

CHECK #
3481

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

RECEIVED

| | | | |
|---|--|---|--|
| Date of Notification (1) <u>10/14/14</u> | | Name of Building Owner/Operator (2) <u>MEU + MACHINE</u> | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address <u>225 FRENCH STREET</u> | | City, State, Zip Code <u>WOODBINE, N.J. 08052</u> | |
| Name of Contact <u>LISA</u> | | Telephone Number <u>856-779-0422</u> | |

| | | | |
|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address <u>515 24TH STREET</u> | | Square Foot <u>1000</u> | |
| City (5) <u>WOODBINE</u> | | # of Floors <u>2</u> | |
| County (6) <u>CAPE MAY</u> | | Bldg Age <u>40+</u> | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | Current Use (Prior to being demolished) <u>VACANT</u> | |
| ASCM No. | | Name of Abatement Contractor (9) <u>KLEMMCO INC.</u> | |
| Street Address <u>N/A</u> | | Street Address <u>369 S. SPRUCE AVE.</u> | |
| City, State, Zip Code <u>N/A</u> | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | |
| Project Manager for Monitoring Firm <u>N/A</u> | | Telephone No. <u>856-779-0422</u> | |
| Start Date (10) <u>10/27/14</u> | | License No. <u>00444</u> | |
| Scheduled Completion Date (11) <u>11/4/14</u> | | Name of OSHA Monitor <u>JOSEPH KLEMM</u> | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address <u>369 S. SPRUCE AVE.</u> | |
| Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Win-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure | |

| Location of Asbestos-Containing Material (ACM) (13) <u>SIDING</u> | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
|--|---|----|-----|--|---------------------------|----------------|-----------|---------------|
| | Yes | No | N/A | | | Removal | Enclosure | Encapsulation |
| | | | X | <u>TRANSITE</u> | <u>1800+</u> | X | | |
| | | | | | | | | |
| | | | | | | | | |

| | | | |
|--|--|----------------------------------|---|
| Name of Registered Waste Hauler <u>KLEMMCO INC.</u> | NJ DEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste <u>5</u> | Name of Registered Landfill <u>C.M.C. M.U.A.</u> |
| City, State <u>MAPLE SHADE, N.J. 08052</u> | Disposal Date <u>10/14/14</u> | Signature <u>Joseph Klemm</u> | Date <u>10/14/14</u> |
| Completed By <u>JOSEPH KLEMM</u> | Title <u>OWNER</u> | | |

CHECK#
3481

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

RECEIVED

| | | | | | | |
|--|---|---|---|--|--------|---------------|
| Date of Notification (1) <u>10/24/14</u> | | Name of Building Owner/Operator (2) <u>MEU + MACHINERY</u> | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOM <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | |
| Street Address <u>225 FREMONT AVE.</u> | | City, State, Zip Code <u>WOODBINE, N.J. 08052</u> | | | | |
| Name of Contact <u>LISA</u> | | Telephone Number _____ | | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | | | |
| Street Address <u>669 3RD AVENUE</u> | | Square Feet <u>1000</u> | # of Floors <u>2</u> | | | |
| City (5) <u>WOODBINE</u> | | Bldg Age <u>40+</u> | | | | |
| County (6) <u>CAPE MAY</u> | County Code (7) (STATE USE ONLY) | Current Use (Prior to being demolished) <u>VACANT</u> | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | Name of Abatement Contractor (9) <u>KLEMMCO INC.</u> | | | | |
| Street Address _____ | | Street Address <u>369 S. SPRUCE AVE.</u> | | | | |
| City, State, Zip Code _____ | | City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u> | | | | |
| Project Manager for Monitoring Firm _____ | | Telephone No. <u>856-779-0472</u> | License No. <u>00444</u> | | | |
| Start Date (10) <u>10/27/14</u> | Scheduled Completion Date (11) <u>11/4/14</u> | Name of OSHA Monitor <u>JOSEPH KLEMM</u> | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address <u>369 S. SPRUCE AVE.</u> | | | | |
| Scope of Work (Check all that apply) <input type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min. Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure | | | | |
| Location of Asbestos-Containing Material (ACM) IN Facility (13) <u>SIDING</u> | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u> | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u> | Amount (Specify SF or LF) <u>1800+</u> | Abatement Type | | |
| | | | | Removal | Repair | Encapsulation |
| | | | | | | |
| Name of Registered Waste Hauler <u>KLEMMCO INC.</u> | | NJDEP Waste Hauler ID No. <u>17904</u> | Cubic Yards of Waste <u>5</u> | Name of Registered Landfill <u>C.M.C.M.U.A.</u> | | |
| City, State <u>MAPLE SHADE, N.J. 08052</u> | | Disposal Date | City, State <u>WOODBINE, N.J.</u> | | | |
| Completed By <u>JOSEPH KLEMM</u> | Title <u>OWNER</u> | Signature <u>Joseph Klemm</u> | Date <u>10/14/14</u> | | | |

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

RECEIVED

| | | | | | | |
|--|---|--|---|---|--------------------------|--------------------------|
| Date of Notification (1) | | Name of Building Owner/Operator (2) Jacqueline Holland | | 2014 OCT 20 AM 3:01 | | |
| Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 21 Osprey Drive | | City, State, Zip Code TOMS River, NJ 08753 | | |
| | | Name of Contact Eric Plachis | | Telephone Number 800-777-7777 | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RM | | | 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 21 Osprey Drive | | | Square Feet 1400 | | | |
| City (5) Toms River | | | # of Floors 1 | | Bldg. Age 46 | |
| County (6) Ocean | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) home | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) Brick Industries Inc. | | |
| Street Address | | | | Street Address P.O. Box 915 P | | |
| City, State, Zip Code | | | | City, State, Zip Code Brick, NJ 08723 | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 732-899-7499 | | |
| Start Date (10) 10/13/14 | | Scheduled Completion Date (11) 10/17/14 | | License No. 01196 | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | Name of OSHA Monitor | | | |
| | | | Street Address | | | |
| | | | City, State, Zip Code | | | |
| 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | |
| | | | | Removal | Repair | Encapsulate |
| Living room | Yes | drywall compound + drywall board | 1200 sf 4,000 | <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"/> |
| Name of Registered Waste Hauler Brick Industries Inc. | | NJDEP Waste Hauler ID No. 21602 | | Cubic Yards of Waste 30 | | |
| City, State Brick, NJ | | Disposal Date 10/20/14 | | Name of Registered Landfill G.R.O.W.S. | | |
| Completed by Eric Plachis | | Title President | | Signature Eric Plachis | | |
| | | | | Date 10/16/14 | | |

RECEIVED

CHECK #
3482

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

2014 OCT 20 AM 3:18 / 10/20/14

ASBESTOS CONTROL
& LICENSING

Agencies Notified

- ☒ EPA
☒ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)

PINELANDS CONSTRUCTION

Street Address

300 77 TH ST.

City, State, Zip Code

SEA ISLE CITY, N.J. 08243

Name of Contact

FRANK EDUARDI

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RESIDENCE

Street Address

19 LEONARDS LANE

City (5)

AURORA MANOR

County (6)

CAPE MAY

County Code (7) (STATE USE ONLY)

Type of Facility (4)

- ☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet

of Floors

Blgd Age

Current Use (Prior to being demolished)

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

N/A

ASCM No

Name of Abatement Contractor (9)

KLEMMCO INC.

Street Address

369 S. SPRUCE AVE.

City, State, Zip Code

City, State, Zip Code

MAPLE SHADE, N.J. 08052

Project Manager for Monitoring Firm

Telephone No

Telephone No.

856-779-0472

License No.

00444

Start Date (10)

10/27/14

Scheduled Completion Date (11)

11/24/14

Name of OSHA Monitor

JOSEPH KLEMM

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address

369 S. SPRUCE AVE.

City, State, Zip Code

MAPLE SHADE, N.J. 080

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 3 ft
☐ ≥ 160 sf or ≥ 260 ft

- ☐ Renovation
☒ Demolition

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | |
|--|---|----|-----|--|---------------------------|----------------|--------|
| | Yes | No | N/A | | | Removal | Repair |
| SIDING | | | X | TRANSITE | 1400 SF | X | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Name of Registered Waste Hauler

KLEMMCO INC.

NJ DEP Waste Hauler ID No

17984

Cubic Yards of Waste

Name of Registered Landfill

C.M.C.M.V.A.

City, State

MAPLE SHADE, N.J.

Disposal Date

City, State

WOODBINE, N.J.

Completed By

JOSEPH KLEMM

Title

V/P

Signature

Joseph Klemm

Date

10/15/14

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

RECEIVED

| | | | | | | | | | | | | |
|--|--|--|----|--|---|---|---------------------------|---|------------------|--------|-------------|-----------|
| Date of Notification (1) October 13/2014 | | Check #2685 | | Name of Building Owner/Operator (2) Our Lady of Mount Carmel Parish | | | | | | | | |
| Agencies Notified | | Type Notification | | Street Address | | City, State, Zip Code | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | 1 Passaic Street | | Ridgewood, NJ 07450 | | | | | | |
| | | | | Name of Contact Msgr Ronald Rozniak | | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Rectory-Our Lady of Mount Carmel Parish | | | | Type of Facility (4) | | | | | | | | |
| Street Address 1 Passaic Street | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | |
| City (5) Ridgewood, NJ 07450 | | | | Square Feet | | # of Floors | | | | | | |
| | | | | | | 2 | | | | | | |
| County (6) BERGEN | | | | County Code (7) (STATE USE ONLY) | | Bldg. Age 60+ | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | ASCM No. | | Name of Abatement Contractor (9) EA Services Corporation | | | | | | |
| Street Address | | | | Street Address 426 69th Street | | | | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code Guttenberg, NJ 07093 | | | | | | | | |
| Project Manager for Monitoring Firm | | | | Telephone No. | | Telephone No. 201-295-1700 | | | | | | |
| | | | | | | License No. 01074 | | | | | | |
| Start Date (10) Oct 14/14 | | Scheduled Completion Date (11) Oct 16/14 | | Name of OSHA Monitor same as above | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 3:00 PM | | | | City, State, Zip Code | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 |
| 1st floor-corridor / rectory | | | | x | Pop-corn ceiling plaster | | 20 SF | | x | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Carting Inc | | | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste tbd | | Name of Registered Landfill GROWS North Landfill | | | | |
| City, State Freehold, NJ | | | | Disposal Date tbd | | City, State Morrisville, PA | | | | | | |
| Completed by Gina Salvador | | | | Title Office Manager | | Signature <i>Gina Salvador</i> | | | Date 10/13/14 | | | |

MO#21901445550

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

RECEIVED

2014 OCT 20 AM 2:55

ASBESTOS CONTROL
& LICENSING

| | | | |
|--|--|---|-----------------------------|
| Date of Notification (1) 10 / 15 / 14 | | Name of Building Owner/Operator (2) Frank Raineri | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 166 Sydney Avenue City, State, Zip Code Union Beach, NJ 07735 Name of Contact Mike McEvoy Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Private home Street Address 166 Sydney Avenue City (5) Union Beach, NJ 07735 County (6) Monmouth | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. | | Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127 | |
| Start Date (10) 10 / 25 / 14 | | Scheduled Completion Date (11) 10 / 26 / 14 | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410 | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) <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 SIF or LF) |
| Outside siding | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | Transite siding | 850 SF |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470 | | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD |
| Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA | | Disposal Date TBD | |
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>N. Jevtic</i> | Date 10/15/2014 |

MO#21901445548

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

RECEIVED

2014 OCT 20 AM 2:55

ASBESTOS CONTROL
& LICENSING

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|---|--|---|--|
| Date of Notification (1) 10 / 15 / 14 | | Name of Building Owner/Operator (2) Judith Schachter | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 58 Stony Brook Road City, State, Zip Code Branchburg, NJ 08876 Name of Contact Judith Schachter Telephone Number | |

FACILITY INFORMATION

| | | | |
|---|--|---|--------------------------|
| Name of Facility Where Abatement is Taking Place (3) Private home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 58 Stony Brook Road City (5) Branchburg, NJ 08876 County (6) Somerset | | Square Feet | # of Floors Bldg. Age |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |

| | | | | |
|--|--|--|---|--|
| Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code | | ASCM No. | Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. | License No. |
| Start Date (10) 10 / 25 / 14 | | Scheduled Completion Date (11) 10 / 26 / 14 | | Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410 |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | | |

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

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

| | | | | | |
|--|----------------|--------------------------------------|-----------------------------|---|--|
| Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470 | | NJDEP Waste Hauler ID No. 0033785 | Cubic Yards of Waste TBD | Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA | |
| Completed By (Print or Type) N.Jevtic | Title Owner | Signature <i>N. Jevtic</i> | | Date 10/15/2014 | |

ASB-41
MAY 11

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

CK 2131

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

| | | | | | | | | | |
|---|---|--|-------------------------------------|--|---------------------------|--|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 15 / 14 | | Name of Building Owner/Operator (2) Community Health Systems | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 310 Woodstown Road | | | | | | | |
| | | City, State, Zip Code Salem, NJ 08079 | | | | | | | |
| | | Name of Contact Jack Jenkins | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Salem Memorial Hospital | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 310 Woodstown Road | | Square Feet 100,000 | | | | | | | |
| City (5) Salem | | # of Floors 4 | | | | | | | |
| County (6) Salem | | Bldg. Age 30+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Hospital | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Quad Three Group, Inc. | | Name of Abatement Contractor (9) Prism Response, Inc. | | | | | | | |
| Street Address 72 Glenmaura National Boulevard | | Street Address 102 Technology Lane | | | | | | | |
| City, State, Zip Code Moosic, PA 18510 | | City, State, Zip Code Export, PA 15632 | | | | | | | |
| Project Manager for Monitoring Firm Jack Jenkins | | Telephone No. 570-342-5200 | | | | | | | |
| Telephone No. 724-325-3330 | | License No. 01121 | | | | | | | |
| Start Date (10) 10 / 27 / 14 | | Scheduled Completion Date (11) 11 / 7 / 14 | | | | | | | |
| Name of OSHA Monitor Quad Three Group, Inc. | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 72 Glenmaura National Boulevard | | | | | | | |
| City, State, Zip Code Moosic, PA 18510 | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement, Office, & Kitchen | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile & Mastic | 2000 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. SW1724 | | Cubic Yards of Waste | | Name of Registered Landfill Grows North Landfill | | | |
| City, State Camden, New Jersey | | Disposal Date | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Jessica Wolfe | | Title Administrative Support | | Signature <i>Jessica Wolfe</i> | | Date 10/15/2014 | | | |

RECEIVED

Oct 14 2014 09:17am

P001/001

Check # 8581

2014 OCT 20 AM 2:54

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

| | | | | | |
|--|--|--|---|--|---|
| Date of Notification (1) ASBESTOS CONTROL | | Name of Building Owner/Operator (2) JEFF SHARRI | | APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Horner</i> (signature) Date: 10/14/14 Time: 8:55AM | |
| Agencies Notified (3) <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 178 BELFOLD AVE City, State, Zip Code RUTHERFORD, N.J. 07070 Name of Contact JEFF SHARRI Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement Is Taking Place (3) RESIDENT | | | 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 178 BELFOLD AVE | | | Square Feet 1,500 | | |
| City (5) RUTHERFORD | | | # of Floors 2 | | Bldg. Age +50 |
| County (6) BELDEN | | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) RESIDENTIAL |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) A. Mac Contracting Inc. | |
| Street Address | | | | Street Address 105 Lowell Road | |
| City, State, Zip Code | | | | City, State, Zip Code Glen Rock, N.J. 07452 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-262-5841 | |
| Start Date (10) 10/13/14 | | Scheduled Completion Date (11) 10/30/14 | | License No. 00156 | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | | Name of OSHA Monitor Omega Environmental Services Inc. | |
| | | | | Street Address 280 Huyler Street | |
| | | | | City, State, Zip Code Hackensack, NJ 07606 | |
| Scope of Work (Check All That Apply) | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input 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-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| | | Yes No N/A | | Amount (Specify SP or LF) | |
| Basement | | | | PIPE INSULATION | |
| | | | | 140 LF | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Rovic Transport | | NJDEP Waste Hauler ID No. 20785 | | Cubic Yards of Waste 2 | |
| City, State Riverdale, New Jersey 07457 | | Disposal Date 10/13/14 on | | Name of Registered Landfill IESI PA Bethlehem Landfill Corp. | |
| Completed by R. McDonald | | Title President | | Signature <i>R. McDonald</i> | |
| | | | | Date 10/11/14 | |

CK# 2475

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

| | | | | | | | | |
|--|---|---|--|--|--|--|--------|-------------|
| Date of Notification (1) 10/16/14 | | Name of Building Owner/Operator (2) Township of Neptune | | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED 2014 OCT 20 AM 2:53 ASBESTOS CONTROL LICENSING </div> | | | | |
| 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 25 South River Side Drive | | |
| | | City, State, Zip Code Neptune, New Jersey | | | | Name of Contact Dug | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Township of Neptune Building | | | | 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 25 S. River Side Drive | | | | Square Feet 2500 | # of Floors 2 | | | |
| City (5) Neptune | | | | Bldg. Age 60+ | | | | |
| County (6) Monmouth | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Township Building | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) Ace Insulation Co., Inc. | | | | |
| Street Address | | | | Street Address 95 Montrose Road | | | | |
| City, State, Zip Code | | | | City, State, Zip Code Colts Neck, N.J. 07722 | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 732-294-1757 | License No. 00029 | | | |
| Start Date (10) 10/25/14 | | Scheduled Completion Date (11) 10/29/14 | | Name of OSHA Monitor | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM - 7PM | | | | Street Address | | | | |
| | | | | City, State, Zip Code | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) outside | 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) Siding w/ vinyl | Amount (Specify SF or LF) 2000 | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | | NJDEP Waste Hauler ID No. 12086 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | |
| City, State Colts Neck, New Jersey | | | Disposal Date 10/29/14 | City, State Tullytown, PA | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | | Signature Bree | | Date 10/16/14 | | |

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

RECEIVED

| | | | | | | | | | |
|--|---|---|-------------------------------|---|---------------------------|-------------------------------------|--------|-------------|-----------|
| Date of Notification (1) | | Name of Building Owner/Operator (2) <i>Carol MacDougall</i> | | | | | | | |
| Agencies Notified | Type Notification | Street Address | 2014 OCT 20 AM 2:53 | | | | | | |
| <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 checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 3202 Allaire Rd | ASBESTOS CONTROL LICENSING | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| | | Wall, New Jersey | | | | | | | |
| | | Name of Contact | Telephone Number | | | | | | |
| | | Doug | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) <i>MacDougall Residence</i> | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| 3202 Allaire Rd | | | | | | | | | |
| City (5) <i>Wall, New Jersey</i> | | Square Feet | # of Floors | | | | | | |
| | | 1500 | 2 | | | | | | |
| County (6) <i>Morristown</i> | | Bldg. Age | | | | | | | |
| | | 50+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| | | Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | | | | | | | |
| | | Ace Insulation Co., Inc. | | | | | | | |
| Street Address | | Street Address | | | | | | | |
| | | 95 Montrose Road | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code | | | | | | | |
| | | Colts Neck, N.J. 07722 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | |
| | | 732-294-1757 | 00029 | | | | | | |
| Start Date (10) <i>10/25/14</i> | Scheduled Completion Date (11) <i>10/29/14</i> | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement | | | | | | | | | |
| <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours | | City, State, Zip Code | | | | | | | |
| Other - Describe: <i>2AM-7PM</i> | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input 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 |
| outside | | | | siding | 2000 | <input checked="" type="checkbox"/> | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill | | | | | |
| Ace Insulation Co., Inc. | | 12086 | 1 | G.R.O.W.S. | | | | | |
| City, State | | Disposal Date | | City, State | | | | | |
| Colts Neck, New Jersey | | 10/29/14 | | Tullytown, PA | | | | | |
| Completed by | | Title | Signature | | Date | | | | |
| Bree McGuire | | Secretary Treasurer | <i>Bree McGuire</i> | | 10/16/14 | | | | |

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

RECEIVED 24708

| | | | |
|--|--|--|--|
| Date of Notification (1) 10 / 14 / 14 | | Name of Building Owner/Operator (2) TOWNSHIP OF BERNARDS - DPW | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency | |
| Street Address 1 COLLYER LANE | | City, State, Zip Code BASKING RIDGE, NJ 07920 | |
| Name of Contact MR. MIKE MULLIGAN | | Telephone Number | |

| | | | |
|---|------------------------|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address 255 SOUTH MAPLE AVENUE | | Square Feet # of Floors Bldg. Age | |
| City (5) BASKING RIDGE | County (6) SOMERSET | County Code (7) (STATE USE ONLY) | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM | | Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC. | |
| Street Address | | Street Address 1141 ROUTE 23 | |
| | | City, State, Zip WAYNE, NJ 07470 | |
| Project Manager for Monitoring Firm | | Telephone Number 973 628-9500 | License Number 00408 |
| Scheduled State Date (10) 10 / 24 / 14 | | Scheduled Completion Date (11) 10 / 28 / 14 | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input checked="" type="checkbox"/> Hours - Describe: Mon & Fri - 7:00 a.m. - 3:30 p.m. <input type="checkbox"/> Other - Describe: | | Name of OSHA Monitor ENVIRO VISION CONSULTANTS, INC. | |
| Street Address 20-21 WAGARAW ROAD, BLDG. #34A | | City, State, Zip Code FAIR LAWN, NJ 07410 | |

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

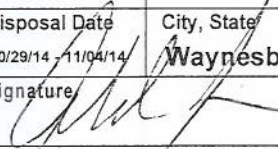
| Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance / Custodial Staff (12) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (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 O S U R E |
| BASEMENT | X | Pipe and Elbow Fitting Insulation | 210 LF | X | | | |
| FIRST FLOOR - WALK-IN CLOSET | X | Linoleum (Multiple Layers) | 108 SF | X | | | |
| EXTERIOR-WINDOWS | X | Window Caulking and Glazing | 250 LF | X | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | |
|--|-----------------------------------|-------------------------------|--|
| Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc. | NJDEP Waste Hauler ID No 17819 | Cubic Yards of Waste 20 | Name of Registered Landfill G.R.O.W.S |
| City, State Wayne NJ 07470 | Disposal Date | City, State Morrisville PA | |
| Completed by (Print or Type) Jerry Bijelonic | Title Project Manager | Signature | Date 10/14/14 |

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

Check No. **2116**

RECEIVED

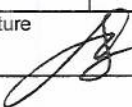
| | | | | | | | |
|--|---|---|--|---|-------------------------------------|---------|--------|
| Date of Notification (1) October 15, 2014 | | Name of Building Owner/Operator (2) Edwin & Dorothy Larsen | | | | | |
| Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <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 265 Linden Avenue City, State, Zip Code Verona, NJ 07044 Name of Contact Edwin Larsen | | | | | |
| Telephone Number 201 438 4839 | | | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) N/A | | 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 265 Linden Avenue | | Square Feet 3,000 | # of Floors 2 | | | | |
| City (5) Verona, NJ 07044 | | Bldg. Age 60 | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residential | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, L.L.C. | | ASCM No. 00118 | Name of Abatement Contractor (9) B&N&K Restoration Co., Inc. | | | | |
| Street Address 464 Valley Brook Avenue | | Street Address 223 Randolph Avenue | | | | | |
| City, State, Zip Code Lyndhurst, NJ 07071-1998 | | City, State, Zip Code Clifton, NJ 07014 | | | | | |
| Project Manager for Monitoring Firm Ellen McCabe | | Telephone No. 201-438-4839 | License No. 0120 | | | | |
| Start Date (10) October 27, 2014 | Scheduled Completion Date (11) November 30, 2014 | Name of OSHA Monitor McCabe Environmental Services, L.L.C. | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998 | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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) 200 Ln ft | Abatement Type | | |
| | Yes | No | | | N/A | Removal | Repair |
| Basement | | | Pipe Insulation | | <input checked="" type="checkbox"/> | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Name of Registered Waste Hauler B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Inc. | | NJDEP Waste Hauler ID No. 12695 / 2A456 | Cubic Yards of Waste 1 | Name of Registered Landfill Minerva Enterprises, Inc. | | | |
| City, State Clifton, NJ 07011 / Bronx, NY | | | Disposal Date 10/29/14 - 11/04/14 | City, State Waynesburg, OH | | | |
| Completed by Aleks Kuridza | Title Vice - President | | Signature  | Date 10/15/2014 | | | |

CK 000294

Print Form

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

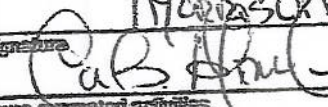
RECEIVED

| | | | | | | | | | |
|--|---|---|---|--|----------------|---|--------|-------------|-----------|
| Date of Notification (1) 10-06-2014 | | Name of Building Owner/Operator (2) Darek Czupack | | 2014 OCT 20 AM 2:59 | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 7 Durrell St. City, State, Zip Code Verona NJ 07044 Name of Contact Darek Czupack Telephone Number _____ | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Residence | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 7 Durrell St. | | | Square Feet | | | | | | |
| City (5) Verona | | | # of Floors | | | | | | |
| County (6) Essex | | | 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 Street | | City, State, Zip Code Union City NJ 07087 | | | | | |
| City, State, Zip Code | | Telephone No. 201 216-9603 | | License No. 01206 | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Name of OSHA Monitor Delfa Contracting LLC | | | | | |
| Start Date (10) 10-08-14 | | Scheduled Completion Date (11) 10-10-14 | | Street Address 522 7th Street | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code Union City NJ 07087 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input 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 |
| 2nd Floor | | X | | VAT | 320 SF | X | | | |
| Basement | | X | | VAT | 800 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | | Cubic Yards of Waste 5 | | Name of Registered Landfill Tullytown Resource Recovery Facility | | | |
| City, State Union City NJ 07087 | | | | Disposal Date 10-13-14 | | City, State Tullytown, PA | | | |
| Completed by Jaime Delgado | | Title Proj. Manager | | Signature  | | Date 10-06-14 | | | |

Fax. # 201 216-9633

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

VIA U.S. MAIL
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1100

| Date of Notification (1) 10/14/14 | | Name of Building Owner/Operator (2) Michael Mahoney LLC | | 2014 OCT 20 AM 2:57 | | | | | |
|---|---|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> NJOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address P.O. Box 2698 | | ASBESTOS CONTROL & LICENSING | | | | | |
| | | City, State, Zip Code WESTFIELD N.J. 07091-2698 | | | | | | | |
| | | Name of Contact MR. H. MAHONEY | | Telephone Number 732-238-7500 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | | Type of Facility (4) | | | | | | |
| Street Address 746 Hyslop AVE | | | <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) WESTFIELD N.J. | | | Square Feet 3000 | # of Floors 2 | Bldg. Age 60 | | | | |
| County (6) UNION | | County Code (7) (STATE USE ONLY) | Current Use (Filing Required) | | | | | | |
| | | | HOUSE | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASPM No. | Name of Abatement Contractor (9) | | | | | | |
| | | | NOVATECH INC | | | | | | |
| Street Address | | | Street Address | | | | | | |
| | | | P.O. Box 814 | | | | | | |
| City, State, Zip Code | | | City, State, Zip Code | | | | | | |
| | | | OLD BRIDGE N.J. 08857 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. | License No. | | | | | |
| | | | 732 238-7500 | 00806 | | | | | |
| Start Date (10) 9/12/14 | | Scheduled Completion Date (11) 10/29/14 | | Name of CSP Monitor NOVATECH INC | | | | | |
| Emergency Status During Abatement (Check only one) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | P.O. Box 814 | | | | | | | |
| | | City, State, Zip Code OLD BRIDGE N.J. 08857 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 f <input type="checkbox"/> ≥ 100 sf or ≥ 250 f | | | | | | | | | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Enclosure Procedure <input checked="" type="checkbox"/> Non-Enclosed (F) and Non-Fabric Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by 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 | REA | | | Remove | Repair | Encapsulate | Enclosure |
| BASEMENT | | | X | Floor TILE | 2150 S/FX | | | | |
| Name of Registered Waste Hauler | | RIIEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill | | | | | |
| NOVATECH INC | | 18501 | 10 | G.R.O.W.S. | | | | | |
| City, State OLD BRIDGE N.J. 08857 | | Disposal Date | City, State Horseshoe P.A. | | | | | | |
| Completed by CARLOS ALMEIDA | | Title PRESIDENT | Signature  | Date 10/14/14 | | | | | |

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

RECEIVED # 5282

| | | | | | | |
|--|--|--|---|----------------|--------|-------------|
| Date of Notification (1) 10/14/14 | | Name of Building Owner/Operator (2) MR. BOB LEGACY | | | | |
| 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 15 LINDLEY AVE City, State, Zip Code TENAFLY, NJ. 07610 Name of Contact MR. LEGACY | | | | |
| | | Telephone Number 201-329-7444 | | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR. LEGACY | | 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 15 LINDLEY AVE | | Square Feet 2100 | # of Floors 2 | | | |
| City (5) TENAFLY | | Bldg. Age 80 YEARS | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | |
| Street Address | | Street Address 450 S. River St | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-329-7444 | License No. 00388 | | | |
| Start Date (10) 10/27/14 | Scheduled Completion Date (11) 10/28/14 | Name of OSHA Monitor Omega Environmental Inc | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8AM TO 5PM | | Street Address 280 Huyler St | | | | |
| | | City, State, Zip Code South Hackensack, N.J. 07606 | | | | |
| Scope of Work (Check all that apply) | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) BASEMENT | 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) THERMAL SYSTEM INSULATION | Amount (Specify SF or LF) SS LF | Abatement Type | | |
| | | | | Removal | Repair | Encapsulate |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 1 1/2 cy | Name of Registered Landfill Minerva Enterprises | | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 10/28/14 | City, State Waynesburg, Oh | | | |
| Completed by J. Maiorano | Title Estimator | Signature <i>J. Maiorano</i> | Date 10/14/14 | | | |

MO 220 79284874

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

RECEIVED

| | | | | | |
|--|---|--|---|---|---------------------------|
| Date of Notification (1) 10/10/14 | | Name of Building Owner/Operator (2) Josephine Cisco | | 2014 OCT 20 AM 3:06 | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 8 Vreeland Ave City, State, Zip Code Bloomingtondale, NJ 07403 Name of Contact Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Josephine Cisco | | | 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 8 Vreeland Ave | | | Square Feet | | |
| City (5) Bloomingtondale | | | # of Floors | | Bldg. Age |
| County (6) Passaic County | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) Pro Abatement | |
| Street Address | | Street Address 1009 87th Street Suite A4 | | | |
| City, State, Zip Code | | City, State, Zip Code North Bergen, NJ 07047 | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-293-6305 | |
| Start Date (10) 10/13/14 | | Scheduled Completion Date (11) 10/27/14 | | License No. 01223 | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | Name of OSHA Monitor HILMAMM CONSULTING LLC | | |
| | | | Street Address 1600 ROUTE EAST SUITE 107 | | |
| | | | City, State, Zip Code UNION NJ 07083 | | |
| Scope of Work (Check All That Apply) | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| | Yes | No | N/A | | |
| Attic | | | | Insulation | 760 SF |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler SAN TON SERVICES | | NJDEP Waste Hauler ID No. 22430 | | Cubic Yards of Waste | |
| City, State KENILWORTH, NJ | | Disposal Date | | Name of Registered Landfill MEDOWLANCHES COMMISION | |
| City, State KEARNY, NJ | | | | | |
| Completed by Bryan Parra | | Title Project Manager | | Signature B. P. | |
| | | | | Date 10/10/14 | |

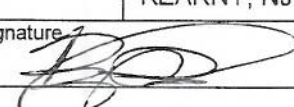
MD 22079284883

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

| | | | |
|--|--|--|------------------|
| Date of Notification (1) 10/13/14 | | Name of Building Owner/Operator (2) Matthew Wisocky | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 434 E. Ridgewood Ave. | |
| | | City, State, Zip Code Paramus, NJ, 07652 | |
| | | Name of Contact | Telephone Number |

RECEIVED
2014 OCT 20 AM 3:05
ASBESTOS CONTROL & LICENSING

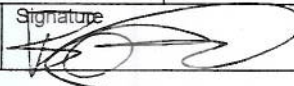
| FACILITY INFORMATION | | | | | | | | | |
|---|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Name of Facility Where Abatement is Taking Place (3) Matthew Wisocky | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 434 E. Ridgewood Ave. | | Square Feet | # of Floors | | | | | | |
| City (5) Paramus | | Bldg. Age | | | | | | | |
| County (6) Bergen County | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Pro Abatement | | | | | | |
| Street Address | | Street Address 1009 87th Street Suite A4 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code North Bergen, NJ 07047 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-293-6305 | License No. 01223 | | | | | | |
| Start Date (10) 10/23/14 | Scheduled Completion Date (11) 11/13/14 | Name of OSHA Monitor HILMAMM CONSULTING LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 1600 ROUTE EAST SUITE 107 | | | | | | | |
| | | City, State, Zip Code UNION NJ 07083 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <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 |
| Back and sides of house | | | | Asbestos siding | 846 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|---|------------------------------------|---|--|
| Name of Registered Waste Hauler SAN TON SERVICES | NJDEP Waste Hauler ID No. 22430 | Cubic Yards of Waste | Name of Registered Landfill MEDOWLANCHES COMMISSION |
| City, State KENILWORTH, NJ | Disposal Date | City, State KEARNY, NJ | |
| Completed by Bryan Parra | Title Project Manager | Signature  | Date 10/13/14 |

M022009284896

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

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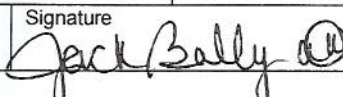
| | | | | | | | | | |
|--|---|--|---|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 10/11/14 | | Name of Building Owner/Operator (2) Robert Nugent / Excel Property Group | | | | | | | |
| Agencies Notified | Type Notification | Street Address 7 Ashland Road | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Summit, NJ | | | | | | | |
| | | Name of Contact | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Robert Nugent | | 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 7 Ashland Road | | Square Feet | # of Floors | | | | | | |
| City (5) Summit | | Bldg. Age | | | | | | | |
| County (6) Union county | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Pro Abatement | | | | | | |
| Street Address | | Street Address 1009 87th Street Suite A4 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code North Bergen, NJ 07047 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | |
| Start Date (10) 10/21/14 | | Scheduled Completion Date (11) 11/04/14 | Name of OSHA Monitor HILMAMM CONSULTING LLC | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 1600 ROUTE EAST SUITE 107 | | | | | | | |
| | | City, State, Zip Code UNION NJ 07083 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | | Thermal Systems insulation | 100 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler SAN TON SERVICES | | NJDEP Waste Hauler ID No. 22430 | Cubic Yards of Waste | Name of Registered Landfill MEDOWLANCHES COMMISSION | | | | | |
| City, State KENILWORTH, NJ | | | Disposal Date | City, State KEARNY, NJ | | | | | |
| Completed by Bryan Parra | | Title Project Manager | Signature  | | | Date 10/11/14 | | | |

CK 3657

Print Form

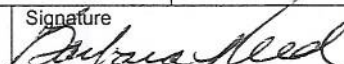
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

| | | | | | | | | | |
|--|---|--|---|--|--------------------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 10/17/14 | | Name of Building Owner/Operator (2) Jane Goodnow | | 2014 OCT 20 AM 4:15 | | | | | |
| 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 309 Bridgeboro Road - The Evergreens City, State, Zip Code Moorestown, NJ 08057 Name of Contact Jane Goodnow | | | | | |
| | | | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 416 Chester Avenue | | | | | | | | | |
| City (5) Moorestown | | | Square Feet 4,000 | # of Floors 2 | Bldg. Age 90 | | | | |
| County (6) Burlington | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Residence | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technology | | ASCM No. _____ | | Name of Abatement Contractor (9) ecoservices, LLC | | | | | |
| Street Address 28 N. Pennell Road | | Street Address 407 W. Lincoln Highway, Suite 500 | | | | | | | |
| City, State, Zip Code Media, PA 19063 | | City, State, Zip Code Exton, PA 19341 | | | | | | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | Telephone No. _____ | | Telephone No. 484-872-8884 | License No. 01161 | | | | |
| Start Date (10) 11/3/14 | | Scheduled Completion Date (11) 11/7/14 | | Name of OSHA Monitor EMSL | | | | | |
| 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 200 Route 130 North | | | | | |
| | | | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | | X | Pipe insulation | 200 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ecoservices | | NJDEP Waste Hauler ID No. _____ | | Cubic Yards of Waste 3 | Name of Registered Landfill GROWS | | | | |
| City, State Exton, PA | | | | Disposal Date TBD | City, State Morrisville, PA | | | | |
| Completed by Jack Bally | | Title Sr. Project Manager | | Signature  | | Date 10/17/14 | | | |

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

RECEIVED

| | | | | | | | | |
|--|--|--|---|---|--------------------|---------|--------|-------------|
| Date of Notification (1) 10/13/2014 | | Name of Building Owner/Operator (2) North Arlington Board of Education | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 222 Ridge Road | | | | | | |
| | | City, State, Zip Code North Arlington, NJ 07031 | | | | | | |
| | | Name of Contact Daniel Schaefer | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) North Arlington High School Guidance Office | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 222 Ridge Road | | Square Feet 55,000 | # of Floors 3 | | | | | |
| City (5) North Arlington, NJ 07031 | | Bldg. Age 55+yrs. | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) T and M Associates | | ASCM No. | Name of Abatement Contractor (9) Be Construction Corporation | | | | | |
| Street Address 11 Tindall Road | | Street Address 235 Watchung Avenue | | | | | | |
| City, State, Zip Code Middletown, NJ 07748 | | City, State, Zip Code West Orange, NJ 07052 | | | | | | |
| Project Manager for Monitoring Firm Daniel Schaefer | | Telephone No. 908-268-8686 | Telephone No. 973-669-2900 | | | | | |
| License No. 01231 | | | | | | | | |
| Start Date (10) 10/15/2014 | Scheduled Completion Date (11) 10/16/2014 | Name of OSHA Monitor Schneider Laboratories Global | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 2512 West Cary Street | | | | | | |
| | | City, State, Zip Code Richmond, VA 23220 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| Guidance Office | | X | | Pipe Insulation | 9LF | X | | |
| Guidance Office | | X | | Pipe Insulation | 22LF | | X | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Be Construction Corporation | | NJDEP Waste Hauler ID No. 0035767 | Cubic Yards of Waste | Name of Registered Landfill Waste Management | | | | |
| City, State 235 Watchung Avenue | | | Disposal Date | City, State Tullytown, PA | | | | |
| Completed by Barbara Reed | | Title President | Signature  | | Date 10/13/2014 | | | |

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

RECEIVED # 2718

| | | | |
|---|---|--|------------------|
| Date of Notification (1) 10/15/14 | | Name of Building Owner / Operator (2) Verizon Communications | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 15 East Montgomery Place | |
| | | City, State & Zip Code Pittsburgh, PA 15212 | |
| | | Name of Contact Anthony Porta | Telephone Number |

FACILITY INFORMATION

| | | | | | |
|--|--------------------------------|---|---|---|------------------------|
| Name of Facility Where Abatement is Taking Place (3) Verizon New Brunswick CO | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | |
| Street Address 18 Paterson Street | | | Square Feet 236521 | # of Floors 10 | Bldg. Age 79 |
| City (5) New Brunswick | County (6) Middlesex | County Code (7) | Current Use (Prior if being demolished) Telephone Communications | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA Environmental inc | | ASCM No. | Name of Abatement Contractor (9) Bristol Environmental, Inc. | | |
| Street Address 8436 Enterprise Avenue | | | Street Address 1123 Beaver Street | | |
| City, State & Zip Code Philadelphia pa 19153 | | | City, State & Zip Code Bristol, PA 19007 | | |
| Project Manager for Monitoring Firm Mark Jenkins | | Telephone Number 215-365-5810 | Telephone Number (215)788-6040 | License Number 00509 | |
| Scheduled Start Date (10) 10/28/14 | | Scheduled Completion Date (11) 10/30/14 | | Name of OSHA Monitor Bristol Environmental Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 5:00 PM -1:30 AM <input type="checkbox"/> Facility Occupied During Abatement | | | Street Address 1123 Beaver Street | | |
| | | | City, State & Zip Code Bristol, PA 19007 | | |

Scope of Work (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥ 160 sf ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" 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) <u>TO BE ABATED</u> in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| First Floor | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor Tile & Mastic | 6 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6th Floor Mechanical Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fittings | 15 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---|--|--|
| Name of Registered Waste Hauler Service Transport Inc. | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 1 | Name of Registered Landfill Minerva Landfill |
| City, State New Castle, DE | Disposal Date | City, State Waynesburg, Ohio | |
| Completed By (Print or Type) Patrick T. Decaro | Title Project Manager | Signature <i>Patrick T. Decaro</i> | Date 10/15/14 |

OK 1784

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

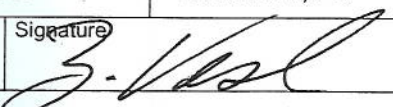
RECEIVED

| | | | | | | | | | |
|---|---|--|--|--|---------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Date of Notification (1) 10 / 15 / 14 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 33 West State Street | | | | | | | |
| | | City, State, Zip Code Trenton, NJ 08608 | | | | | | | |
| | | Name of Contact Rick Ferrera | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 6 Fisher Street | | Square Feet | # of Floors | | | | | | |
| City (5) Sayreville, NJ 08872 | | Bldg. Age | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | Telephone No. 973-494-3762 | Telephone No. 973-928-4888 | License No. 1188 | | | | | | |
| Start Date (10) 10 / 16 / 14 | Scheduled Completion Date (11) 12 / 22 / 14 | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM | | Street Address 27 Outwater Lane | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Throughout 1 st Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tiles and Mastic | 643 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Throughout Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sheetrock & Joint Compound | 3000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <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"/> |
| Name of Registered Waste Hauler Newark Carting | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste As Needed | Name of Registered Landfill IESI Landfill | | | | | | |
| City, State Newark, NJ | Disposal Date TBD | City, State Bethlehem, PA | | | | | | | |
| Completed By (Print or Type) Zvonko Veskov | Title President | Signature | Date 10/15/14 | | | | | | |


CK 1784

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:27)

RECEIVED

| | | | | | | | | | |
|---|---|---|-------------------------------------|--|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Date of Notification (1) 10 / 15 / 14 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 33 West State Street | | City, State, Zip Code Trenton, NJ 08608 | | | | | | | |
| Name of Contact Rick Ferrara | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 20 William Street | | Square Feet | | | | | | | |
| City (5) Sayreville, NJ 08872 | | # of Floors | | | | | | | |
| County (6) Middlesex | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | | | | | | | |
| Street Address P.O. Box 1224 | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | | |
| City, State, Zip Code Union, NJ | | Street Address 27 Outwater Lane | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Telephone No. 973-494-3762 | | Telephone No. 973-928-4888 | | | | | | | |
| License No. 1188 | | | | | | | | | |
| Start Date (10) 10 / 16 / 14 | | Scheduled Completion Date (11) 12 / 22 / 14 | | | | | | | |
| Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 27 Outwater Lane | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior of Shed | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Siding | 400 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 nd Floor - Kitchen | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sink Coating | 6 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2nd Floor - Kitchen & Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tiles & Mastic | 775 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1 st Floor - Center Bedroom | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tiles & Mastic under Plywood FI | 110 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste As Needed | Name of Registered Landfill IESI Landfill | | | | |
| City, State Newark, NJ | | Disposal Date TBD | | City, State Bethlehem, PA | | | | | |
| Completed By (Print or Type) Zvonko Veskov | | Title President | | Signature  | | Date 10/15/14 | | | |

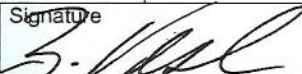
[illegible]

| | | | |
|--|------------------|---|----------------|
| Completed by: (Print or type) Zvonko Veskov | Title: President | Signature:  | Date: 10/15/14 |
|--|------------------|---|----------------|

CK 1784

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


RECEIVED

| | | | | | | | | | |
|--|---|---|--|---|--|--|---|-------------------------------------|-------------------------------------|
| Date of Notification (1) 10 / 15 / 14 | | | Name of Building Owner/Operator (2) Division of Property Management & Construction | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | Street Address 33 West State Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera | | | |
| | | | Telephone Number <div style="text-align: right;">201 220 4452</div> | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | |
| Street Address 43 William Street | | | | | Square Feet | | | | |
| City (5) Sayreville, NJ 08872 | | | | | # of Floors | | | | |
| County (6) Middlesex | | | | | Bldg. Age | | | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | | ASCM No. | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | |
| Street Address P.O. Box 1224 | | | Street Address 27 Outwater Lane | | | | | | |
| City, State, Zip Code Union, NJ | | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | | Telephone No. 973-494-3762 | | License No. 1188 | | | | |
| Start Date (10) 10 / 16 / 14 | | Scheduled Completion Date (11) 12 / 22 / 14 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | | | | Street Address 27 Outwater Lane | | | | |
| | | | | | City, State, Zip Code Garfield, NJ 07026 | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Back Yard and Trash Cans | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Transite Siding | Debris 1CY | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1st Floor - Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tiles | 10 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <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"/> |
| Name of Registered Waste Hauler Newark Carting | | | NJDEP Waste Hauler ID No. 04509 | | Cubic Yards of Waste As Needed | | Name of Registered Landfill IESI Landfill | | |
| City, State Newark, NJ | | | Disposal Date TBD | | City, State Bethlehem, PA | | | | |
| Completed By (Print or Type) Zvonko Veskov | | | Title President | | Signature  | | Date 10/15/14 | | |

CK 1784

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


RECEIVED

| | | | |
|--|--|--|--|
| Date of Notification (1) 10 / 15 / 14 | | Name of Building Owner/Operator (2) Division of Property Management & Construction | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 33 West State Street | | City, State, Zip Code Trenton, NJ 08608 | |
| Name of Contact Rick Ferrera | | Telephone Number _____ | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential House | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | |
| Street Address 66 MacArthur Avenue | | Square Feet | |
| City (5) Sayreville, NJ 08872 | | # of Floors | |
| County (6) Middlesex | | Bldg. Age | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | |
| Street Address P.O. Box 1224 | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | |
| City, State, Zip Code Union, NJ | | Street Address 27 Outwater Lane | |
| Project Manager for Monitoring Firm Rick Eustaquio | | City, State, Zip Code Garfield, NJ 07026 | |
| Telephone No. 973-494-3762 | | Telephone No. 973-928-4888 | |
| License No. 1188 | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | |
| Start Date (10) 10 / 16 / 14 | | Scheduled Completion Date (11) 12 / 22 / 14 | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM | | Street Address 27 Outwater Lane | |
| Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | City, State, Zip Code Garfield, NJ 07026 | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | |
| | | Yes No N/A | |
| Entire Exterior of House | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Transite Siding | | 2500 SF | |
| | | Abatement Type | |
| | | Removal Repair Encapsulate Enclosure | |
| | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | |
| City, State Newark, NJ | | Cubic Yards of Waste As Needed | |
| Name of Registered Landfill IESI Landfill | | Disposal Date TBD | |
| City, State Bethlehem, PA | | Signature  | |
| Completed By (Print or Type) Zvonko Veskov | | Title President | |
| Date 10/15/14 | | | |

CK 24078

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

RECEIVED

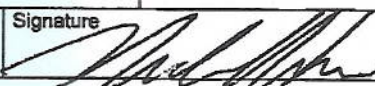
| | | | | | | | | | |
|---|--|---|--|--|-------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">10 / 15 / 14</div> | | Name of Building Owner/Operator (2) Hartz Mountain Industries, Inc. | | 2014 OCT 20 AM 4:51 | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 400 Plaza Drive | | | | | | |
| | | | City, State, Zip Code Secaucus, NJ 07094 | | | | | | |
| | | | Name of Contact Jason Timmons | | Telephone Number | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Office Building No. 5 | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 301 Broadway | | | Square Feet 162,000 | # of Floors 2 | Bldg. Age 50+ | | | | |
| City (5) Jersey City, NJ 07096 | | | | | | | | | |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Commercial | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety | | ASCM No. 00117 | Name of Abatement Contractor (9) Superior Abatement Inc | | | | | | |
| Street Address 318 12th Street | | Street Address 2 Henderson Drive | | | | | | | |
| City, State, Zip Code Hammonton NJ 08037 | | City, State, Zip Code West Caldwell, NJ 07006 | | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | | Telephone No. (609) 704-8850 | Telephone No. (973) 808-1616 | License No. 00411 | | | | | |
| Start Date (10) <div style="text-align: center;">10 / 18 / 14</div> | | Scheduled Completion Date (11) <div style="text-align: center;">10 / 20 / 14</div> | | Name of OSHA Monitor Superior Abatement Inc | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM | | | Street Address 2 Henderson Drive | | | | | | |
| | | | City, State, Zip Code West Caldwell, NJ 07006 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 |
| 2nd Floor various areas | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile/Mastic | 1,818 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Service Transport Group, Inc | | NJDEP Waste Hauler ID No. SW2117 | Cubic Yards of Waste 10 | Name of Registered Landfill Minerva Landfill | | | | | |
| City, State New Castle, DE | | Disposal Date 10/20/14 | | City, State Waynesburgh, OH | | | | | |
| Completed By (Print or Type) Nick Petrovski | | Title President | | Signature  | | Date 10-15-14 | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 5:16)

RECEIVED

2014 OCT 20 AM 4:51

ASBESTOS CONTROL
& LICENSING

| | | | | | | | | | |
|--|--|--|-------------------------------------|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 08 / 14 | | Name of Building Owner/Operator (2) Hartz Mountain Industries, Inc. | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation | Street Address 400 Plaza Drive City, State, Zip Code Secaucus, NJ 07094 Name of Contact Jason Timmons Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Office Building No. 5 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 301 Broadway | | Square Feet 162,000 | | | | | | | |
| City (5) Jersey City, NJ 07096 | | # of Floors 2 | | | | | | | |
| County (6) Hudson | | Bldg. Age 50+ | | | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Commercial | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health and Safety | | ASCM No. 00117 | | | | | | | |
| Street Address 318 12th Street | | Name of Abatement Contractor (9) Superior Abatement Inc | | | | | | | |
| City, State, Zip Code Hammonton NJ 08037 | | Street Address 2 Henderson Drive | | | | | | | |
| Project Manager for Monitoring Firm Jim Proctor | | City, State, Zip Code West Caldwell, NJ 07006 | | | | | | | |
| Telephone No. (609) 704-8850 | | Telephone No. (973) 808-1616 | | | | | | | |
| License No. 00411 | | | | | | | | | |
| Start Date (10) 10 / 16 / 14 | | Scheduled Completion Date (11) 10 / 18 / 14 | | | | | | | |
| Name of OSHA Monitor Superior Abatement Inc | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM | | Street Address 2 Henderson Drive | | | | | | | |
| | | City, State, Zip Code West Caldwell, NJ 07006 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 |
| 2 nd Floor various areas | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile/Mastic | 1,818 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Service Transport Group, Inc. | | NJDEP Waste Hauler ID No. SW2117 | | Cubic Yards of Waste 20 | Name of Registered Landfill Minerva Landfill | | | | |
| City, State New Castle, DE | | Disposal Date 10/18/14 | | City, State Waynesburgh, OH | | | | | |
| Completed By (Print or Type) Nick Petrovski | | Title President | | Signature  | | Date 10/6/14 | | | |

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

(K 022273)

| | | | |
|--|--|--|---------------------------------|
| Date of Notification (1) <u>11/01/16</u> <u>11/14</u> | | Name of Building Owner/Operator (2) <u>RC Cape May Holdings</u> | |
| Agencies Notified | Type Notification | Street Address <u>900 North Shore Rd</u> | |
| <input type="checkbox"/> JEP <input checked="" type="checkbox"/> JDEP <input checked="" type="checkbox"/> JOL <input checked="" type="checkbox"/> JDOH <input checked="" type="checkbox"/> JDC | <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation | City, State, Zip Code <u>Beesleys Point, NJ 08023</u> | |
| | | Name of Contact <u>Doug Morrow</u> | Telephone Number <u>1015</u> |

FACILITY INFORMATION

| | | | |
|---|-------------------------------|--|--------------------------|
| Name of Facility Where Abatement is Taking Place (3) <u>BL England Station</u> | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | |
| Street Address <u>900 North Shore Rd</u> | | Square Feet <u>90000</u> | # of Floors <u>10</u> |
| City (5) <u>Beesleys Pt</u> | County (6) <u>ATLANTIC</u> | County Code (7) (STATE USE ONLY) | Bldg. Age <u>60</u> |
| Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u> | | Current Use (Prior if being demolished) <u>Power Plant</u> | |

| | |
|---|---------------------------------|
| Name of Abatement Contractor (9) <u>New STATES Contracting</u> | |
| Street Address <u>2900 Main St Extension, Suite 10</u> | |
| City, State, Zip Code <u>Spayreville, NJ 08872</u> | |
| Telephone Number <u>732 525 0100</u> | License Number <u>00-749</u> |

| | | |
|--|--|--|
| Scheduled Start Date (10) <u>11/01/16</u> | Sched. Completion Date (11) <u>11/14/16</u> | Name of OSHA Monitor <u>TIGER Environmental</u> |
| Month / Day / Year | Month / Day / Year | Street Address <u>234 20th Av</u> |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: <u>ASCA Cordoned off area</u> | | City, State, Zip Code <u>Brick, NJ 08724</u> |

Scope of Work (Check all that apply)

| | | |
|---|--|---|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >3 sf or >3 lf | | <input type="checkbox"/> Mini-Enclosure |
| <input type="checkbox"/> >160 sf or >260 lf | | <input type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non-Friable Procedure |


| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|--|---------------------------|----------------|---|---|---|
| | | | | R | E | N | E |
| CAUSTIC TANK HEADS (2) | ✓ | Thermal Insulation | 180 SF | X | | | |
| | | | | | | | |
| | | | | | | | |

| | | | |
|---|---|-----------------------------------|---|
| Name of Registered Waste Hauler <u>FREEDHOLD CARTAGE</u> | NJDEP Waste Hauler ID No. <u>15939</u> | Cubic Yards of Waste <u>10</u> | Name of Registered Landfill <u>Cornhewland County Landfill</u> |
| City, State <u>Freedhold, NJ</u> | Disposal Date <u>11.5.14</u> | City, State <u>Newburg, PA</u> | |
| Completed By (Print or Type) <u>Rick Brattina</u> | Title <u>Vice President</u> | Signature <u>[Signature]</u> | Date <u>10-16-14</u> |

CK9853

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

RECEIVED

| | | | | | | | | | |
|---|---|---|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <div style="text-align: center;">10 / 16 / 14</div> | | Name of Building Owner/Operator (2) CVS Caremark Corp. | | 2014 OCT 20 AM 4:50 | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address One CVS Drive | | ASBESTOS CONTROL & LICENSING | | | | | |
| | | City, State, Zip Code Woonsocket, RI 02895 | | | | | | | |
| | | Name of Contact Mike Sweeney | | Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 77 Route 206 | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 77 Route 206 | | | | | | | | | |
| City (5) Byram, NJ 07821 | | | | Square Feet 5400 | # of Floors 1 / 2 | | | | |
| | | | | Bldg. Age 40+ | | | | | |
| County (6) Sussex | | County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) Vacant / Restaurant | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies | | ASCN No. NA | Name of Abatement Contractor (9) Alliance Environmental Systems | | | | | | |
| Street Address 28 N. Pennell Rd. | | Street Address 550 East Union St. | | | | | | | |
| City, State, Zip Code Media, PA 19063 | | City, State, Zip Code West Chester, PA 19382 | | | | | | | |
| Project Manager for Monitoring Firm Dave Turotsy | | Telephone No. 610-891-0114 | Telephone No. 610-701-9000 | License No. 00508 | | | | | |
| Start Date (10) <div style="text-align: center;">11 / 3 / 14</div> | | Scheduled Completion Date (11) <div style="text-align: center;">11 / 10 / 14</div> | | Name of OSHA Monitor AET | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30PM- AM | | | Street Address 28 N. Pennell Road | | | | | | |
| | | | City, State, Zip Code Media, PA 19063 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| 1st FL | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Tile | 1510 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roofing | 415 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler David Geppert Recycling | | NJDEP Waste Hauler ID No. | | Cubic Yards of Waste 30 | Name of Registered Landfill Western Berks Community Landfill | | | | |
| City, State Hatfield, PA | | | | Disposal Date TBD | City, State Birdsboro, PA | | | | |
| Completed By (Print or Type) Mark Griffin | | Title Estimator | | Signature  | | | Date 10/16/14 | | |

CK 005655

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

D&S Proj. #: 2014-421

RECEIVED

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/10/14 | | Name of Building Owner/Operator (2) JANE SELINSKEJE | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 22 OAKLAND TERRACE | | City, State, Zip Code Newark, NJ 07106 | |
| Name of Contact JANE SELINSKEJE | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|-------------------------------------|--|--|--|
| Name of facility where abatement is taking place (3) JANE SELINSKEJE | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 22 OAKLAND TERRACE | | | Square Feet # of Floors Bldg. Age | | |
| City (5) Newark | County (6) ESSEX | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |

| | | | | |
|---|---|---|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address | | Street Address 20 California Ave. | | |
| City, State, Zip Code | | City, State, Zip Code Paterson, NJ 07503 | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number 973-345-8020 | License Number 01169 |
| Start Date (10) 10/16/14 | Sched. Completion Date (11) 10/24/14 | | Name of OSHA Monitor D & S Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | Street Address 20 California Avenue | | |
| | | City, State, Zip Code Paterson, NJ 07503 | | |

| | | | | | | | | | | | |
|---|--|----|-----|---|---------------------------|----------------------------|----------------------------|---|------------------|--|--|
| Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | <input type="checkbox"/> Full Containment w/negative pressure <input 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) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l | | |
| | Yes | No | N/A | | | | | | | | |
| BASEMENT | | X | | BOILER INSULATION | 45 SQ Ft | X | | | | | |
| | | | | | | | | | | | |
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|--|---------------------------|------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 yd | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 10/17/14 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 10/10/2014 |

CK 005653

D&S Proj. #: 2014-423

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

RECEIVED

2014 OCT 20 AM 4:40

ASBESTOS CONTROL
& LICENSING

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/14/10/14 | | Name of Building Owner/Operator (2) ASIF HUSSAIN | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address 592 RIDGEWOOD AVENUE | | City, State, Zip Code GLEN RIDGE, NJ 07028 | |
| Name of Contact ASIF HUSSAIN | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3) ASIF HUSSAIN | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 592 RIDGEWOOD AVENUE | | | Square Feet | | |
| City (5) GLEN RIDGE | | | County (6) ESSEX | | County Code (7) (State use only) |
| | | | Current Use (Prior if being demolished) | | |

| | | | | | |
|--|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address | | | | Street Address 20 California Ave. | |
| City, State, Zip Code | | | | City, State, Zip Code Paterson, NJ 07503 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 973-345-8020 | |
| Start Date (10) 10/16/14 | | Sched. Completion Date (11) 10/31/10 | | License Number 01169 | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | Name of OSHA Monitor D & S Restoration, Inc. | |
| | | | | Street Address 20 California Avenue | |
| | | | | City, State, Zip Code Paterson, NJ 07503 | |

| Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | <input type="checkbox"/> Full Containment w/negative pressure <input 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) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l | | |
| | Yes | No | N/A | | | | | | | | |
| BASEMENT | | X | | PIPE INSULATION | 98 L FT | X | | | | | |
| BASEMENT BOILER RM | | X | | VAT | 15 SQ FT | X | | | | | |
| | | | | | | | | | | | |
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|--|--|---------------------------|--|-------------------------------|--|---|--|
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | | Cubic Yards of Waste 2 YDS | | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| City, State PATERSON, NJ 07503 | | Disposal Date 10/17/14 | | City, State TULLYTOWN, PA | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | | Date 10/13/14 | |

OK 005651

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

D&S Proj. #: 2014-426

RECEIVED

2014 OCT 20 AM 4:47

ASBESTOS CONTROL
& LICENSING

| | | | |
|---|---|--|------------------|
| Date of Notification (1) 10/1/13/14 | | Name of Building Owner/Operator (2) MARGARET WERNER | |
| Agencies Notified | Type Notification | Street Address | |
| <input type="checkbox"/> EPA | <input type="checkbox"/> Initial | 31 CHURCH STREET | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | City, State, Zip Code | |
| <input checked="" type="checkbox"/> DOL | Amendment #: | MILLBURN, NJ 07041 | |
| <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 | MARGARET WERNER | |

FACILITY INFORMATION

| | | | |
|---|-------------------------------------|--|---|
| Name of facility where abatement is taking place (3) MARGARET WERNER | | | Type of Facility (4) |
| Street Address 31 CHURCH STREET | | | <input type="checkbox"/> School (K - 12) |
| City (5) MILLBURN | | | <input type="checkbox"/> Subchapter 8 (Other than K-12) |
| County (6) ESSEX | County Code (7) (State use only) | | <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | Square Feet |
| Street Address | | | # of Floors |
| City, State, Zip Code | | | Bldg. Age |
| Project Manager for Monitoring Firm | | | Current Use (Prior if being demolished) |
| Phone Number | | | |

| | |
|---|-------------------------|
| Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address 20 California Ave. | |
| City, State, Zip Code Paterson, NJ 07503 | |
| Telephone Number 973-345-8020 | License Number 01169 |
| Name of OSHA Monitor D & S Restoration, Inc. | |
| Street Address 20 California Avenue | |
| City, State, Zip Code Paterson, NJ 07503 | |

| | |
|--|--|
| Occupancy Status During Abatement (Check only one) | |
| <input type="checkbox"/> Facility closed/vacated during entire period of abatement. | |
| <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: | |
| <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | |

| | | | |
|--|--|---|--|
| Scope of Work (check all that apply) | | Full Containment w/negative pressure | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Mini-enclosure | |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Glovebag procedure | |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure | |

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | X | | PIPE INSULATION | 34 LF | X | | | |
| BASEMENT | | X | | chimney thimble packing | 3 SQ FT | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|--|---------------------------|------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 1 yd | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 10/15/14 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 10/13/14 |

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

(K 005644)

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

D&S Proj. #: 2014-425

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| | | | | | |
|---|--|---|--|--|--|
| Date of Notification (1) 10/13/14 | | Name of Building Owner/Operator (2) RICHARD PEARCE | | 2014 OCT 20 AM 4:46 | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 1937 HILLCREST AVENUE City, State, Zip Code PENNSAUKEN, NJ 08110-2708 Name of Contact RICHARD PEARCE Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|--|---|--|--|--|
| Name of facility where abatement is taking place (3) RICHARD PEARCE Street Address 1937 HILLCREST AVENUE City (5) PENNSAUKEN County (6) CAMDEN County Code (7) (State use only) | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 10/15/14 Sched. Completion Date (11) 10/24/14 | | Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 License Number 01169 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | | |

Scope of Work (check all that apply)

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

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

| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | BOILER INSULATION | 66 SQ FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---------------------------|-------------------------------|---|
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 2 YDS | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY |
| City, State PATERSON, NJ 07503 | Disposal Date 10/16/14 | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | Signature | Date 10/13/2014 |

Not to be used for asbestos license exempted activities.

D&S Proj. #: 2014-427

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

RECEIVED

2014 OCT 20 AM 4:46

ASBESTOS CONTROL
& LICENSING

| | | | |
|---|---|---|--|
| Date of Notification (1) 10/13/14 | | Name of Building Owner/Operator (2) FLORJAN GISHTA | |
| Agencies Notified | Type Notification | Street Address 191 LANZA AVENUE | |
| <input type="checkbox"/> EPA | <input type="checkbox"/> Initial | City, State, Zip Code GARFIELD, NJ 07026 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended | Name of Contact FLORJAN GISHTA | |
| <input checked="" type="checkbox"/> DOL | Amendment #: | Telephone Number | |
| <input checked="" type="checkbox"/> DOH | <input checked="" type="checkbox"/> Emergency (including justification) | | |
| <input type="checkbox"/> DCA | <input type="checkbox"/> Cancellation | | |

FACILITY INFORMATION

| | | | | | |
|--|----------------------|-------------------------------------|--|--|--|
| Name of facility where abatement is taking place (3) FLORJAN GISHTA | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 191 LANZA AVENUE | | | Square Feet # of Floors Bldg. Age | | |
| City (5) GARFIELD | County (6) BERGEN | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |

| | | | | |
|---|---|--------------|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address | | | Street Address 20 California Ave. | |
| City, State, Zip Code | | | City, State, Zip Code Paterson, NJ 07503 | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number 973-345-8020 | License Number 01169 |
| Start Date (10) 10/18/14 | Sched. Completion Date (11) 10/31/14 | | Name of OSHA Monitor D & S Restoration, Inc. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | Street Address 20 California Avenue | |
| | | | City, State, Zip Code Paterson, NJ 07503 | |

| | | | | | | |
|--|--|--|---|--|--|--|
| Scope of Work (check all that apply) | | | <input type="checkbox"/> Full Containment w/negative pressure | | | |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | | <input checked="" type="checkbox"/> Mini-enclosure | | | |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | | <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) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 110 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BASEMENT | | <input checked="" type="checkbox"/> | | BARE HEATING PIPES | 30 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|---------------------------|-------------------------------|---|--------------------|
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 2 YDS | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| City, State PATERSON, NJ 07503 | | Disposal Date 10/19/14 | | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | Signature | | Date 10/13/2014 |

CK 005652

D&S Proj. #: 2014-422

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

RECEIVED

| | | | | | |
|---|--|---|--|---|--|
| Date of Notification (1) 10/10/14 | | Name of Building Owner/Operator (2) CHRIS CALABRESE | | 2014 OCT 20 AM 4:46 | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 2034 KAY AVENUE City, State, Zip Code UNION, NJ 07083 | |
| Name of Contact CHRIS CALABRESE | | | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|-------------|
| Name of facility where abatement is taking place (3) CHRIS CALABRESE | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 2034 KAY AVENUE | | | Square Feet | | |
| City (5) UNION | | | County (6) UNION | | # of Floors |
| | | | County Code (7) (State use only) | | Bldg. Age |
| | | | Current Use (Prior if being demolished) | | |

| | | | | | |
|--|--|---|--|---|--|
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) D & S RESTORATION, INC. | |
| Street Address | | | | Street Address 20 California Ave. | |
| City, State, Zip Code | | | | City, State, Zip Code Paterson, NJ 07503 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 973-345-8020 | |
| | | | | License Number 01169 | |
| Start Date (10) 10/23/14 | | Sched. Completion Date (11) 10/31/14 | | Name of OSHA Monitor D & S Restoration, Inc. | |
| | | | | Street Address 20 California Avenue | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | | City, State, Zip Code Paterson, NJ 07503 | |

| Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure | | | |
|---|--|-------------------------------------|-----|---|---------------------------|---|----------------------------|--------------------------|--------------------------|
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 85 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | |
|--|--|---------------------------|--|------------------------------|--|---|--|
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | | Cubic Yards of Waste 1 yd | | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| City, State PATERSON, NJ 07503 | | Disposal Date 10/23/14 | | City, State TULLYTOWN, PA | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | | Date 10/10/2014 | |

CK 005657

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

RECEIVED

D&S Proj. #: 2014-428

2014 OCT 20 AM 4:45

Date of Notification (1)
11/10/13

Name of Building Owner/Operator (2)

ST. MARY'S CHURCH

Street Address

326 AVENUE C

City, State, Zip Code

BAYONNE, NJ 07002

Name of Contact

ST. MARY'S CHURCH

Telephone Number

Agencies Notified

☐ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Type Notification

☒ Initial

☐ Amended

Amendment #: _____

☐ Emergency (including justification)

☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

ST. MARY'S CHURCH, RECTORY

Street Address

326 AVENUE C

City (5)

BAYONNE

County (6)

HUDSON

County Code (7)
(State use only)

ASCM No.

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

10/20/14

Sched. Completion Date (11)

10/31/14

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.
- ☐ Abatement performed outside of normal facility hours-

Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf

☒ Renovation

☐ ≥160 sf or ≥260 lf

☐ Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

PIPE INSULATION

Amount (Specify SF or LF)

53 L FT

| Removal | Repair | Encapsulation |
|-------------------------------------|--------------------------|--------------------------|
| <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"/> |

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

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
10/21/14

City, State
TULLYTOWN, PA

Date
10/13/2014

Completed by (Print or Type)

Title
PRESIDENT

Signature

Exempted activities.

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

RECEIVED

0183-02

| Date of Notification (1) 10 / 17 / 14 | | Name of Building Owner/Operator (2) | | | | | | | |
|---|---|--|-----------------------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| | | Name of Contact | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) ROOSEVELT HOSPITAL | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1 ROOSEVELT DRIVE | | Square Feet >500,000 | # of Floors 75+ | | | | | | |
| City (5) EDISON | | Bldg. Age | | | | | | | |
| County (6) MIDDLE SEX | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) HOSPITAL | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EHS | ASCM No. 266 | Name of Abatement Contractor (9) DELTA/BJDS, INC | | | | | | | |
| Street Address 411 SOUTHGATE COURT SUITE E | | Street Address 1345 INDUSTRIAL BLVD | | | | | | | |
| City, State, Zip Code MICKLETON, NJ 08056 | | City, State, Zip Code SOUTHAMPTON, PA 18966 | | | | | | | |
| Project Manager for Monitoring Firm JACK CARNEY | Telephone No. 856 224-0080 | Telephone No. 215 322-2900 | License No. 00783 | | | | | | |
| Start Date (10) 11 / 07 / 14 | Scheduled Completion Date (11) 01 / 31 / 15 | Name of OSHA Monitor CRITERION LABS | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11PM | | Street Address 3370 PROGRESS DRIVE | | | | | | | |
| | | City, State, Zip Code BENSALEM, PA 19020 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLEASE SEE ATTACHED | | <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 SERVICE TRANSPORT | | NJDEP Waste Hauler ID No. 20990 | | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | |
| City, State 58 PYLES LANE, NEW CASTLE DE. 19720 | | | | Disposal Date | City, State WAYNESBURG, OH 44688 | | | | |
| Completed By (Print or Type) Damian Lavelle | | Title PROJECT MGR. | | Signature <i>Damian Lavelle</i> | | Date 10-17-14 | | | |