

OK# 30035

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OCT 18 2016  
Telephone Number

ASSISTANT COMPTROLLER &  
LICENSING



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

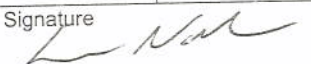
CH 3782

Date of Notification (1) <b>10/13/16</b>		Name of Building Owner/Operator (2) <b>MR. WILLIAM STUMPF JR</b>							
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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code <b>LEONIA, NJ - 07605</b>							
		Name of Contact <b>MR. STUMPF JR</b>							
Telephone Number [REDACTED]									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MR. STUMPF JR.</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>2000</b>	# of Floors <b>2</b>						
City (5) <b>LEONIA</b>		Bldg. Age <b>1940</b>							
County (6) <b>BERGEN</b>		Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>							
Street Address		Street Address <b>450 South River St</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>10/26/16</b>	Scheduled Completion Date (11) <b>10/27/16</b>	Name of OSHA Monitor <b>Omega Environmental</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>730 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>							
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED ... IN Facility ... (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>			<b>Y</b>	<b>THERMAL SYSTEM INSULATION</b>	<b>125 LF X</b>				
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>24/207</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>					
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>10/27/16</b>		City, State <b>Waynesburg, Oh, 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <i>[Signature]</i>				Date <b>10/13/16</b>	



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

1499

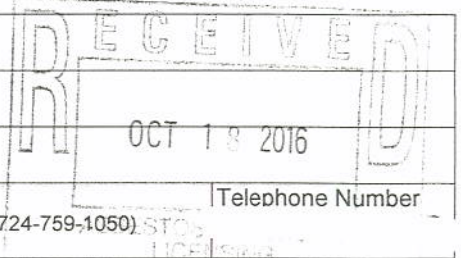
Date of Notification (1) 10/12/16		Name of Building Owner/Operator (2) Township of Woodbridge		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED OCT 18 2016 ASBESTOS CONTROL </div>					
Agencies Notified		Street Address 1 Main St.							
<input checked="" type="checkbox"/> 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"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Dennis Henry Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 770 # of Floors 1 Bldg. Age 50+					
City (5) Woodbridge				Current Use (Prior if being demolished) Residential					
County (6) Middlesex		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No. 00030		Name of Abatement Contractor (9) Lesco Services Inc.					
Street Address 120 N warren St.		City, State, Zip Code Trenton, NJ 08608		Street Address 156 Maple Ave. City, State, Zip Code Wallington, NJ 07057					
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. 609-392-4200		Telephone No. 862-221-9092 License No. 01107					
Start Date (10) 10/26/16		Scheduled Completion Date (11) 11/11/16		Name of OSHA Monitor Leslaw Nalodka					
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 156 Maple Ave. City, State, Zip Code Wallington, NJ 07057					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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
basement			*	pipe insulation	150lf.	*			
basement			*	ceiling panel	30sf.	*			
exterior walls			*	cement shingles	1800sf.	*			
roof			*	roof field/flashing	500sf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste 50	Name of Registered Landfill GROWS				
City, State Newark, NJ				Disposal Date 11/11/16	City, State Morrisville, PA				
Completed by Leslaw Nalodka		Title President		Signature 		Date 10/12/16			



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

CK 2516

Date of Notification (1) 10-13-2016		Name of Building Owner / Operator (2) Ida Emert	
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 [REDACTED]	
		City, State & Zip Code Sellerville, PA 18960	
		Name of Contact Peter B. Gardner (Primary Contact) Fred Gardner (724-759-1050)	
		Telephone Number [REDACTED]	
		[REDACTED]	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single Family Home - Basement		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2,500	# of Floors 2 + attic & basement
City (5) Philipsburg, NJ	County (6) Union	County Code (7)	Bldg. Age 72
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 10-26-2016	Scheduled Completion Date (11) 10-28-2016		Name of OSHA Monitor J&S Environmental Laboratories, Inc.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 9am - 5pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glove Bag Procedures	
		<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 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	Encapsulat	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	129 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 10-13-2016



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
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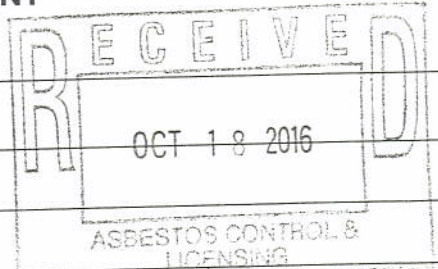
CK 5761

Date of Notification (1) 10/13/16		Name of Building Owner/Operator (2) Robert Biegel Private Home		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED OCT 13 2016 ASBESTOS CONTROL </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008  Name of Contact Robert							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Robert Biegel Private Home				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Surf City NJ 08008				Square Feet 1000+	# of Floors 2				
County (6) Ocean				Bldg. Age 35+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 10/26/16		Scheduled Completion Date (11) 11/1/16		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	2000 SF	x			
1st & 2nd floor			x	Floor Tile	1400 SF				
Name of Registered Waste Hauler United Roll off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 11/1/16	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 10/13/16			



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

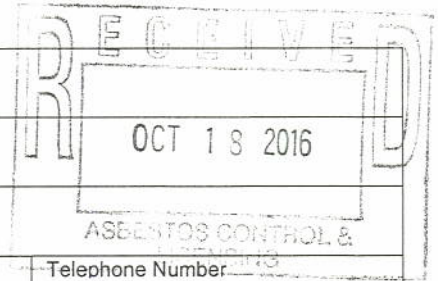


Date of Notification (1) <b>10/4/2016</b>		Name of Building Owner / Operator (2) <b>Kenny Picciotti</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State & Zip Code <b>Lawrenceville NJ</b> Name of Contact <b>Kenny Picciotti</b>
			Telephone Number
	<b>FACILITY INFORMATION</b>		
	Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)
Street Address [REDACTED]		Square Feet <b>2000</b>	# of Floors <b>1</b>
City (5) <b>Lawrenceville</b>		County (6) <b>Mercer</b>	County Code (7)
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>	
City, State & Zip Code		Street Address <b>PO Box 8297</b>	
Project Manager for Monitoring Firm		Telephone Number <b>609-847-2956</b>	License Number <b>01222</b>
Scheduled Start Date (10) <b>10/14/2016</b>		Scheduled Completion Date (11) <b>10/15/2016</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>EMSL Analytical</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Amount (Specify SF or LF)	
Exterior		Siding	
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>5</b>
City, State <b>Trenton, NJ</b>		Name of Registered Landfill <b>Grows Landfill</b>	
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature
		Date <b>10/4/2016</b>	



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

CK 387



Date of Notification (1) 10/12/2016		Name of Building Owner/Operator (2) Oronzo Legrottaglio	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson NJ 07513	
		Name of Contact Pasquale Legrottaglio	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Paterson NJ 07513		Square Feet N/A	# of Floors 2 FLOORS
		Bldg. Age N/A	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) Standard Enviromental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC
Street Address 2108 Fulton St Suite 2A		Street Address PO BOX 734	
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424	
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298
		License No. 01266	
Start Date (10) 10/22/2016	Scheduled Completion Date (11) 10/24/2016	Name of OSHA Monitor Amax Contracting LLC	
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 734	
<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 Woodland Park NJ 07424	

Scope of Work (Check All That Apply)

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

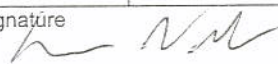
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	160 LF	x			

Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3 CY	Name of Registered Landfill GROWS	
City, State Woodland Park NJ 07424		Disposal Date 10/29/2016		City, State Morrisville PA	
Completed by Tome Maslrkov	Title Project Manager	Signature 		Date 10/12/2016	



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

CK 1501

Date of Notification (1) 10/12/16		Name of Building Owner/Operator (2) Helen Ouellette		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   OCT 18 2016 </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackettstown, NJ 07840							
		Name of Contact Jim Winfield		Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Hackettstown			Square Feet 1870	# of Floors 2	Bldg. Age 110				
County (6) Warren		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. _____	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address			Street Address 156 Maple Ave.						
City, State, Zip Code			City, State, Zip Code Wallington, NJ 07057						
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 862-221-9092	License No. 01107					
Start Date (10) 10/22/16	Scheduled Completion Date (11) 10/25/16		Name of OSHA Monitor Leslaw Nalodka						
Occupancy Status During Abatement (Check Only One)			Street Address 156 Maple Ave						
<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 Wallington, NJ 07057						
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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			*	pipe insulation	150lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 2	Name of Registered Landfill GROWS					
City, State Newark, NJ			Disposal Date 10/26/16	City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President	Signature 		Date 10/12/16				



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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:129)

Date of Notification (1) 09/23/16		Name of Building Owner/Operator (2) Community Food Bank of NJ							
Agencies Notified	Type Notification	Street Address 31 Evans Terminal Rd.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hillside, NJ 07205							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Jim Doty	Telephone Number 973-211-1418						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Community Food Bank of NJ		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 31 Evans Terminal Rd.		Square Feet 285,000	# of Floors 2						
City (5) Hillside		Bldg. Age 85 yrs.							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) food bank							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107						
Start Date (10) 09/28/16	Scheduled Completion Date (11) 09/29/16	Name of OSHA Monitor Leslaw Nalodka							
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 156 Maple Ave. City, State, Zip Code Wallington NJ 07057							
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-Frangible 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
office			*	pipe insulation	80lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 1	Name of Registered Landfill GROWS					
City, State Newark, NJ		Disposal Date 09/30/16		City, State Morrisville, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 09/23/16			



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

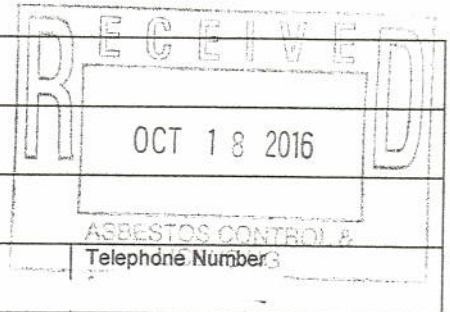
*CK 1500*

Date of Notification (1) 10/12/16		Name of Building Owner/Operator (2) Township of Woodbridge		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   OCT 13 2016 </div>					
Agencies Notified		Type Notification				Street Address 1 Main St.			
<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 Woodbridge, NJ 07095			
				Name of Contact Dennis Henry		Telephone Number _____			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 1880		# of Floors 2			
City (5) Woodbridge				Bldg. Age 50+					
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		ASCM No. 00030		Name of Abatement Contractor (9) Lesco Services Inc.					
Street Address 120 N warren St.				Street Address 156 Maple Ave.					
City, State, Zip Code Trenton, NJ 08608				City, State, Zip Code Wallington, NJ 07057					
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. 609-392-4200		Telephone No. 862-221-9092		License No. 01107			
Start Date (10) 10/26/16		Scheduled Completion Date (11) 11/11/16		Name of OSHA Monitor Leslaw Nalodka					
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 156 Maple Ave					
				City, State, Zip Code Wallington, NJ 07057					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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) In Facility (13)  <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			*	pipe insulation	110lf.	*			
throughout			*	joint compound	3000sf.	*			
kitchen			*	floor tiles	150sf.	*			
exterior windows			*	window caulk	672lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste 50		Name of Registered Landfill GROWS			
City, State Newark, NJ				Disposal Date 11/11/16		City, State Morrisville, PA			
Completed by Leslaw Nalodka		Title President <i>L Nalodka</i>		Signature		Date 10/12/16			



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

CK 741

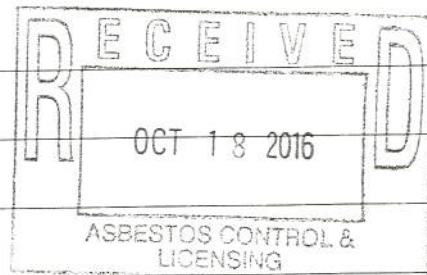


Date of Notification (1) 10-10-16		Name of Building Owner/Operator (2) Sharif Mustafa							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07011							
		Name of Contact Sharif Mustafa							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paterson		Square Feet	# of Floors						
County (6) Passaic		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
			License No. 01206						
Start Date (10) 10-20-16	Scheduled Completion Date (11) 10-24-16	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<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 Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Siding	2,200 SF	X			
Roof		X		Roof	2,400 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 10-25-16		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 10-10-16			



CK 14338

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



Date of Notification (1) OCTOBER 1, 2016		Name of Building Owner/Operator (2) CESAR TOLENTINO	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BLOOMFIELD, NJ 07003	
		Name of Contact MATT ABRAHAMSON	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) CESAR TOLENTINO 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 [REDACTED]		Square Feet 1614 SF	# of Floors 2
City (5) UNION		Bldg. Age 1900	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp. Inc.	
City, State, Zip Code		Street Address 17 Thompson Street	
Project Manager for Monitoring Firm		City, State, Zip Code West Long Branch, NJ 07764	
Telephone No.		Telephone No. 732.222.8372	License No. 00040
Start Date (10) Oct. 24, 2016	Scheduled Completion Date (11) Oct. 25, 2016	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	
		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 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	Enclosure
BASEMENT			X	TSI	70 LF	X			

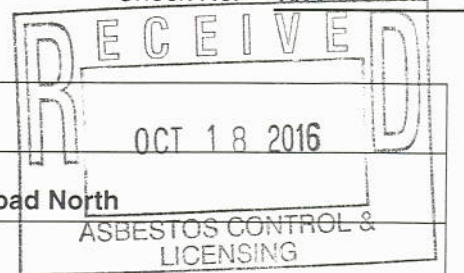
  

Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp. Inc.		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste .5 CY	Name of Registered Landfill TRRF LANDFILL	
City, State WEST LONG BRANCH, NJ 07764		Disposal Date 10/25/16		City, State TULLYTOWN, PA	
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 		Date 10/13/16



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

Check No. **N/A**



Date of Notification (1) <b>September 26, 2016</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ</b>	
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>03</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Goethals Bridge, 2777 Goethal Road North</b> City, State, Zip Code <b>Staten Island, NY 10303-8413</b> Name of Contact <b>Uday Mehta</b> Telephone Number <b>[REDACTED]</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Goethals Bridge - New Jersey Side of Bridge</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>2777 Goethals Road North</b>			
City (5) <b>Staten Island, NY 10303-8413</b>		Square Feet <b>440,758</b>	# of Floors <b>1</b>
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>88 +/-</b>
		Current Use (Prior if being demolished) <b>Bridge</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Saban Engineering Group, Inc.</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K. Restoration Company, Inc.</b>	
Street Address <b>201 Stuyvesant Avneu</b>		Street Address <b>223 Randolph Avenue</b>		
City, State, Zip Code <b>Lyndhurst, NJ 07071</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>		
Project Manager for Monitoring Firm <b>Stephen Pharai</b>		Telephone No. <b>201-673-0064</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>

Start Date (10) <b>October 07, 2016</b>	Scheduled Completion Date (11) <b>December 31, 2016</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</b>
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Non-friable exterior work</b>	Street Address <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071</b>
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Scope of Work (Check all that apply)

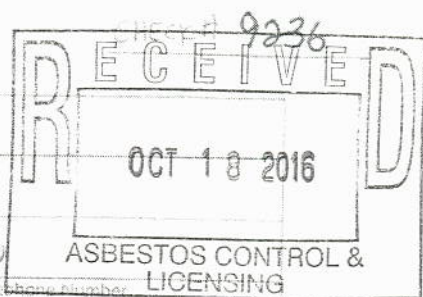
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
East Bound NJ approach of existing bridge	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Duct Bank)	300 In ft	<input checked="" type="checkbox"/>			
East Bound NJ approach of existing bridge	<input checked="" type="checkbox"/>			Two debris piles consisting of transite pipe & concrete	20 yards each	<input checked="" type="checkbox"/>			
East Bound NJ approach of existing bridge	<input checked="" type="checkbox"/>			6 Bearing Plates (coated with asbestos containing paint)	12 sq ft	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Two Brothers Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>18743</b>	Cubic Yards of Waste	Name of Registered Landfill <small>Grand Central Sanitary Landfill (Non-Friable) Tullytown Landfill, Friable (Friable Note: Waste Management will direct truck to specific Grows North Landfill, Friable site for friable materials)</small>	
City, State <b>Totowa, NJ 07512-1120</b>		Disposal Date <b>10/07/2016 - 12/31/2016</b>	City, State <b>Penn Argyl, PA, Tullytown, PA Morrisville, PA</b>		
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>	Signature 	Date <b>10/12/2016</b>		



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

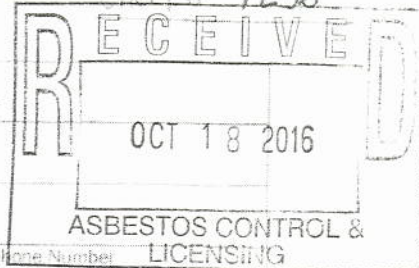


Date of Notification (1) <b>10/13/16</b>		Name of Building Owner/Operator (2) <b>MIA AITKEN</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code <b>WESTFIELD, N.J. 07090</b>						
Name of Contact <b>MIA AITKEN</b>		Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <b>2150</b>						
City (5) <b>WESTFIELD</b>		# of Floors <b>2</b>						
County (6) <b>UNION</b>		Bldg. Age <b>+50</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENTIAL</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) <b>A.MAC Contracting Inc.</b>						
City, State, Zip Code		Street Address <b>185 Vreeland Ave</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, NJ</b>						
Telephone No.		Telephone No. <b>(201)262-5841</b>						
Start Date (10) <b>11/14/16</b>		License No. <b>00156</b>						
Scheduled Completion Date (11) <b>11/30/16</b>		Name of OSHA Monitor <b>Omega Environmental Services</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address <b>280 Huyler St.</b>						
Scope of Work (Check All That Apply) <input type="checkbox"/> <3 sf or <3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> 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		City, State, Zip Code <b>Hackensack, NJ 07606</b>						
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <b>BASEMENT</b> <b>BASEMENT</b>	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) <b>VAT</b> <b>PIPE INSULATION</b>	Amount (Specify SF or LF) <b>475 SF</b> <b>10 LF</b>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
					<input checked="" type="checkbox"/>			
					<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>			
City, State <b>Newark, NJ</b>		Disposal Date <b>11/14/16</b>		City, State <b>Bethlehem, PA</b>				
Completed by <b>Joseph Vocaturo</b>		Title <b>Vice President</b>		Signature <b>J. Vocaturo</b>		Date <b>10/13/16</b>		



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

REC # 9236



Date of Notification (1) <b>10/13/16</b>		Name of Building Owner/Operator (2) <b>1266 APARTMENT CORP.</b>						
Agencies Notified	Type Notification	Street Address <b>2 HORIZON ROAD</b>						
<input 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 <b>FORT LEE, N.J. 07024</b>						
		Name of Contact <b>PETER STOPHERD</b>	Telephone Number <b>ASBESTOS CONTROL &amp; LICENSING</b>					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>HORIZON HOUSE</b>		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>FORT LEE</b>		Square Feet <b>18,000</b>	# of Floors <b>4</b>					
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>70</b>					
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) <b>RESIDENTIAL</b>						
Street Address		Name of Abatement Contractor (9) <b>A.MAC Contracting Inc.</b>						
City, State, Zip Code		Street Address <b>185 Vreeland Ave.</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, NJ</b>						
Telephone No.		Telephone No. <b>(201)262-5841</b>	License No. <b>00155</b>					
Start Date (10) <b>10/24/16</b>	Scheduled Completion Date (11) <b>11/24/16</b>	Name of CSHA Monitor <b>Omega Environmental Services</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>280 Huyler St</b>						
<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 <b>Hackensack, NJ 07606</b>						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 23 sq ft or 23 lf <input type="checkbox"/> 2160 sq ft or 2260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Enable 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
<b>GARAGE AREA #1</b>			<b>PIPE INSULATION</b>	<b>195LF</b>	<input checked="" type="checkbox"/>			
<b>GARAGE AREA #2</b>			<b>PIPE INSULATION</b>	<b>95LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp.</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>10/24/16</b>		City, State <b>Bethlehem, PA</b>				
Completed by <b>Joseph Vocaturo</b>		Title <b>Vice President</b>	Signature <b>J. Vocaturo</b>	Date <b>10/13/16</b>				



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

CHECK # 9236

Date of Notification (1) <b>10/13/16</b>		Name of Building Owner/Operator (2) <b>GEORGE MENEGATOS</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 18 2016 </div>				
Agencies Notified		Street Address						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
City, State, Zip Code <b>ENGLEWOOD, N.J. 07631</b>		Name of Contact <b>CONRAD RONCATI</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>				Type of Facility (4)				
Street Address				<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.)				
City (5) <b>ENGLEWOOD</b>				Square Feet <b>1,950</b>	# of Floors <b>2</b>			
County (6) <b>Bergen</b>				County Code (7) (STATE USE ONLY)	Bldg. Age <b>+50</b>			
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) <b>RESIDENTIAL</b>				
Street Address				Name of Abatement Contractor (9) <b>A.MAC Contracting Inc.</b>				
City, State, Zip Code				Street Address <b>185 Vreeland Ave</b>				
Project Manager for Monitoring Firm				City, State, Zip Code <b>Midland Park, NJ</b>				
Telephone No.				Telephone No. <b>(201)262-5841</b>	License No. <b>00156</b>			
Start Date (10) <b>10/22/16</b>		Scheduled Completion Date (11) <b>10/30/16</b>		Name of OSHA Monitor <b>Omega Environmental Services</b>				
Occupancy Status During Abatement (Check Only One)				Street Address <b>280 Huyler St.</b>				
<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 <b>Hackensack, NJ 07606</b>				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 3150 sf or 3260 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-Enforce Procedure				
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>550SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
			<b>VAT</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>			NJDEP Waste Hauler ID No <b>04509</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>IESI PA Bethlehem Landfill Corp</b>			
City, State <b>Newark, NJ</b>			Disposal Date <b>10/22/16</b>	City, State <b>Bethlehem, PA</b>				
Completed by <b>Joseph Vocaturo</b>			Title <b>Vice President</b>	Signature <i>J Vocaturo</i>	Date <b>10/13/16</b>			

10/07/2016 07:40 2012520321

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	OCT 18 2016
Check # 9229	
ASBESTOS CONTROL LICENSING	

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 9:60 and 12:124)

Date of Notification (1) 10/7/16		Name of Building Owner/Operator (2) ALFRED SANZARI ENTERPRISES													
Agencies Notified	Type Notification	Street Address													
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	285 E. OAKDEWE AVE.													
		City, State, Zip Code TEANECK NJ 07661													
		Name of Contact PAT BERARDI	Telephone Number												
FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) HOUSE		Type of Facility (4)													
Street Address		<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.)													
City (5) TEANECK		Square Feet 1450.	# of Floors 1												
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 60												
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) DENO / RES													
Street Address		Name of Abatement Contractor (9)													
City, State, Zip Code		A. Mac Contracting Inc.													
Project Manager for Monitoring Firm		Street Address													
Telephone No.		185 Vreeland Ave.													
Start Date (10) 10/7/16		City, State, Zip Code													
Scheduled Completion Date (11) 10/12/16		Midland Park, N.J.													
Occupancy Status During Abatement (Check Only One)		Telephone No. 201-262-5841													
<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:		License No. 00156													
Scope of Work (Check All That Apply)		Name of OSHA Monitor													
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥180 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Omega Environmental Services Inc.													
Location of Asbestos-Containing Material (ACM) In Facility (13) FLOOR ROOF		Street Address													
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		280 Huyler Street													
<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>X</td> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </tbody> </table>		Yes	No	N/A			X			X	City, State, Zip Code				
Yes	No	N/A													
		X													
		X													
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Hackensack, N.J. 07606													
Amount (Specify SF or LF)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure													
Abatement Type															
<table border="1"> <thead> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> </thead> <tbody> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Removal	Repair	Encapsulate	Enclosure	X				X					
Removal	Repair	Encapsulate	Enclosure												
X															
X															
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04508													
City, State Newark, N.J. 07106		Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill												
Completed by R. McDonald		Disposal Date 10/7/16	City, State Pen Argyl, PA 08072												
Title President		Signature R. McDonald	Date 10/7/16												

ASB-41 (R-05-08)

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



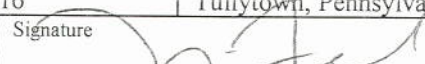
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) October 12, 2016		Name of Building Owner/Operator (2) Jacobs Demolition & Carting	
Agencies Notified	Type of Notification	Street Address	<div style="border: 2px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">OCT 18 2016</div>
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	P O Box 9	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Manasquan, NJ 08736	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Linda	

**FACILITY INFORMATION**

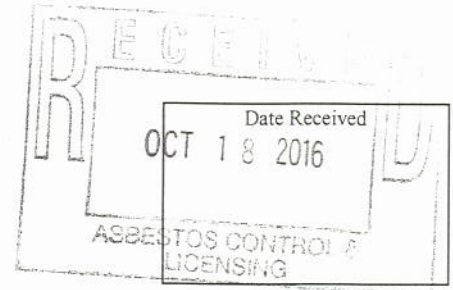
Name of Facility Where Abatement is Taking Place (3) Building			Type of Facility (4)		
Street Address 231 Ocean Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Point Pleasant	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 500 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 10/13/16		Scheduled Completion Date (11) 10/14/16	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) 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 E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos containing stucco	200 sf	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 10/14/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 10/12/2016

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

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

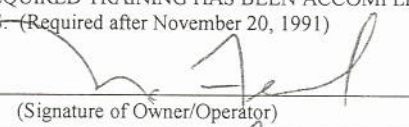
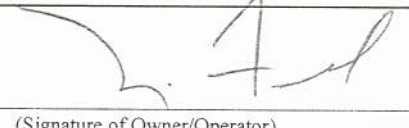


## DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:	Notification:		
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O		II. IS ASBESTOS PRESENT? (Yes/No): Y			
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Jacobs Demolition & Carting					
Address: P O Box 9					
City: Manasquan	State: New Jersey	Zip: 08736			
Contact: Linda	Tel: 732-528-3800				
REMOVAL CONTRACTOR: Guardian Contracting, Inc.		NJ License: 00624			
Address: 1889 Route 9, Unit 61					
City: Toms River	State: New Jersey	Zip: 08755			
Contact: Nicholas Fernicola	Tel: 732-349-9932				
OTHER OPERATOR (if different)		NJ License:			
Address:					
City:	State:	Zip:			
Contact:	Tel:				
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Building					
Address: 231 Ocean Avenue					
City: Point Pleasant	State: New Jersey	County: Ocean			
Site Location: Exterior					
Building Size: 500 sf	# of Floors: 1	Age in Years: 60			
Present Use: Building	Prior Use: Building				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed	LOCATION	Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Cat I	Cat II
Pipes (Linear feet):					
Surface Area (Square feet): 200 sf		Asbestos containing stucco	Exterior		
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)		Start: 10/135/16	Complete: 10/14/16		



## NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

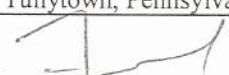
x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED		
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:  Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed full containment procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.		
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: Nicholas Fernicola WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person:		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Permit #: 101494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):		
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER		
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)  <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u>            (Printed Name/Title)         </div> <div>             (Signature of Owner/Operator)         </div> <div> <u>October 12, 2016</u>            (Date)         </div> </div>		
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u>            (Printed Name/Title)         </div> <div>             (Signature of Owner/Operator)         </div> <div> <u>October 12, 2016</u>            (Date)         </div> </div>		

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

Date of Notification (1) <b>October 11, 2016</b>		Name of Building Owner/Operator (2) <b>Somerset Medical Center</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>110 Rehill Avenue</b>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RE 030491  OCT 18 2016 </div>
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	<b>Somerville, NJ 08876</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Joel Russell</b>	Telephone Number

**FACILITY INFORMATION**

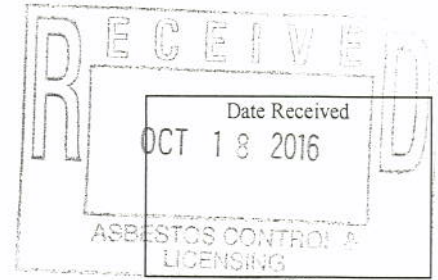
Name of Facility Where Abatement is Taking Place (3) <b>Somerset Medical Center</b>			Type of Facility (4)		
Street Address <b>110 Rehill Avenue</b>			<input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City <b>Somerville</b>	County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Square feet <b>200,000 sf</b>	# of Floors <b>6</b>	Bldg. Age <b>60</b>
			Current Use (Prior if being demolished) <b>Hospital</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>EM &amp; CA</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>P O Box 872</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Somerville, NJ 08876</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Joel Russell</b>		Telephone Number <b>732-249-3005</b>	Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>	
Scheduled Start Date (10) <b>10/21/16</b>		Scheduled Completion Date (11) <b>10/28/16</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe _____			Street Address <b>1056 Stelton Road</b>		
			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input checked="" type="checkbox"/> Glovebag Procedure	
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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
Vascular Lab			X	Pipe fittings	65 fittings	X			
Vascular Lab			X	Asbestos pipe insulation	125 lf	X			
Conference room			X	pipe fittings	20	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>10/28/16</b>		City, State <b>Tullytown, Pennsylvania</b>				
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>10/11/2016</b>		

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



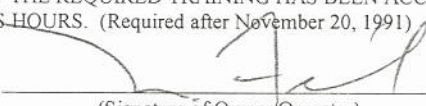

GUARDIAN CONTRACTING, INC.  
1889 ROUTE 9  
SUITE 61  
TOMS RIVER, NEW JERSEY 08755



## DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled):		O		II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Somerset Medical Center					
Address: 110 Rehill Avenue					
City: Somerville		State: NJ		Zip: 08876	
Contact: Joel Russell				Tel: 732-249-3005	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): R					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Somerset Medical Center					
Address: 110 Rehill Avenue					
City: Somerville		State: NJ		County: Somerset	
Site Location: Vascular Lab					
Building Size: 200,000 sf		# of Floors: 6		Age in Years: 60	
Present Use: Hospital			Prior Use: Hospital		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
				Cat I Cat II	
Pipes (Linear feet): 125 lf		Asbestos pipe insulation		Vascular Lab	
Surface Area (Square feet): 65 fittings		Pipe fittings		Vascular Lab	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)					
Start:		10/21/16		Complete: 10/28/16	

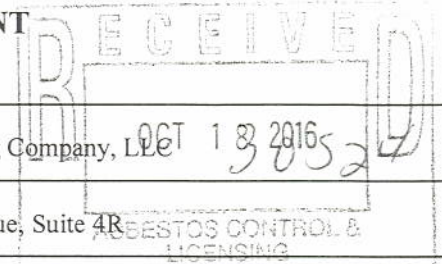
## NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED			<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 13 2016 </div>	
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Removal to take place using negative pressure glove-bag method. Prior to removal, work area to be isolated, negative air units to be put in place. All asbestos insulation will be saturated with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed/locked container for disposal. Encapsulation of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/or wet wiping of all surfaces				
xii.	WASTE TRANSPORTER #1    Name:    Guardian Contracting, Inc. Address:    1889 Route 9, Unit 61 City:    Toms River    State:    New Jersey    Zip:    08755 Contact Person:    Nicholas Fernicola				
	WASTE TRANSPORTER #2    Name: Address: City:       State:       Zip: Contact Person:				
xiii.	WASTE DISPOSAL SITE    Name:    T.R.R.F. Location:    Bordentown Road City:    Tullytown    State:    Pennsylvania    Zip:    19007 Telephone: 215-943-9732    Permit #:    101494				
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name:    Title: Authority: Date of Order (MM/DD/YY):    Date Ordered to Begin (MM/DD/YY):				
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:				
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER				
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)  <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u>  (Printed Name/Title) </div> <div>   (Signature of Owner/Operator) </div> <div> <u>October 11, 2016</u>  (Date) </div> </div>				
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  <div style="display: flex; justify-content: space-between;"> <div> <u>Nicholas Fernicola / Project Manager</u>  (Printed Name/Title) </div> <div>   (Signature of Owner/Operator) </div> <div> <u>October 11, 2016</u>  (Date) </div> </div>				



# NOTIFICATION OF ASBESTOS ABATEMENT

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



Date of Notification (1) <b>October 12, 2016</b>		Name of Building Owner/Operator (2) <b>Charter Contracting Company, LLC</b>	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>500 Harrison Avenue, Suite 4R</b>	<b>Boston, MA 02118</b>
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact <b>Tom</b>	Telephone Number

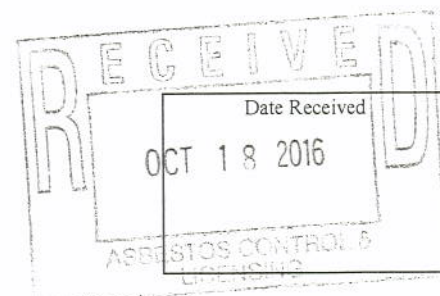
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Abandoned Pier Control Room</b>			Type of Facility (4)		
Street Address <b>1101 South Front Street</b>			<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 <b>Camden</b>	County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Square feet <b>500 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
			Current Use (Prior if being demolished) <b>Abandoned Pier Control Room</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>			
City, State, Zip Code <b>Toms River, NJ 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>			
Project Manager for Monitoring Firm <b>Nicholas Femicola</b>	Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>		
Scheduled Start Date (10) <b>10/24/16</b>	Scheduled Completion Date (11) <b>10/26/16</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe _____		Street Address <b>1056 Stelton Road</b>			
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>			
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) (13) <b>TO BE ABATED</b> in facility	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
Interior		X		Wire insulation	250 lf	X			
Interior		X		Gaskets	90 lf	X			
Interior		X		Pitch pocket material / transite box	1 sf/50 sf	X			
Interior		X		Window glazing	72 lf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>10/27/16</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Femicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>10/12/2016</b>		

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

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

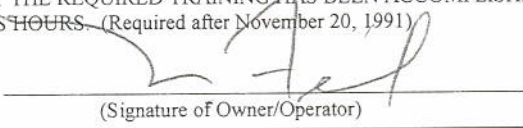
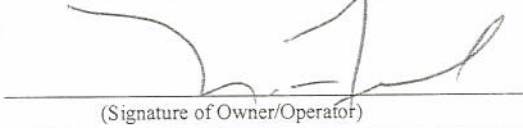


## DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O				II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Charter Contracting Company, LLC					
Address: 500 Harrison Avenue, Suite 4R					
City: Boston		State: MA		Zip: 02118	
Contact: Tom				Tel: 857-225-8679	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Abandoned Pier Control Room					
Address: 1101 South Front Street					
City: Camden		State: NJ		County: Camden	
Site Location: interior					
Building Size: 500 sf		# of Floors: 1		Age in Years: 60	
Present Use: Abandoned Pier Control Room			Prior Use: Abandoned Pier Control Room		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
				Cat I Cat II	
Pipes (Linear feet): 250 lf, 90 lf, 72 lf		Wire insulation, gasket, window glazing		Interior	
Surface Area (Square feet): 1 sf, 50 sf		Pitch pocket, transite box		Interior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/24/16 Complete: 10/26/16					



# NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED								
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:  Asbestos to be removed by non-friable procedures.								
xii.	WASTE TRANSPORTER #1    Name:    Guardian Contracting, Inc.  Address:    1889 Route 9, Unit 61  <table style="width: 100%;"> <tr> <td style="width: 33%;">City:    Toms River</td> <td style="width: 33%;">State:    New Jersey</td> <td style="width: 34%;">Zip:    08755</td> </tr> </table> Contact Person:    Nicholas Fernicola  WASTE TRANSPORTER #2    Name:  Address:  <table style="width: 100%;"> <tr> <td style="width: 33%;">City:</td> <td style="width: 33%;">State:</td> <td style="width: 34%;">Zip:</td> </tr> </table> Contact Person:			City:    Toms River	State:    New Jersey	Zip:    08755	City:	State:	Zip:
City:    Toms River	State:    New Jersey	Zip:    08755							
City:	State:	Zip:							
xiii.	WASTE DISPOSAL SITE    Name:    T.R.R.F.  Location:    Bordentown Road  <table style="width: 100%;"> <tr> <td style="width: 33%;">City:    Tullytown</td> <td style="width: 33%;">State:    Pennsylvania</td> <td style="width: 34%;">Zip:    19007</td> </tr> </table> Telephone: 215-943-9732    Permit #:    101494			City:    Tullytown	State:    Pennsylvania	Zip:    19007			
City:    Tullytown	State:    Pennsylvania	Zip:    19007							
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER  <table style="width: 100%;"> <tr> <td style="width: 50%;">Name:</td> <td style="width: 50%;">Title:</td> </tr> </table> Authority:  <table style="width: 100%;"> <tr> <td style="width: 50%;">Date of Order (MM/DD/YY):</td> <td style="width: 50%;">Date Ordered to Begin (MM/DD/YY):</td> </tr> </table>			Name:	Title:	Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):		
Name:	Title:								
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):								
xv.	FOR EMERGENCY RENOVATIONS  Date and Hour of Emergency (MM/DD/YY):  Description of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:								
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER								
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)								
	<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>October 12, 2016</u> (Date)						
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.								
	<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>October 12, 2016</u> (Date)						



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

Check  
# 9799

Date of Notification (1) <b>10-13-16</b>		Name of Building Owner/Operator (2) <b>D. Villane Construction</b>								
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 <b>2376 South Ave</b>								
		City, State, Zip Code <b>Scotch Plains NJ 07076</b>								
		Name of Contact <b>Don Villane</b>								
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling (Vacant)</b>		Type of Facility (4)	<b>OCT-18-2016</b>							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) <b>Cranford NJ 07076</b>		Square Feet	# of Floors <b>1</b>							
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Outside Shed</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>							
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>								
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>								
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>							
Start Date (10) <b>10-24-16</b>		Scheduled Completion Date (11) <b>10-31-16</b>								
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor <b>EPC Technologies Inc</b>								
<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 <b>P.O. Box 337</b>								
		City, State, Zip Code <b>New Egypt NJ 08533</b>								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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	
<b>Outside Shed</b>			<b>X</b>	<b>Siding Shingles</b>	<b>300 sf</b>	<b>X</b>				
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>						
City, State <b>New Egypt NJ</b>		Disposal Date <b>by 11-1-16</b>		City, State <b>Morrisville PA</b>						
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>			Date <b>10/13/16</b>			



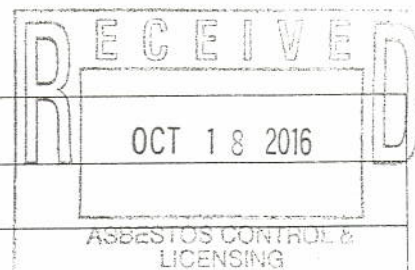
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Check  
# 9798

Date of Notification (1) <b>10-13-16</b>		Name of Building Owner/Operator (2) <b>D. Villane Construction</b>							
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 <b>2376 South AVE</b>							
		City, State, Zip Code <b>Scotch Plains NJ 07076</b>							
		Name of Contact <b>Don Villane</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling (Vacant)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		<div style="float: right; border: 1px solid black; padding: 5px;"> <b>OCT 18 2016</b>  <small>OS of Bldg Age &amp; LICENSING</small> </div>							
City (5) <b>Westfield NJ 07090</b>		Square Feet	# of Floors <b>2</b>						
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Single family Dwelling</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>10-24-16</b>	Scheduled Completion Date (11) <b>10-31-16</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <div style="text-align: right;"> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input checked="" type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure       </div>									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
<b>Basement</b>		<input checked="" type="checkbox"/>		<b>Floor Tiles</b>	<b>800 SF</b>	<input checked="" type="checkbox"/>			
<b>Sun Room Porch</b>		<input checked="" type="checkbox"/>		<b>Floor Tiles</b>	<b>150 SF</b>	<input checked="" type="checkbox"/>			
<b>2nd floor Bedroom</b>		<input checked="" type="checkbox"/>		<b>Floor Tiles</b>	<b>150 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>11-1-16</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>10/13/16</b>			



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



Date of Notification (1) 10/14/16		Name of Building Owner/Operator (2) RIVEREDGE MANAGEMENT	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 65 KINGSLAND AVE	
		City, State, Zip Code CLIFTON NJ	
		Name of Contact	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)  Street Address [REDACTED]		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) JERSEY CITY	Square Feet	# of Floors	Bldg. Age
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) MULTI FAMILY	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 10/29/16	Scheduled Completion Date (11) 10/31/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

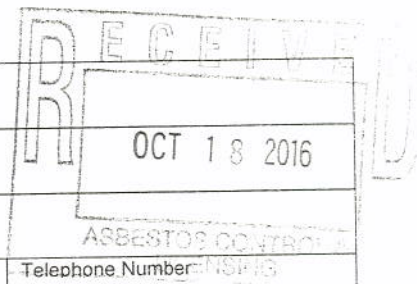
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" 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				TSI	250 LF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI
City, State NEWARK, NJ		Disposal Date 10/31/16	City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature	Date



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



Date of Notification (1) 10/14/16		Name of Building Owner/Operator (2) RIVEREDGE MANAGEMENT							
Agencies Notified	Type Notification	Street Address 65 KINGSLAND 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLIFTON NJ							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) JERSEY CITY		Square Feet	# of Floors						
County (6) HUDSON		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) MULTI FAMILY							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No							
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
City, State, Zip Code		Street Address 6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701							
Telephone No.		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 10/29/16	Scheduled Completion Date (11) 10/31/16	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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				TSI	250 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 10/31/16		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

Project #

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

Check # 3596

Date of Notification (1) 10/11/2016		Name of Building Owner/Operator (2) Wayne BOE	
Agencies Notified	Type Notification	Street Address 50 Nellis Drive	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470	
		Name of Contact John De. Maso	Telephone Number

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FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) High School		Type of Facility (4)	
Street Address 272 Berdan Ave		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Wayne, NJ		Square Feet	# of Floors
County (6) Passaic		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) RAMM		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC
Street Address 77 Nottingham Road		Street Address 72 Brookside Rd	
City, State, Zip Code Fair Lawn		City, State, Zip Code Randolph NJ 07869	
Project Manager for Monitoring Firm Rodger Headrick		Telephone No. (201)475-9880	License No. 01133
Start Date (10) 10/21/2016	Scheduled Completion Date (11) 10/24/2016		
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor IRIS	
<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: 3pm-11pm		Street Address 2333 RT 22	
		City, State, Zip Code Union, NJ 07083	
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	Enclosure
Crawl Space		X		TSI wrap& cure	9LF		X		

Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S	
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA	
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>	Date 10/11/2016	