: NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

State of New Jersey

DOL - 10 DAY

Date of Notification (10/9/14) CONTROL		Name of Building Owner/Operator (2) MR. JAMES KENNEY					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including jurisdiction) <input type="checkbox"/> Cancellation	Street Address 115 FAIRMOUNT AVE City, State, Zip Code HACKENSACK, NJ					
		Name of Contact MR. KENNEY	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR. KENNEY		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, etc.)					
Street Address 115 FAIRMOUNT AVE		City, State, Zip Code HACKENSACK, NJ					
County (5) BERGEN	County Code (7) (STATE USE ONLY)	Square Feet 1800	# of Floors 2				
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior to being demolished) RESIDENCE					
Street Address 450 S. River St		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 10/14/14	Scheduled Completion Date (11) 10/15/14	Name of OSHA Monitor Omega Environmental Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 8am to 5pm		Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 250 sq ft or less <input type="checkbox"/> 100 sq ft or more <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Full-Enclosure <input type="checkbox"/> Other Procedure <input type="checkbox"/> Non-Enclosed (*) and Non-Pressure Procedure							
Location of Asbestos-Containing Material (ACM) BASEMENT (12)	Is Location Normally Used Daily by Maintenance/ Custodial Staff? (13) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VMT, or other miscellaneous) THERMAL INSULATION	Amount (Specify SF or LF) 60 LF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler Best Removal Inc		NJ DEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2.4	Name of Registered Lessor Minerva Enterprises			
City, State Hackensack, N.J. 07601		Disposal Date 10/15/14	City, State Waynesburg, Oh				
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>		Date 10/9/14			

A83-41

* Do not use this form for asbestos abatement activities.

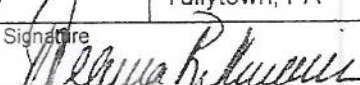
CK 9721806096

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

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2014 OCT 16 AM 2:55

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/06/14		Name of Building Owner/Operator (2) Olga San George							
Agencies Notified	Type Notification	Street Address 910 Queen Ann Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07666							
		Name of Contact Olga San George							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 910 Queen Ann Road		Square Feet N/A	# of Floors N/A						
City (5) Teaneck		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 10/21/14	Scheduled Completion Date (11) 10/22/14	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	75 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager	Signature 			Date 10/06/14			

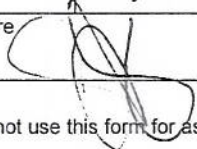
MO 22112831801

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

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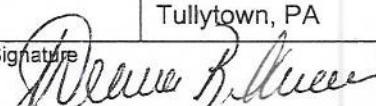
2014 OCT 16 AM 2:58

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/07/14		Name of Building Owner/Operator (2) A. Molly Company							
Agencies Notified	Type Notification	Street Address 31 Vose Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, NJ 07079							
		Name of Contact Gary Toriello							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Colony Court		Square Feet N/A	# of Floors N/A						
City (5) West Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 10/08/14	Scheduled Completion Date (11) 10/11/12	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
living room		X		ceiling plaster	200 SF	X			
master bedroom		X		wall plaster	30 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #00675	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Susan Brkusanin		Title Project Manager		Signature 		Date 10/07/14			

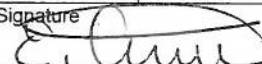
CK 1245008781

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

Date of Notification (1) 10/09/14		Name of Building Owner/Operator (2) Susan Waters		<div style="font-size: 2em; transform: rotate(-5deg); opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.2em; transform: rotate(-5deg); opacity: 0.5;">2014 OCT 16 AM 2:59</div> <div style="font-size: 1.2em; transform: rotate(-5deg); opacity: 0.5;">ASBESTOS CONTROL & LICENSING</div>					
Agencies Notified	Type Notification	Street Address 321 West End Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, NJ 07079 Name of Contact Susan Waters							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address 321 West End Road		<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) South Orange		Square Feet N/A	# of Floors N/A	Bldg. Age N/A					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8685	License No. #00675				
Start Date (10) 10/23/14		Scheduled Completion Date (11) 10/24/14		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<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>Occupied</u>				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	126 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project Manager		Signature 	Date 10/09/14				

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

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2014 OCT 16 AM 2:55
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10-10-2014		Name of Building Owner/Operator (2) West Hudson Properties							
Agencies Notified	Type Notification	Street Address 2 Commerce Str.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Branchburg, NJ 08876							
		Name of Contact Tony	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 300 North 2nd Street		Square Feet	# of Floors						
City (5) Harrison		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 10-20-2014	Scheduled Completion Date (11) 10-27-2014	Name of OSHA Monitor Loznica Management Corp							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 am - 4 pm		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Main Entrance Hallway, 2nd Fl. Kitchen			x	Linoleum Floor Sheeting	288 SF	x			
& 2nd Floor Room Left of Kitchen			x	Brown Floor Tile	256 SF	x			
1st Fl Room next to Living Room			x	Floor Tile Under Floor Sheeting	300 SF	x			
1st Fl Kitchen / Living Room			x	Flashing	770 SF	x			
Detached Garage			x						
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary	Signature 			Date 10-10-2014			

ASB-41 (R-06-08)

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MO#22302802631

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

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2014 OCT 16 AM 2:44

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10 / 11 / 14		Name of Building Owner/Operator (2) Richard Lee	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5 Russell Terrace City, State, Zip Code Montclair, NJ 07042 Name of Contact Richard Lee Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 5 Russell Terrace		Square Feet	# of Floors
City (5) Montclair, NJ 07042		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 10 / 21 / 14	Scheduled Completion Date (11) 10 / 22 / 14	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 150 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 10/11/2014	

ASB-41
MAY 11

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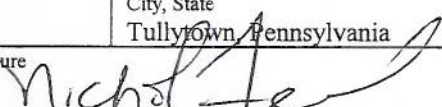
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 10, 2014		Name of Building Owner/Operator (2) DnA Demolition	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 2156 Camplain Road City, State, Zip Code Hillsborough, NJ 08844	
		Name of Contact Antonio Dimuzio	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 349 East Clay Avenue					
City Roselle Park	County (6) Union	County Code (7) (STATE USE ONLY)	Square feet 2000 sf	# of Floors 1	Bldg. Age 65
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code Toms River, NJ 08755		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 10/10/14		Scheduled Completion Date (11) 10/10/14			
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[x] >3 sf or ≥3 lf		[x] Renovation		[] Full Containment with Negative Pressure	
[] ≥160 sf or ≥260 lf		[] Demolition		[] Mini-Enclosure	
				[x] Glovebag Procedure	
				[] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Basement		X		Asbestos pipe insulation	10 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 10/13/14	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 10/10/2014	

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

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)
ANNUAL NOTIFICATION

Check # 2264

Date of Notification (1) 10 / 15 / 14		Name of Building Owner / Operator (2) MARS SNACK FOODS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 700 HIGH STREET		City, State, Zip Code HACKETTSTOWN, NJ 07840	
Name of Contact JON VANDERWAL		Telephone Number & LICENSING	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MARS CHOCOLATE			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 bldgs., homes, etc.)		
Street Address 700 HIGH STREET			Square Feet 800,000		
City (5) HACKETTSTOWN		County (6) WARREN	County Code (7)	# Of Floors 3	Building Age 40+
Current Use (Prior if being demolished) MANUFACTURING					
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 907 DOOLITTLE DRIVE			Street Address 32 Williams Parkway		
City, State, Zip Code BRIDGEWATER, NJ 08807			City, State, Zip Code East Hanover, NJ 07936		
Project Mngr. For Monitoring Firm ERIC HOUSEKNECHT		Telephone Number 908-218-1108		Telephone Number 973-772-3660	
Sched. Start Date (10) 11 / 03 / 14		Sched. Completion Date (11) 11 / 10 / 14		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <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: 7:00AM -3:30PM			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		

Scope of Work (Check All That Apply)

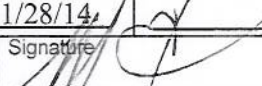
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
TANK 1702	<input type="checkbox"/>	TANK INSULATION	200SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK 1702	<input type="checkbox"/>	PIPE INSULATION	1 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"/>

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste Disposal Date	Name of Registered Landfill I.E.S.I. City, State BETHLAHEM, PA
City, State NEWARK, NJ	Completed by (Print or Type) STEVE STILES		Title PROJECT MANAGER
Signature 		Date 10/15/14	

CK# 24601

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

Date of Notification (1) <u>10/13/14</u>		Name of Building Owner/Operator (2) <u>Dulkin</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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>12 Random Rd.</u>	
		City, State, Zip Code <u>Princeton, NJ 08540</u>	
		Name of Contact <u>Ryan Dulkin</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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>12 Random Rd.</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>
City (5) <u>Princeton, NJ 08540</u>		Bldg. Age <u>60+/-</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>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>10/24/14</u>	Scheduled Completion Date (11) <u>11/28/14</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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)
	Yes	No	
<u>Attic Eve</u>		<input checked="" type="checkbox"/>	<u>Vermiculite Insulation</u>
			<u>40 SF</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Name of Registered Landfill <u>T.R.R.F., Inc.</u>
City, State <u>Allentown, NJ</u>		Cubic Yards of Waste <u>2 CU</u>	Disposal Date <u>11/28/14</u>
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 
		Date <u>10/13/14</u>	