

CK 152A

Oct 9 2015 02:36pm

P001/001

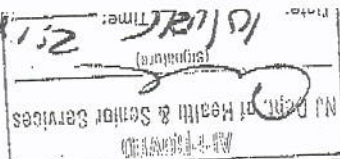
Print Form

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

Date of Notification (1) 10/9/15		Name of Building Owner/Operator (2) Alice Novotna		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Hony</i> (signature) Date: 10/09/15 Time: 2:34 PM	
Agencies Notified	Type Notification	Street Address 205 Vanderburg Ave		City, State, Zip Code Rutherford, NJ	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Alice Novotna		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential 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 205 Vanderburg Ave				Square Feet 1500	# of Floors 2
City (5) Rutherford				Bldg. Age 50+	
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Property	
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 Ln			
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		Telephone No. 973.706.7950	License No. 01193
Start Date (10) 10/10/15		Scheduled Completion Date (11) 10/11/15		Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address n/a	
				City, State, Zip Code n/a	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Exterior			x	Transite Shingles	1,200 SF
Name of Registered Waste Hauler Loznica management Corp		NJDEP Waste Hauler ID No. 033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>	Date 10/9/15

Oct 13 2015 02:21pm

P001/001



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 9:20 and 12:120)

Check # 1535

Date of Notification (1) 10/13/15		Name of Building Owner/Operator (2) Patricia Grandison						
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1824 Front St City, State, Zip Code Scotch Plains, NJ 07076 Name of Contact Telephone Number					
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residential House Street Address 74 Durand Pl City (5) Irvington County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2000 # of Floors 2 Bldg. Age 50+ County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Residential House					
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	Telephone No. 9737067950 License No. 01183					
Start Date (10) 10/14/15		Scheduled Completion Date (11) 10/15/15						
Name of OSHA Monitor Loznica Management Corp		Street Address 22 Troy Lane						
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:		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 ≥ 280 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) 50 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement			x	Pipe Insulation				
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. Cirovici		Title Secretary	Signature E. Cirovici	Date 10/13/15				

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

CK# 1522

Date of Notification (1) 10-7-2015		Name of Building Owner/Operator (2) BCSI		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Hanner</i> (signature) Date: 10/07/15 Time: 1:01 PM					
Agencies Notified	Type Notification	Street Address 146 Poplar St		City, State, Zip Code Ridgefield Park, NJ					
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Robert Cimmino		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Residential Property				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 62 W. Edsall Blvd				Square Feet 2,000 SF	# of Floors 2				
City (5) Palisades Park				Bldg. Age 50+					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned Residential Property					
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 Ln							
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		Telephone No. 973-706-7950	License No. 01193				
Start Date (10) Oct 8, 2015		Scheduled Completion Date (11) Oct 10, 2015		Name of OSHA Monitor Loznica Management Corp					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 22 Troy Ln					
				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"/> ≥150 sf or ≥250 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 type="checkbox"/> Non-Exempted (C) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	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	Asbestos Transite Shingles	1600 SF	x			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville, PA				
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>		Date 10/7/2015			

Oct 13 2015 07:35am

P001/002

NEW JERSEY
NJ Dept. of Health & Senior Services
(signature)
Date: 10/12/15 Time: 7:20

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

RECEIVED
OCT 15 16 AM 3:11
CL# 1534

Date of Notification (1) 10/12/2015		Name of Building Owner/Operator (2) BCSI							
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 146 Poplar St							
		City, State, Zip Code Ridgefield Park, NJ							
		Name of Contact Robert Cimmino	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Residential Property for Demo		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 221 Grant Ave.		Square Feet 3000 SF	# of Floors 2						
City (5) Cliffside Park, NJ		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Property							
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 Ln							
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	Telephone No. 973-706-7950	License No. 01193						
Start Date (10) 10/13/2015	Scheduled Completion Date (11) 10/15/2015	Name of OSHA Monitor Loznica Management Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 22 Troy Ln							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 280 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Shingles	2000 SF	X			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 10/12/2015			

Oct 13 2015 07:35am

P002/002

(Signature)
Date: 10/15 Time: 7:30State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

CK - 1532

2015 OCT 16 AM 3:11

RECEIVED

Date of Notification (1) Oct 10, 2015		Name of Building Owner/Operator (2) Elite Developers LLC							
Agencies Notified	Type Notification	Street Address 150 East Fairmount 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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maywood, NJ 07607							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		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 66 E. Madison Ave.		Square Feet 2,000	# of Floors 2						
City (5) Cresskill, NJ		Bldg. Age 50+							
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. 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	Telephone No. 9737067950						
		License No. 01193							
Start Date (10) Oct 11, 2015		Scheduled Completion Date (11) Oct 13, 2015							
Name of OSHA Monitor Loznica Management Corp									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior			X	Asbestos Shingles	1,200	X			
2nd Floor			X	VAT	200 SF				
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 Oct 10th			

OK 3819

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

CK 3819

Date of Notification (1) <u>10/12/15</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>		OCT 16 AM 9	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>155 RT. 50</u>	
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>		Telephone Number <u>610 611</u>	
		Name of Contact <u>BRUCE BREUNIG</u>			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>1040 WESLEY AVE</u>				Square Feet <u>1000</u>	
City (5) <u>OCEAN CITY</u>				# of Floors <u>2</u>	
County (6) <u>CAPE MAY</u>				Bldg. Age <u>40+</u>	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
City, State, Zip Code		Telephone No. <u>856-779-0472</u>		License No. <u>00444</u>	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor <u>JOSEPH KLEMM JR</u>	
Start Date (10) <u>10/22/15</u>		Scheduled Completion Date (11) <u>10/29/15</u>		Street Address <u>369 S. SPRUCE AVE</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:				City, State, Zip Code <u>MAPLE SHADE N.J. 08052</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"/> Mix-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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
<u>SIDING</u>		<u>X</u>		<u>TRANSITE</u>	
				<u>2500 SF</u>	
				<u>X</u>	
Name of Registered Waste Hauler <u>Klemco Inc.</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>5</u>	
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		Name of Registered Landfill <u>C.M.C.M.U.A</u>	
Completed By <u>MICHAEL KLEMM</u>		Title <u>VICE PRESIDENT</u>		Signature <u>[Signature]</u>	
				Date <u>10/12/15</u>	

OK 3819

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

OK 3819
2015 OCT 16 AM 2:41

Date of Notification (1) 10/12/15		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING					
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 155 RT. 50		City, State, Zip Code GREENFIELD N.J. 08730					
Name of Contact BRUCE BREUNIG		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 408 28th ST.		Square Feet 1000	# of Floors 2				
City (5) OCEAN CITY		Bldg. Age 40+					
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.					
Street Address		Name of Abatement Contractor (9) KLEMMCO INC.					
City, State, Zip Code		Street Address 369 S. SPRUCE AVE					
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052					
Telephone No.		Telephone No. 856-779-0472	License No. 00444				
Start Date (10) 10/22/15	Scheduled Completion Date (11) 10/29/15	Name of OSHA Monitor JOSEPH KLEMM JR					
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 369 S. SPRUCE AVE					
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		City, State, Zip Code MAPLE SHADE N.J. 08052					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance Custodial Staff? (12) Yes No X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 2000 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING		TRANSITE		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Klemco Inc.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C.M.U.A			
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOODBINE N.J.				
Completed By MICHAEL KLEMM	Title VICE PRESIDENT	Signature [Signature]	Date 10/12/15				

CK 3819

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

CK 3819

Date of Notification (1) <u>10/12/15</u>		Name of Building Owner/Operator (2) <u>EARTTECH CONTRACTING</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>155 RT. 50</u>		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>					
Name of Contact <u>BRUCE BREUNIG</u>		Telephone Number <u>1</u>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>831 BRIGHTON PL.</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>				
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>40+</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (6) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>				
Start Date (10) <u>10/23/15</u>	Scheduled Completion Date (11) <u>10/30/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM JR</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>369 S. SPRUCE AVE</u>					
		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Scope of Work (Check all that apply):							
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance Custodial Staff? (12) Yes No NA	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
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>4000 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Klemco Inc.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C.M.V. A</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>				
Completed By: <u>MICHAEL KLEMM</u>	Title <u>VICE PRESIDENT</u>	Signature <u>[Signature]</u>	Date <u>10/12/15</u>				

CK 3819

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

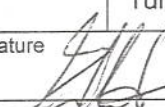
CK 3819

Date of Notification (1) <u>10/12/15</u>		Name of Building Owner/Operator (2) <u>PINELAND CONSTRUCTION</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>300 77TH ST.</u>					
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>					
		Name of Contact <u>FRANK EDUARDI</u> Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>26 W 18TH ST</u>		Square Feet <u>1000</u> # of Floors <u>1</u> Bldg. Age <u>40+</u>					
City (5) <u>AVALON</u>		Current Use (Prior if being demolished) <u>VACANT</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) <u>ICLEMCO INC.</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Street Address <u>369 S. SPRUCE AVE</u>					
Street Address		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
City, State, Zip Code		Telephone No. <u>856-779-0472</u>	License No. <u>0444</u>				
Project Manager for Monitoring Firm		Telephone No.					
Start Date (10) <u>10/22/15</u>	Scheduled Completion Date (11) <u>10/29/15</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE</u>					
		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 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) IN Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2000 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>		<u>TRANSITE</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C. M. C. M. V. A</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE N.J.</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>V/P</u>	Signature <u>[Signature]</u>	Date <u>10/12/15</u>				

ASB-41

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

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

Date of Notification (1) 10/10/15		Name of Building Owner/Operator (2) Norvel & Sarah Eagleton							
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 522 US 206							
		City, State, Zip Code 522 US 206, Trenton NJ 08610							
		Name of Contact Norvel & Sarah Eagleton							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Norvel & Sarah Eagleton Estate		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 522 US 206		Square Feet 1400	# of Floors 2						
City (5) Trenton		Bldg. Age 1950's							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Indian Arrow Industries Co.						
Street Address		Street Address 144 Mill St							
City, State, Zip Code		City, State, Zip Code Paterson NJ 07501							
Project Manager for Monitoring Firm		Telephone No. 973-653-9652	License No. 1257						
Start Date (10) 10/23/15	Scheduled Completion Date (11) 10/31/15	Name of OSHA Monitor Scott Bluth							
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 101 Gibbsboro Rd.							
		City, State, Zip Code Lindenwold, NJ, 08021							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	X			TSI	120 LF	x			
Name of Registered Waste Hauler Indian Arrow Industries Co.		NJDEP Waste Hauler ID No. 100161	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Paterson NJ			Disposal Date TBD	City, State Tullytown PA					
Completed by Goran Igev		Title Secretary	Signature 			Date 10/10/15			

CHK# 1791

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

RECEIVED

2015 OCT 16 AM 2:50

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/5/2015		Name of Building Owner / Operator (2) Judith McClellan	
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 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 489 South Edgemere Drive	
		City, State & Zip Code Allenhurst NJ	
		Name of Contact Judith McClellan	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 489 South Edgemere Drive			Square Feet 2000	# of Floors 2	Bldg. Age 50+
City (5) Allenhurst	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALPHA ENVIRONMENTAL		
Street Address			Street Address 2129 Rt 33		
City, State & Zip Code			City, State & Zip Code Hamilton, NJ		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 215-295-1004		License Number 01222
Scheduled Start Date (10) 10/15/2015	Scheduled Completion Date (11) 10/17/2015		Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Avenue		
			City, State & Zip Code Westmont, NJ 08108		

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glove Bag Procedures
☐ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	120lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

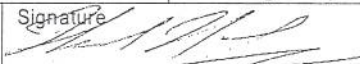
Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0033330		Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill	
City, State Hamilton, NJ		Disposal Date		City, State Morrisville, PA		
Completed By (Print or Type) Rod Richardson		Title PM	Signature <i>Rod Richardson</i>		Date 10/5/2015	

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

CL# 2886 RECEIVED
OCT 16 AM 2:51
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6 / 26 / 15			Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction						
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 #3-10/13/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 200 Elm Dr. City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library			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 Washington Rd			Square Feet						
City (5) Princeton			# of Floors		Bldg. Age				
County (6) MERCER		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Library					
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address Three Terri Center		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007					
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007		License No. 00509					
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800		Telephone No. 215-788-6040					
Start Date (10) 7 / 10 / 15		Scheduled Completion Date (11) 11 / 30 / 15		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: 7:00AM-3:30PM/5:00PM-1:30AM			Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" 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
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	2,035 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level C North Atrium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows	14 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level A offices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows	20 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ext. Trustees Reading Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waterproofing	850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. LANDFILL				
City, State NEW CASTLE, DE		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 10/13/15			

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

Date of Notification (1) October 09, 2015		Name of Building Owner/Operator (2) CYMA Builders						
Agencies Notified	Type Notification	Street Address 725 Skippack Pike Suite 230						
<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 Blue Bell, PA 19422						
		Name of Contact Project Manager	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) DPT SVP		Type of Facility (4)						
Street Address 1200 Paco Way		<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) Lakewood, NJ		Square Feet	# of Floors TBD					
County (6) Ocean		Bldg. Age						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Lab						
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.						
Street Address 222 Church Road		Name of Abatement Contractor (9) The MACK Group, LLC.						
City, State, Zip Code Bridgewater, NJ 08807		Street Address 1500 Kings HWY N, STE 209						
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000					
Start Date (10) 10/26/15		Scheduled Completion Date (11) 11/26/15	License No. 00781					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209						
		City, State, Zip Code Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 15 l/f	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Phase 2		<input checked="" type="checkbox"/>	transite pipe		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 0.2	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF				
City, State Newark / Freehold, NJ		Disposal Date 11/26/15		City, State Newburg / Imperial / Morrisville, PA				
Completed by Michael Cooper		Title President	Signature 		Date 10/9/15			


AK 2318

Emergency Notification

Date of Notification (1) <u>10</u> / <u>13</u> / <u>15</u>		Name of Building Owner/Operator (2) Paul J. Lattarulo		APPROVED NJ Dept. of Health & Senior Services (signature) Date: <u>10/13/15</u> Time: <u>11:10</u>	
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 checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address 32 McKinley Avenue City, State, Zip Code Colonia, NJ 07067 Name of Contact Paul J. Lattarulo	
Telephone Number 22		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Private house Street Address 32 McKinley Avenue City (5) Colonia, NJ 07067 County (6) Middlesex			
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		Square Feet # of Floors Bldg. Age			
County Code (7) (STATE USE ONLY) Middlesex		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470			
Project Manager for Monitoring Firm Telephone No. 973-638-1777		License No. 01127			
Start Date (10) <u>10</u> / <u>14</u> / <u>15</u>		Scheduled Completion Date (11) <u>10</u> / <u>15</u> / <u>15</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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Amount (Specify SIF or LF)		Abatement Type Removal Repair Encapsulate Enclose		Amount (Specify SIF or LF)	
Attic		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Transite siding	
100 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		100 SF	
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		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner		Signature [Signature]	
Date 10/13/2015					

* 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) October 12, 2015		Name of Building Owner/Operator (2) Monroe Properties LLC							
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 checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Main Street #510							
		City, State, Zip Code West Orange, NJ 07052							
		Name of Contact Roger Drill	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 940 Monroe Avenue		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.)							
City (5) Hoboken		Square Feet	# of Floors						
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Space						
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services Inc.		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation						
Street Address 140 Boulevard		Street Address 235 Watchung Avenue							
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm Leonid Shereshevsky		Telephone No. 973-588-4821	License No. 01231						
Start Date (10) October 19, 2015	Scheduled Completion Date (11) October 31, 2015	Name of OSHA Monitor Schneider Laboratories Global 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 2512 W Cary Street							
		City, State, Zip Code Richmond, VA. 23220							
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
Upper Level Office Area		X		Floor Tile	625 SF	X			
Utility Room above Mezzanine		X		Boiler Insulation	140 SF	X			
Utility Room above Mezzanine		X		Pipe & Pipe elbow/joint insulation	300 LF	X			
Name of Registered Waste Hauler Be Construction Corporation		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Tullytown Facility				
City, State West Orange, NJ 07052				Disposal Date	City, State Tullytown, PA				
Completed by Barbara Reed		Title President		Signature 			Date 10/12/2015		

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

Date of Notification (1) 10-12-2015		Name of Building Owner/Operator (2) William Baker	
Agencies Notified	Type Notification	Street Address 8 Valhalla Way	
[X]EPA []DEP [X]DOL [X]DOH []DCA	[X]Initial Notification []Amended Notification []EMERGENCY []Cancellation	City, State, Zip Code Verona, NJ, 07044	
		Name of Contact William Baker	Telephone Number 31-

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Same as above			Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet 1,600		
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 70	
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	
Street Address			Street Address 86 Christopher St.	
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800	
Scheduled Start Date (10) 10/21/15		Sched. Completion Date (11) 10/23/15	License Number 00371	
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u> [] Other - Describe: <u>Other Occupancy Descript</u>		Name of OSHA Monitor N/A		
		Street Address		
		City, State, Zip Code		

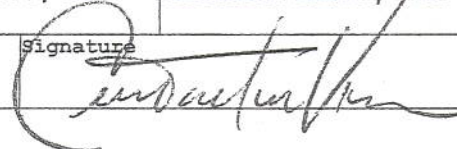
Scope of Work (Check all that apply)

[X] ≥ 3 sf or ≥ 3 lf
[] ≥ 160 sf or ≥ 260 lf

[X] Renovation
[] Demolition

[] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] Glovebag Procedure
[] Non-Friable Procedure


Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE
Basement			X	Piping	120 lf	X		
Basement			X	Boiler Insulation	30 sf	X		

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Minerva Entp Inc.	
City, State Montclair, NJ 07042		Disposal Date 10/26/15		City, State Morrisville, PA 19067	
Completed By (Print or Type) Constantine Vivian		Title President		Signature 	Date 10/12/15

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

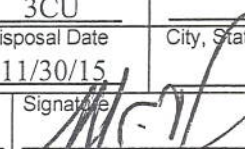
Date of Notification (1) <u>10/8/15</u>		Name of Building Owner/Operator (2) <u>Little</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>336 Rutherford Ave</u> City, State, Zip Code <u>Trenton, NJ 08618</u>							
		Name of Contact <u>Prince Moore - Isles E4</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>336 Rutherford Ave.</u>									
City (5) <u>Trenton, NJ 08618</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>						
		Bldg. Age <u>80+/-</u>							
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residential</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>						
Start Date (10) <u>10/12/15</u>	Scheduled Completion Date (11) <u>10/15/15</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 to 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 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
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Duct Insulation</u>	<u>80 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>				<u>Boiler Insulation</u>	<u>30 sf</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>10/16/15</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>10/8/15</u>			

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

Date of Notification (1) 10/12/2015		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact KEITH SOPER	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G - WARREN POINT SUBSTATION		Type of Facility (4)							
Street Address 5-45 BANTA PLACE		<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) FAIR LAWN		Square Feet N/A	# of Floors N/A						
County (6) BERGEN		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SUBSTATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111						
Start Date (10) 10/20/2015	Scheduled Completion Date (11) 10/22/2015	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE							
<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: OUTSIDE		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
OUTDOORS		X		TRANSITE PIPE	36 LF	X			
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. S7107	Cubic Yards of Waste APPX 20	Name of Registered Landfill CONESTOGA LANDFILL					
City, State FLANDERS, NJ		Disposal Date TBD		City, State MORGANTOWN, PA					
Completed by CAROL RAIMO		Title OFFICE MGR		Signature <i>Carol Raimo</i>			Date 10/12/2015		

NO CK

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

Date of Notification (1) <u>9/4/15</u>		Name of Building Owner/Operator (2) <u>Newark Beth Israel Medical Center</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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>201 Lyons Ave..</u> City, State, Zip Code <u>Newark, NJ 07113</u> Name of Contact <u>Mr. Ron Carvalho</u> Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Newark Beth Israel 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>201 Lyons Ave.</u>		Square Feet <u>200000</u>	# of Floors <u>6</u>					
City (5) <u>Newark, NJ</u>		Bldg. Age <u>80+/-</u>						
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Hospital</u>						
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>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>9/14/15</u>	Scheduled Completion Date (11) <u>11/30/15</u>	Name of OSHA Monitor <u>DB Environmental</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: _____		Street Address <u>4 Berkeley Place</u> City, State, Zip Code <u>Freehold, NJ 07728</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 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 IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Boiler Room</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe, Joint Insulation</u>	<u>9 lf</u>	<input checked="" type="checkbox"/>			
			<u>(Glove Bag)</u>					
<u>Boiler Room</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe, Joint Insulation</u>	<u>150 lf</u>	<input checked="" type="checkbox"/>			
			<u>(Wrap & Cut)</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>3CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/30/15</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>10/12/15</u>					