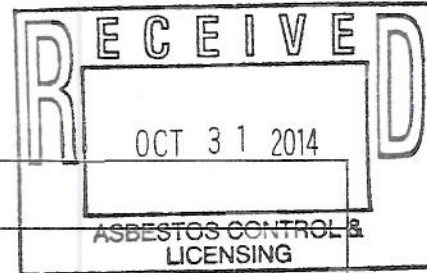


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>10/29/2014</b>		Name of Building Owner/Operator (2) <b>JOANNE CLEVINGER</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>101 HONEYFLOWER DRIVE</b> City, State, Zip Code <b>TRENTON, NJ 08620</b> Name of Contact <b>DAVID J. D'ANDREA</b> Telephone Number 
	<b>FACILITY INFORMATION</b>		
	Name of Facility Where Abatement is Taking Place (3) <b>CLEVINGER RESIDENCE</b> Street Address <b>915 S.W. CENTRAL AVENUE</b> City (5) <b>SEASIDE PARK, NJ</b> County <b>OCEAN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings) 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) <b>AMERITECH</b> Street Address <b>1A ST. LAWRENCE AVENUE</b> <b>SEASIDE PARK, NJ</b>		ASCM No. <b>00102</b> Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b> Street Address <b>15 BLACK FOREST ROAD</b> City, State, Zip Code <b>HAMILTON, NJ 08691</b>	Telephone No. <b>609-890-7110</b> License No. <b>00676</b>
Project Manager for Monitoring Firm <b>ROD MORRIS</b> Telephone No. <b>732-664-7788</b>		Name of OSHA Monitor <b>AMERITECH</b>	
Start Date (10) <b>11/4/2014</b> Scheduled Completion Date (11) <b>11/11/7/14</b>		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement performed outside of working hours <b>ESSENTIAL PERSONNEL ONLY</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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)		
THROUGHOUT HOME	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		ASBESTOS DRYWALL COMPOUND 5320.S.F.
Abatement Type Removal Repair Encapsulate Enclosure		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Name of Registered Waste Hauler <b>TIMSTER</b> City, State <b>HAMILTON, NJ</b>		NJDEP Waste Hauler ID No. <b>21079</b> Cubic Yards of Waste <b>15 YDS</b>	Name of Registered Landfill <b>TULLYTOWN</b> City, State <b>TULLYTOWN, PA.</b>
Disposal Date <b>11/10/2014</b>		Completed By <b>DAVID D'ANDREA</b> Title <b>PRESIDENT</b> Signature <i>David J. D'Andrea</i> Date <b>10/29/2014</b>	

ASB-41

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

NO CK

Oct 28 2014 02:42pm

P001/001

New Jersey Department of Health  
Consumer, Environmental & Occupational Health Service  
PO Box 369, Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975

## NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

RECEIVED	
APPROVED	
NJ Dept. of Health & Senior Services	
Date: 10/28/14 Time: 2:41 PM	
ASBESTOS CONTROL & LICENSING	

Type of Notification (check one) and Date Submitted

☒ Initial ☐ Amended ☐ Cancellation ☒ Emergency (must include justification) Date of Notification: 10/28/2014

Building Information

Name of Building Owner/Operator: Ruth Welter and Douglas Raba

Street Address: 35 Shadowlawn Drive City: Old Bridge State: NJ Zip: 08857

Name of Contact: Douglas Raba Telephone No.:

Facility Information

Name of Facility Where Work Activity is to Take Place: Raba Residence

Describe Facility Use: Residence

Street Address: 35 Shadowlawn Drive City: Old Bridge State: NJ Zip: 08857

County Name: Middlesex County Code (state use only):

Scheduled Start Date: 11/01/2014 Scheduled Completion Date: 11/03/2014

Occupancy Status During Activity (check only one):

- ☒ Facility Closed/Vacated During Entire Activity
- ☐ Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_
- ☐ Other—Describe: \_\_\_\_\_

Scope of Work (check all that apply):

- ☒ Floor Tile Square Footage: 195 SF Percentage Asbestos: \_\_\_\_\_
- ☒ Mastic Square Footage: 195 SF Percentage Asbestos: \_\_\_\_\_
- ☐ Other Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_

Contractor Information

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

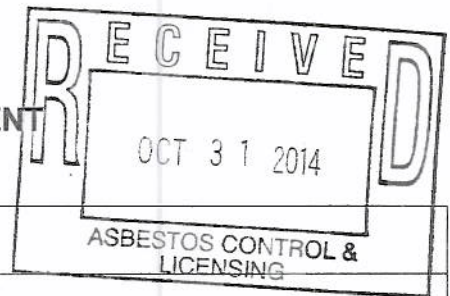
Monitoring Firm (if applicable): Management &amp; Enviro. Consulting Serv. Telephone No.: 609-298-4070

Signature

Completed By (type or print legibly): Christina J. Lynch Title: Operations Manager

Signature: [Signature] Date: 10/28/2014

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



Date of Notification (1) <b>10/21/2013</b>		Name of Building Owner / Operator (2) <b>Ace Ford</b>	
Agencies Notified	Type Notification	Street Address <b>487 Mantua Avenue</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Woodbury NJ</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Chris Eastlack</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number <b>[REDACTED]</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Ace Ford</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>487 Mantua Avenue</b>			Square Feet <b>50000</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>
City (5) <b>Woodbury</b>	County (6) <b>Gloucester</b>	County Code (7)	Current Use (Prior if being demolished) <b>Commercial</b>		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>		
Street Address			Street Address <b>2129 Route 33</b>		
City, State & Zip Code			City, State & Zip Code <b>Hamilton, NJ 08610</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-847-2956</b>	License Number <b>01222</b>	
Scheduled Start Date (10) <b>10/30/2014</b>		Scheduled Completion Date (11) <b>11/15/2014</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement (Service Area Occupied)			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

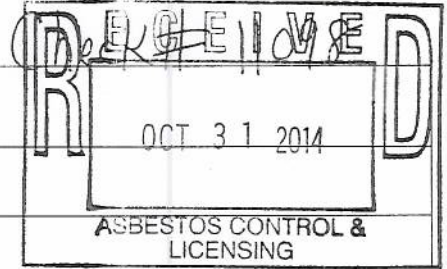
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Show Room/Offices</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Ceiling Plaster</b>	<b>2500lf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

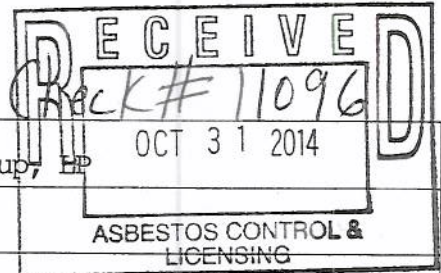
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>Various</b>	City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>		Date <b>10/21/2014</b>

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



Date of Notification (1) 10 / 28 / 14			Name of Building Owner/Operator (2) Levin Management Corp.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 975 US Highway 22 W City, State, Zip Code Plainfield Name of Contact Gerald O'Brien Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Laundry on 9 Street Address 2500 Route 9 Plaza City (5) Old Bridge County (6) Middlesex				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.) Square Feet 2143 # of Floors 1 Bldg. Age 50 Current Use (Prior if being demolished) vacant commercial use					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental Inc.		ASCM No.		Name of Abatement Contractor (9) Plymouth Environmental Company, Inc.					
Street Address 411 Southgate Court City, State, Zip Code Mickleton, NJ 08056		Telephone No. 856-224-0080		Street Address 923 Haws Ave City, State, Zip Code Norristown, PA 19401					
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080		License No. 00398					
Start Date (10) 11 / 11 / 14		Scheduled Completion Date (11) 11 / 17 / 14		Name of OSHA Monitor EHS Environmental Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 411 Southgate Court City, State, Zip Code Mickleton, NJ 08056					
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) <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
1 <sup>st</sup> floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	black mastic	200SF	<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 Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 2CY	Name of Registered Landfill Grows Landfill				
City, State Voorhees Township, NJ 08043				Disposal Date 11/17/14	City, State Tullytown, PA				
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 		Date 10/28/14			

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



Date of Notification (1) 10-27-14		Name of Building Owner/Operator (2) Phillipsburg Property Group, HP						
Agencies Notified	Type Notification	Street Address 3435 Winchester Road						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Allentown, PA 18104						
		Name of Contact	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) 212 Red School Lane		Type of Facility (4)						
Street Address 212 Red School Lane		<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) Phillipsburg, NJ 08865		Square Feet 2,500	# of Floors 2					
County (6) Warren		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65yrs.					
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
Street Address 411 Southgate Court, Suite E		Street Address 923 Haws Avenue						
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	License No. 00398					
Start Date (10) 11-11-14	Scheduled Completion Date (11) 11-14-14	Name of OSHA Monitor EHS Environmental, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 411 Southgate Court, Suite E						
<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 Mickleton, NJ 08056						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
basement		x	pipe insulation	20 LF	x			
			debris	400 SF	x			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill				
City, State Voorhees, NJ		Disposal Date 11-14-14		City, State Tullytown, PA				
Completed by James Kelly		Title President	Signature 		Date 10-27-14			

Oct 27 2014 03:59pm

P001/001

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

OCT 31 2014  
**Check # 0905**

Date of Notification (1) <b>10/27/14</b>		Name of Building Owner/Operator (2) <b>Nicon LLC</b>		APPROVED ASBESTOS CONTROL & LICENSING NJ Dept of Health & Senior Services <i>Paul C. Byrne</i> (signature) Date: <b>10/27/14</b> Time: <b>3:58 PM</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" 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 <b>900 Kimball Drive</b> City, State, Zip Code <b>Parsippany, NJ 07054</b> Name of Contact <b>Marc</b> Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Commercial Property under Renovation</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>481 Northfield Ave.</b>				Square Feet <b>2</b> Bldg. Age <b>50+</b>	
City (5) <b>West Orange</b>				County (6) <b>Essex</b>	
County Code (7) <b>Essex</b>				Current Use (Prior if being demolished) <b>Commercial Property</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>n/a</b>		ASCM No. <b>n/a</b>		Name of Abatement Contractor (9) <b>Loznica Management Corp.</b>	
Street Address <b>n/a</b>		Street Address <b>22 Troy Lane</b>		City, State, Zip Code <b>Lincoln Park, NJ 07035</b>	
City, State, Zip Code <b>n/a</b>		Telephone No. <b>n/a</b>		Telephone No. <b>8737087950</b> License No. <b>01193</b>	
Project Manager for Monitoring Firm <b>n/a</b>		Scheduled Completion Date (11) <b>10/31/14</b>		Name of OSHA Monitor <b>Loznica Management Corp.</b>	
Start Date (10) <b>10/28/14</b>				Street Address <b>22 Troy Lane</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Sum - Sum</u>				City, State, Zip Code <b>Lincoln Park, NJ 07035</b>	
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 25 to 160 sq ft <input checked="" type="checkbox"/> 160 to 2260 sq ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
<b>Crawlspace</b>				<b>Asbestos Debris approx 5 SF</b>	
Name of Registered Waste Hauler <b>Loznica Management Corp</b>		NJDEP Waste Hauler ID No. <b>0033137</b>		Cubic Yards of Waste <b>TBD</b>	
City, State <b>Lincoln Park, NJ 07035</b>		Disposal Date <b>TBD</b>		Name of Registered Landfill <b>GRROWS Landfill</b>	
Completed by <b>E. Giorio</b>		Title <b>Secretary</b>		Signature <i>E. Giorio</i> Date <b>10/27/14</b>	

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

Date of Notification (1) <b>10-27-14</b>		Name of Building Owner/Operator (2) <b>Ashaki Larkins</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>   <b>OCT 31 2014</b>   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>
Agencies Notified	Type Notification	Street Address <b>187 Scheerer Avenue</b>		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Newark, NJ, 07106</b>		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Ashaki Larkins</b>		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation			
<input type="checkbox"/> DCA				

## FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	
Scheduled Start Date (10) <b>11-7-14</b> Month Day Year	Sched. Completion Date (11) <b>11-10-14</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

## Scope of Work (Check all that apply)

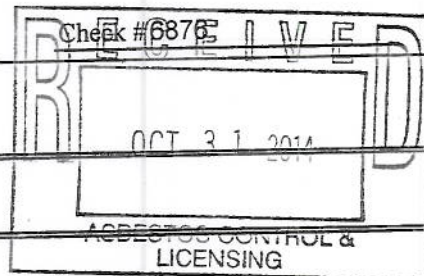
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> >160 sf or >260 lf        | <input type="checkbox"/> Demolition            | <input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	100 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>11-11-14</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>CV</i>	Date <b>10-27-14</b>		

B &amp; G proj. #: 2014-178

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



Date of Notification (1) 11/01/2014		Name of Building Owner/Operator (2) St. Francis Residential Community	
Agencies Notified	Type Notification	Street Address 122 Diamond Spring Road	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Denville, NJ 07834	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amendment	Name of Contact Bernard Daly	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) St. Francis Residential Community			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 122 Diamond Spring Road			Square Feet # of Floors Bldg. Age		
City (5) Denville, NJ 07834	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Health care facility (non-sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Total Solution Environmental LLC		ASCM No. 99-12482	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 22 Columbia Road		Street Address 105 Ryerson Road			
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Benjamin Waer		Phone Number 973-998-9348	Telephone Number 973-696-6869		License Number 0378
Scheduled Start Date (10) 10/28/2014		Sched. Completion Date (11) 11/03/2014			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

## Scope of Work (check all that apply)

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

- ☒ Full Containment w/negative pressure ☐ wrap & cut  
☒ Mini-enclosure ☐ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Under Old Convent/Wine Cellar			X	ceiling plaster & associated pipe insul.	900 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pavilion foyer			X	pipe insulation	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under Old Convent/Wine C			X	pipe insulation	240 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 10/28/14 - 11/03/14	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 10/27/2014

B &amp; G proj. #: 2014-178

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

Check #6846

Date of Notification (1)

11/01/16/11/4

Name of Building Owner/Operator (2)

St. Francis Residential Community

Agencies Notified

☒ EPA☐ DEP☐ DOL☐ DOH☐ DCA

Type Notification

☐ Initial☒ Amendment☐ Cancellation

Street Address

122 Diamond Spring Road

City, State, Zip Code

Denville, NJ 07834

Name of Contact

Bernard Daly

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

St. Francis Residential Community

Street Address

122 Diamond Spring Road

City (5)

Denville, NJ 07834

County (6)

Morris

County Code (7)

(State use only)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Health care facility (non-sub 8)

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

Total Solution Environmental LLC

ASCM No.

99-12482

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

22 Columbia Road

City, State, Zip Code

Morristown, NJ 07960

Project Manager for Monitoring Firm

Phone Number

Benjamin Waer

973-998-9348

Scheduled Start Date (10)

10/28/2014 \*\*\*

Sched. Completion Date (11)

11/03/2014

Occupancy Status During Abatement (Check only one)

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

Describe:

☐ Other-Describe:

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ >3 sf or >3 lf☒ ≥160 sf or ≥260 lf☒ Full Containment w/negative pressure☐ Mini-enclosure☐ wrap & cut☐ Glovebag procedure☐ Non-friable procedureLocation of  
asbestos-containing  
material 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)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

Under Old Convent/Wine Cellar

X

ceiling plaster &amp; associated pipe insul.

900 sf

☒☐☐☐Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
15Name of Registered Landfill  
Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date

10/28/14 - 11/03/14

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

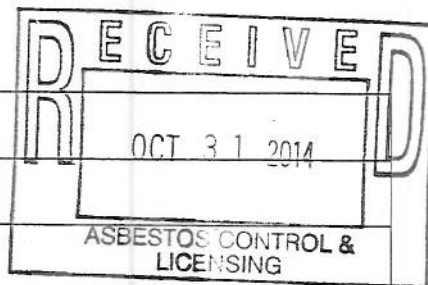
Date

10/16/2014

Check #  
8425

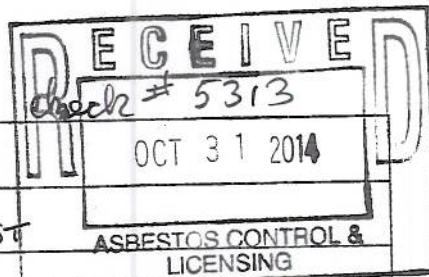
Print Form

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



Date of Notification (1) 10/28/2014		Name of Building Owner/Operator (2) Dwight Englewood School							
Agencies Notified	Type Notification	Street Address 315 East Palisades Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631							
		Name of Contact Mr. Bruce Devlin	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
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 62 North Woodland Avenue		Square Feet 7,000	# of Floors 3						
City (5) Englewood		Bldg. Age 85 yrs.							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Residence							
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services, LLC		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address P.O. Box 483		Street Address 494 E. 41 Street							
City, State, Zip Code Glenwood, NJ 07418		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Scott Higgins		Telephone No. 877-434-6041	Telephone No. 973-345-0022						
License No. 00507									
Start Date (10) November 10, 2014	Scheduled Completion Date (11) December 10, 2014	Name of OSHA Monitor The same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check All That Apply) <input 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 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/Wall Chases			X	Pipe Insulation	200 LF	X			
Throughout			X	Wall/Ceiling Plaster	10,000 SF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 120	Name of Registered Landfill North GROWS, Inc. - WM					
City, State Paterson, NJ 07504		Disposal Date 12/10/2014		City, State Morrisville, PA					
Completed by James Unger		Title Project Manager	Signature 			Date 10/28/2014			

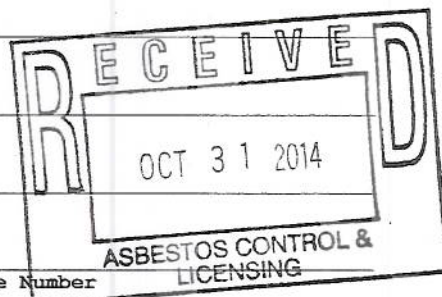
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) <b>10-28-2014</b>		Name of Building Owner/Operator (2) <b>BASF CORP.</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2655 ROUTE 22 WEST</b> City, State, Zip Code <b>UNION NJ 07083</b> Name of Contact <b>J. McLELLAN</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>BASF CORP</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>2655 ROUTE 22 WEST</b>		Square Feet <b>155000</b>	# of Floors <b>1</b>
City (5) <b>UNION</b>		Bldg. Age <b>65 YEARS</b>	
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>STORAGE / OFFICE</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>EHI</b>		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>
Street Address <b>655 WEST SHORE TRAIL</b>		Street Address <b>450 South River St</b>	
City, State, Zip Code <b>SPARTA, NJ 07871</b>		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Project Manager for Monitoring Firm <b>B. KERBEL</b>		Telephone No. <b>973 651 2041</b>	Telephone No. <b>201-329-7444</b>
Start Date (10) <b>11-6-14</b>		License No. <b>00388</b>	
Scheduled Completion Date (11) <b>11-14-14</b>		Name of OSHA Monitor <b>Omega Environmental</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8 AM - 5 PM</b>		Street Address <b>280 Huyler St</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>	
<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)
	Yes	No	
<b>EAST SIDE VACANT AREA</b>		<b>X</b>	<b>VAT</b>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3 1/2 YDS</b>
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>11-14-14</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>
City, State <b>Waynesburg, Oh, 44688</b>		Signature <b>R. Veldran</b>	Date <b>10-28-2014</b>
Completed by <b>A. VELDRA</b>	Title <b>Estimator</b>		

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

Date of Notification (1) <b>10-27-14</b>		Name of Building Owner/Operator (2) <b>Betty Hastings</b>	
Agencies Notified	Type Notification	Street Address <b>188 Renshaw Ave.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>East Orange, NJ, 07017</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Betty Hastings</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



## FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	
Scheduled Start Date (10) <b>11-4-14</b> Month Day Year	Sched. Completion Date (11) <b>11-5-14</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

## Scope of Work (Check all that apply)

☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation  
☐ Demolition

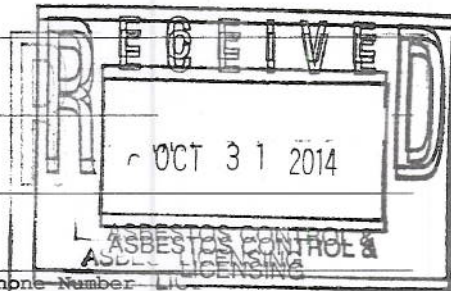
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	95 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>11-6-14</b>	City, State <b>Morrisville, PA 19067</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>C Vivian</i>	Date <b>10-27-14</b>		

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

Date of Notification (1) <b>10-27-14</b>		Name of Building Owner/Operator (2) <b>James Doyle</b>	
Agencies Notified	Type Notification	Street Address <b>85 Baldwin Street</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Glen Ridge, NJ, 07028</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>James Doyle</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



## FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>	
Scheduled Start Date (10) <b>11-3-14</b>	Sched. Completion Date (11) <b>11-7-14</b>	Name of OSHA Monitor <b>N/A</b>		
Month Day Year <b>11 3 14</b>		Month Day Year <b>11 7 14</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		Street Address		
		City, State, Zip Code		

## Scope of Work (Check all that apply)

☒  $\geq 3$  sf or  $\geq 3$  lf  
☐  $\geq 160$  sf or  $\geq 260$  lf

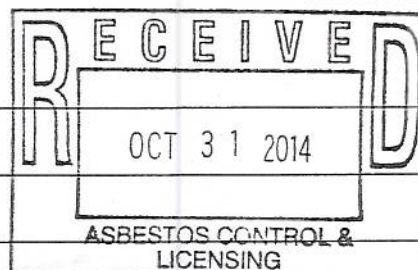
☒ Renovation  
☐ Demolition

☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Attic			X	Vermiculite	300 SF	X			

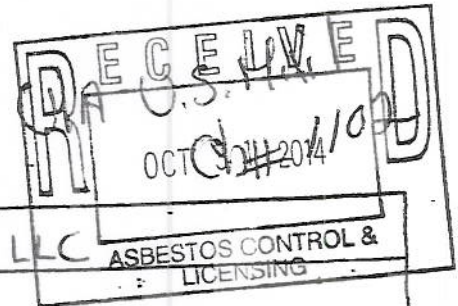
Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>10-11-14</b>		City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>	Signature <i>CVivian</i>		Date <b>10-27-14</b>

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



Date of Notification (1) 09/30/2014		Name of Building Owner/Operator (2) TOBIN JACO							
Agencies Notified	Type Notification	Street Address 214 WILSEY CT.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PARMUS N.J. 07652							
		Name of Contact TOBIN JACOB	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address 214 WILSEY CT.		<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) PARMUS N.J. 07652		Square Feet 1,800	# of Floors 2						
		Bldg. Age 81							
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK N.J. 07601							
Project Manager for Monitoring Firm N/A		Telephone No. 201- 708- 4270	License No. 01135						
Start Date (10) 10/30/2014	Scheduled Completion Date (11) 10/02/2014	Name of OSHA Monitor EMSL ANALITYCAL INC.							
Occupancy Status During Abatement (Check Only One)		Street Address 307WEST - 38TH ST.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code NEW YORK N.Y. 10038							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		VAT-FLOOR TILE	158 SF.	X			
BASEMENT		X		VAT-FLOOR TILE 12X12	50 SF	X			
				NOT ACM					
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION LLC.		NJDEP Waste Hauler ID No. 0033967	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State HACKENSACK N.J.		Disposal Date TBD		City, State WAYNESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANGER		Signature 		Date 09/30/2014			

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



Date of Notification (1) <b>10/28/14</b>		Name of Building Owner/Operator (2) <b>MICHAEL MAHONEY, LLC</b>					
Agency Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. Box 2698</b>					
		City, State, Zip Code <b>WESTFIELD, N.J. 07091-2698</b>					
		Name of Contact <b>MR MAHONEY</b>					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>227 ELIZABETH AVE.</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>227 ELIZABETH AVE.</b>		Square Feet <b>2,800</b>	# of Floors <b>2</b>				
City (5) <b>WESTFIELD, N.J.</b>		Bldg. Age <b>65</b>					
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY) <b>RESIDENT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>NOVATECH INC.</b>		Name of Abatement Contractor (9) <b>NOVATECH INC.</b>					
Street Address <b>P.O. Box 814</b>		Street Address <b>P.O. Box 814</b>					
City, State, Zip Code <b>010 BRIDGE N.J. 08857</b>		City, State, Zip Code <b>010 BRIDGE N.J. 08857</b>					
Project Manager for Monitoring Firm <b>32 238x7500</b>		Telephone No. <b>00806</b>					
Start Date (10) <b>11/06/14</b>		Scheduled Completion Date (11) <b>12/06/14</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>NOVATECH INC.</b>					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		Street Address <b>P.O. Box 814</b>					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>010 BRIDGE N.J. 08857</b>					
<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) 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			
				Removal	Repair	Encapsulate	Enclosure
<del>BASEMENT</del> EXTERIOR		X EXTERIOR SIDING	1,500 SF/X				
BASEMENT		X FLOOR TILE 9x9	400 SF/X				
KITCHEN		X FLOOR TILE 9x9	150 SF/X				
Name of Registered Waste Hauler <b>NOVATECH INC.</b>	NJDEP Waste Hauler ID No. <b>18501</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>				
City, State <b>010 BRIDGE N.J. 08857</b>	Disposal Date <b>11/08/14</b>	City, State <b>BRIDGEVILLE P.A.</b>			Date <b>10/28/14</b>		
Completed by <b>CARLOS AMEIDA</b>		Title <b>PRESIDENT</b>			Signature <i>[Signature]</i>		

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

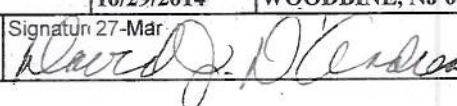
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) OCT. 29, 2014		Name of Building Owner/Operator (2) TRYKO PARTNERS, INC.							
Agencies Notified		Street Address 575 ROUTE 70							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code BRICK, NJ 08723  Name of Contact GEORGE BARDSLEY							
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) LAKEWOOD PLAZA 2 APARTMENT		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 154 DR. MARTIN LUTHER KING BOULEVARD, UNIT 223		Square Feet 1400	# of Floors 2						
City (5) LAKEWOOD		Bldg. Age 1972							
County (6) OCEAN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Finishing Touch Asbestos Abatement Corp., Inc.						
Street Address		Street Address 580 Broadway, Unit A							
City, State, Zip Code		City, State, Zip Code Long Branch, NJ 07740							
Project Manager for Monitoring Firm N/A		Telephone No. 732.222.8372	License No. 00040						
Start Date (10) Nov. 12, 2014	Scheduled Completion Date (11) Nov. 17, 2014	Name of OSHA Monitor N/A							
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: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
TO BE ABATED CRAWLSPACE			X	TSI & DEBRIS	170 LF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 1 cy	Name of Registered Landfill T.R.R.F. LANDFILL					
City, State Long Branch, NJ 07740		Disposal Date 11/17/14	City, State Tullytown, PA						
Completed by Joseph P. Miller		Title President	Signature 				Date 10/29/14		

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

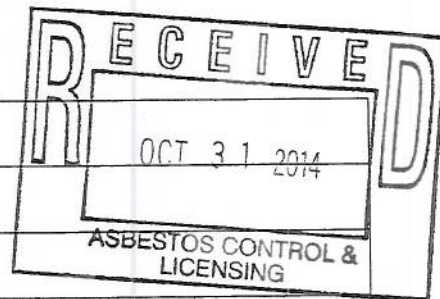
Date of Notification (1) <b>10/27/2014</b>		Name of Building Owner/Operator (2) <b>STATE OF NEW JERSEY , JUVENILE JUSTICE SYSTEM</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>HUGHES JUSTICE COMPLEX, 25 MARKET STREET</b>					
			City, State, Zip Code <b>TRENTON, NJ 08625-008</b>					
			Name of Contact <b>STANLEY THOMPSON (OWNER'S REP)</b>					
			Telephone Number 					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>VINELAND PREPARATORY ACADEMY</b>		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)						
Street Address <b>2000 MAPLE AVENUE</b>		Square Feet 						
City (5) <b>VINELAND, NJ 08361</b>		# of Floors Bldg. Age 						
County <b>CUMBERLAND</b>		County Code (7) (STATE USE ONLY) AIRPORT						
Name of Monitoring Firm Hired by Building Owner (8) <b>PENNONI ASSOCIATES</b>		ASCM No. 	Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>					
Street Address <b>515 GROVE STREET, SUITE 1 B</b>		Street Address <b>15 BLACK FOREST ROAD</b>						
		City, State, Zip Code <b>HAMILTON, NJ 08691</b>						
Project Manager for Monitoring Firm <b>JOE ANELLO, JR.</b>	Telephone No. <b>6856-547-0505</b>	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>					
Start Date (10) <b>10/13/2014</b>	Scheduled Completion Date (11) <b>10/28/2014</b>	Name of OSHA Monitor <b>AMERITECH SERVICES</b>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement performed outside of working hours 5PM-2 AM <b>EXTERIOR WORK</b>		Street Address <b>1A ST. LAWRENCE AVENUE</b>						
		City, State, Zip Code <b>SEASIDE, NJ 08753</b>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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
ROOF		<input checked="" type="checkbox"/>	ROOFING FELT	1100 S.F.	<input checked="" type="checkbox"/>			
					<input checked="" type="checkbox"/>			
					<input checked="" type="checkbox"/>			
					<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>GOLD MEDAL ENV. INC.</b>		NJDEP Waste Hauler ID No. <b>35676</b>	Cubic Yards of Waste <b>20 YDS</b>	Name of Registered Landfill <b>C.M.C.M.U.A.</b>				
City, State <b>SEWELL, NJ</b>		Disposal Date <b>10/29/2014</b>		CITY, STATE <b>WOODBINE, NJ 08270</b>				
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature 27-Mar 			Date <b>10/27/2014</b>			

ASB-41

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

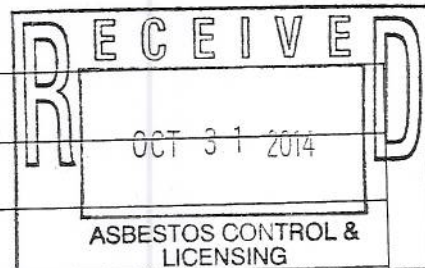
CK1420

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



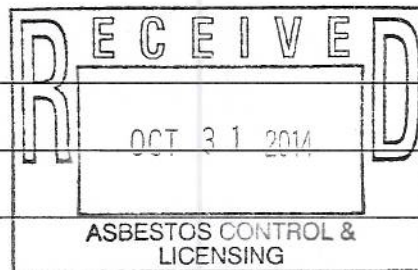
Date of Notification (1) 10-24-2014		Name of Building Owner/Operator (2) Graham Ericksen							
Agencies Notified	Type Notification	Street Address 254 Ward Place	City, State, Zip Code South Orange, NJ 07079						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Graham Ericksen	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 254 Ward Place		Square Feet 1435	# of Floors 2						
City (5) South Orange, NJ 07079		Bldg. Age 94							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 10-24-2014	Scheduled Completion Date (11) 10-24-2014	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Floor tile	240 SF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Jersey City, NJ		Disposal Date 10-24-2014		City, State Morrisville, PA					
Completed by Liliana Pedraza		Title Office Manager		Signature <i>Liliana Pedraza</i>				Date 10-24-2014	

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



Date of Notification (1) 10-27-2014		Name of Building Owner/Operator (2) PennyMac Loan Services, LLC							
Agencies Notified	Type Notification	Street Address 202 Ege Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City NJ 07304							
		Name of Contact Brian McKaye							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
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 202 Ege Avenue		Square Feet 2500	# of Floors 3						
City (5) Jersey City NJ 07304		Bldg. Age 1940							
County (6) Hudson	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 10-28-2014	Scheduled Completion Date (11) 10-28-2014	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	80 LF	x			
Basement		x		floor tile	800 SF	x			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. North landfill					
City, State Jersey City, NJ			Disposal Date 10-28-2014	City, State Morrisville, PA					
Completed by Liliana Pedraza		Title Office Manager	Signature 	Date 10-28-2014					

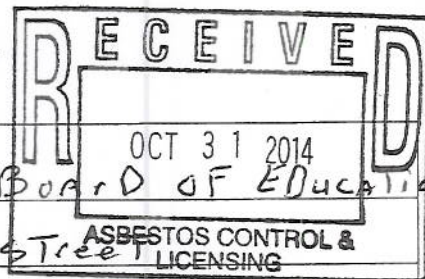
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/28/14		Name of Building Owner/Operator (2) Edax Realty Corporation							
Agencies Notified	Type Notification	Street Address 314 Route 4	ASBESTOS CONTROL & LICENSING						
<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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Edax Realty Coporation		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 314 Route 4		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.	License No. 01223						
Start Date (10) 10/28/14	Scheduled Completion Date (11) 10/29/14	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Ceiling				AIB	2,000 SF	x			
Around the house				VAT	2,000 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 10/28/14			

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



Date of Notification (1) <u>10 / 27 / 14</u>		Name of Building Owner/Operator (2) <u>Elmwood Park Board of Education</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>60 EAST 53<sup>RD</sup></u> City, State, Zip Code <u>Elmwood Park NJ 07407</u> Name of Contact <u>Raymond Crispine</u> Telephone Number <u>[REDACTED]</u>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Elmwood Park High/middle school</u>		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 and commercial buildings, homes, etc.)							
Street Address <u>375 River Drive</u>		Square Feet <u>±500</u>							
City (5) <u>Elmwood Park</u>		# of Floors <u>2</u>							
County (6) <u>Bergen County</u>		Bldg. Age <u>±25</u>							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <u>School</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>K+A Environmental Contractors</u>		ASCM No.							
Street Address <u>20 LAUCK ROAD</u>		Name of Abatement Contractor (9) <u>K+A Environmental Contractors inc</u>							
City, State, Zip Code <u>Mohnton, PA 19540</u>		Street Address <u>20 LAUCK ROAD</u>							
Project Manager for Monitoring Firm <u>Mike Karl</u>		City, State, Zip Code <u>Mohnton, PA 19540</u>							
Telephone No. <u>610-856-7700</u>		Telephone No. <u>610-856-7700</u>							
Start Date (10) <u>11 / 16 / 14</u>		License No. <u>01102</u>							
Scheduled Completion Date (11) <u>11 / 10 / 14</u>		Name of OSHA Monitor <u>C E I LAB'S</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-4:00PM</u> M <u>      </u> AM		Street Address <u>107 New Edition Court</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code <u>Cary NC 27511</u>							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Class Room 321	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermal systems insulation	LF 30	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Class Room 116	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermal systems insulation	LF 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSITE Panel	SF 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DeBr	SF 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <u>K+A Environmental Contractors</u>		NJDEP Waste Hauler ID No. <u>00815</u>		Cubic Yards of Waste <u>Yd</u>	Name of Registered Landfill <u>Minerva Landfill</u>				
City, State <u>Mohnton, PA</u>		Disposal Date <u>11-26-14</u>		City, State <u>Waynesburg, OH</u>					
Completed By (Print or Type) <u>ANTHONY JSANTARELLI</u>		Title <u>OPERATION</u>		Signature <u>Anthony J Santarelli</u>		Date <u>10-27-14</u>			

B &amp; G proj. #:

2014-203

\*\*\* EMERGENCY \*\*\*

Check # 6879

Date of Notification (1) 11/01/12 18/11/14		Name of Building Owner/Operator (2) Shahil Jariwala	
Agencies Notified	Type Notification	Street Address 380 Ridge Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Cedar Grove, NJ 07009	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Shahil Jariwala	Telephone Number [REDACTED]
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Shahil Jariwala			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 380 Ridge Road			Square Feet		
City (5) Cedar Grove, NJ 07009			# of Floors		
County (6) Essex			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/29/2014		Sched. Completion Date (11) 10/29/2014	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boiler room			<input checked="" type="checkbox"/>	boiler metal jacket insulation	36 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 10/30/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/28/2014

B &amp; G proj. #: 2014-203

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

\*\*\* EMERGENCY \*\*\*

Check # 6879

Date of Notification (1) <b>11/10/12/18/11/14</b>		Name of Building Owner/Operator (2) <b>Shahil Jariwala</b>		<div style="border: 1px solid black; padding: 5px;"> <b>APPROVED</b>          N.J. Dept. of Health &amp; Senior Services  <i>Todd C. Horner</i>          (signature)          Date: <b>10/28/14</b> Time: <b>1:34 PM</b> </div>
Agencies Notified	Type Notification	Street Address <b>380 Ridge Road</b>		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Cedar Grove, NJ 07009</b>		
		Name of Contact <b>Shahil Jariwala</b>		Telephone Number <b>[REDACTED]</b>

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) <b>Shahil Jariwala</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <b>380 Ridge Road</b>			Square Feet # of Floors Bldg. Age		
City (5) <b>Cedar Grove, NJ 07009</b>	County (6) <b>Essex</b>	County Code (7) (State use only)	Current Use (Prior if being demolished) <b>residential</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>n/a</b>		ASCM No.	Name of Abatement Contractor (9) <b>B &amp; G Restoration, Inc.</b>		
Street Address			Street Address <b>105 Ryerson Road</b>		
City, State, Zip Code			City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <b>(973)696-6869</b>		License Number <b>00378</b>
Scheduled Start Date (10) <b>10/29/2014</b>		Sched. Completion Date (11) <b>10/29/2014</b>		Name of OSHA Monitor <b>B &amp; G Restoration, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Street Address <b>105 Ryerson Road</b>	
				City, State, Zip Code <b>Lincoln Park, NJ 07035</b>	

## Scope of Work (check all that apply)

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

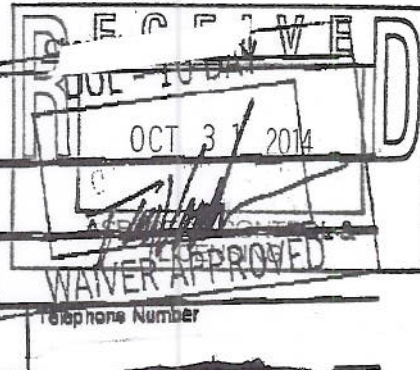
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boiler room			<input checked="" type="checkbox"/>	boiler metal jacket insulation	36 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler <b>B &amp; G Restoration, Inc.</b>	NJDEP Hauler ID# <b>19563</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Tullytown Resource &amp; Recovery Center</b>
City, State <b>Lincoln Park, NJ</b>	Disposal Date <b>10/30/2014</b>	City, State <b>Tullytown, PA</b>	
Completed by (Print or Type) <b>Gordana Luna</b>	Title <b>Secretary/Treasurer</b>	Signature <i>Gordana Luna</i>	Date <b>10/28/2014</b>

CK6874

B &amp; G proj. #: 2014-190

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:50-7 and 12:120-7)  
\*\*\* EMERGENCY \*\*\*



Date of Notification (1) <u>10/17/14</u>		Name of Building Owner/Operator (2) Kathleen Skubisz	
Agencies Notified	Type Notification	Street Address 423 77th Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code North Bergen, NJ 07047	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Kathleen Skubisz	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kathleen Skubisz			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 423 77th Street			Square Feet # of Floors Bldg. Age		
City (5) North Bergen	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)896-8869		License Number 00378
Scheduled Start Date (10) 10/30/2014		Sched. Completion Date (11) 10/31/2014	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure  
☒ >3 sf or >3 lf ☐ ≥150 sf or ≥250 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Encapsulate	In-place	Other
	Yes	No	N/A						
basement boiler room			X	pipe insulation	33 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
office area			X	pipe insulation	24 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Header ID# 18563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/03/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/27/2014

State of NJ

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

B &amp; G proj. #: 2014-190

\*\*\* EMERGENCY \*\*\*

Date of Notification (1) 10/1/2014		Name of Building Owner/Operator (2) Kathleen Skubisz		APPROVED NJ Dept. of Health & Senior Services <i>[Signature]</i> 10/28/14 9:48AM	
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"/> Amendment <input type="checkbox"/> Cancellation		Street Address 423 77th Street	
		City, State, Zip Code North Bergen, NJ 07047		Telephone Number	
		Name of Contact Kathleen Skubisz			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kathleen Skubisz			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 423 77th Street			Square Feet		
City (5) North Bergen			County (6) Hudson		# of Floors
			County Code (7) (State use only)		Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			Current Use (Prior if being demolished) residential		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 10/30/2014			Sched. Completion Date (11) 10/31/2014		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition  
☒ >2 sf or >3 lf  
☒ Renovation  
☐ ≥160 sf or ≥260 lf  
☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boiler room			X	pipe insulation	33 lf	X			
office area			X	pipe insulation	24 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/03/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/27/2014

B &amp; G proj. #: 2014-190

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

Date of Notification (1) 11/01/12 17/11/14		Name of Building Owner/Operator (2) Kathleen Skubisz	
Agencies Notified	Type Notification	Street Address 423 77th Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code North Bergen, NJ 07047	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Kathleen Skubisz	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Kathleen Skubisz			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 423 77th Street			Square Feet # of Floors Bldg. Age		
City (5) North Bergen	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/30/2014		Sched. Completion Date (11) 10/31/2014		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 105 Ryerson Road			
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code LincolnPark, NJ 07035			
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input type="checkbox"/> Other-Describe: _____					

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement boiler room			<input checked="" type="checkbox"/>	pipe insulation	33 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
office area			<input checked="" type="checkbox"/>	pipe insulation	24 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/03/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/27/2014

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:80-7 and 12:120-7)  
\*\*\* EMERGENCY \*\*\*

B &amp; G proj. #: 2014-203

Date of Notification (1)

11/01/2014

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

Shahil Jariwala

Street Address

380 Ridge Road

City, State, Zip Code

Cedar Grove, NJ 07009

Name of Contact

Shahil Jariwala

Check # 88797

10/28/2014

ASBESTOS CONTROL &amp; LICENSING

WAIVER APPROVED

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Shahil Jariwala

Street Address

380 Ridge Road

City (6)

Cedar Grove, NJ 07009

County (5)

Essex

County Code (7)  
(State use only)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
residential

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

n/a

ASCM No.

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973) 696-6869

License Number

00378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)

10/29/2014

Sched. Completion Date (11)

10/28/2014

Occupancy Status During Abatement (Check only one)

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

Describe:

☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ Full Containment w/negative pressure☐ Glovebag procedure☒ > 3 sf or > 3 lf☐ ≥ 180 sf or ≥ 260 lf☐ Mini-enclosure☐ Non-fabric procedure

Location of asbestos-containing material 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)

Amount (Specify SF or LF)

R	R	E	E
em	em	nc	nc
ove	ove	ap	ap
<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"/>

basement boiler room

boiler metal jacket insulation

36 sf

Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563

Cubic Yards of Waste

1

Name of Registered Landfill

Tullytown Resource &amp; Recovery Center

City, State  
Lincoln Park, NJDisposal Date  
10/30/2014City, State  
Tullytown, PACompleted by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

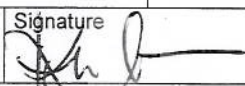
Signature

Gordana Luna


Date  
10/28/2014

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

**RECEIVED**

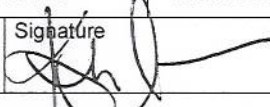
Date of Notification (1) <div style="text-align: center;">10 / 16 / 14</div>		Name of Building Owner/Operator (2) <b>Mr. Thomas Keyes</b>		/ Job # 1410-1925 Chk. #3807 2014 OCT 31 AM 1:57					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>29 Lexington Road</b>		<b>ASBESTOS CONTROL &amp; LICENSING</b>					
		City, State, Zip Code <b>Howell, NJ 07731</b>							
		Name of Contact <b>Thomas Keyes</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>29 Lexington Road</b>									
City (5) <b>Howell</b>				Square Feet <b>1400 SF</b>	# of Floors <b>3</b>				
				Bldg. Age <b>1963</b>					
County (6) <b>Ocean</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residential</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>American Environmental Specialists</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>118 Westbury Court</b>				Street Address <b>3859 Sylon Boulevard</b>					
City, State, Zip Code <b>Marlton, NJ 08053</b>				City, State, Zip Code <b>Hainesport, NJ 08036</b>					
Project Manager for Monitoring Firm <b>Murray Snyder</b>		Telephone No. <b>856-985-2885</b>		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>				
Start Date (10) <div style="text-align: center;">10 / 29 / 14</div>		Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 14</div>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 U.S. Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile and Mastic</b>	<b>400 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>Freehold, NJ</b>				Disposal Date <b>11/1/14</b>	City, State <b>Morrisville, PA 19067</b>				
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>10-27-14</b>			

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

Date of Notification (1) 10 / 27 / 14		Name of Building Owner/Operator (2) St. Luke's Hospital		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  2014 OCT 31 AM 1:58  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>								
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 185 Roseberry St. City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Ted Ruhf								
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) St. Luke's 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 185 Roseberry St.				Square Feet 100,000+ # of Floors 2 Bldg. Age 40+								
City (5) Phillipsburg, NJ 08865		County (6) Warren		County Code (7) (STATE USE ONLY) Hospital								
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No. NA		Name of Abatement Contractor (9) Alliance Environmental Systems								
Street Address 3370 Progress Dr., Ste. J		City, State, Zip Code Bensalem, PA 19020		Street Address 550 East Union St. City, State, Zip Code West Chester, PA 19382								
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300		Telephone No. 610-701-9000 License No. 00508								
Start Date (10) 11 / 10 / 14		Scheduled Completion Date (11) 12 / 5 / 14		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. Pennel 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 checked="" type="checkbox"/> Full Containment with Negative Pressure, <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic		14,500 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation		111 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler David Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40		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 10/27/14				

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

**RECEIVED**

Date of Notification (1) <b>10 / 28 / 14</b>			Name of Building Owner/Operator (2) <b>New Brunswick BOE</b> / Job # 1410-1929 Chk. #3808						
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 <b>PO Box 2683</b> City, State, Zip Code <b>New Brunswick, NJ 08903</b>					
				Name of Contact <b>Mr. Harold Goodwin</b>					
				Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Paul Robeson</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>199 Commercial Avenue</b>									
City (5) <b>New Brunswick</b>			Square Feet <b>54,000</b>	# of Floors <b>1</b>	Bldg. Age <b>1970</b>				
County (6) <b>Middlesex</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Oxford Engineering</b>		ASCN No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>336 Point Street</b>				Street Address <b>3859 Sylon Boulevard</b>					
City, State, Zip Code <b>Camden, NJ 08102</b>				City, State, Zip Code <b>Hainesport, NJ 08036</b>					
Project Manager for Monitoring Firm <b>Wayne Moran</b>		Telephone No. <b>856-541-0700</b>		Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>				
Start Date (10) <b>11 / 6 / 14</b>		Scheduled Completion Date (11) <b>11 / 7 / 14</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior - Concrete Slab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile and Mastic	600 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 <b>Freehold Cartage, Inc.</b>		NJDEP Waste Hauler ID No. <b>02265</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>				
City, State <b>Freehold, NJ</b>				Disposal Date <b>11/7/14</b>	City, State <b>Morrisville, PA 19067</b>				
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>10-28-14</b>			

OK 0542

Print Form

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

RECEIVED

Date of Notification (1) 10/29/14		Name of Building Owner/Operator (2) DVL Kearney Holdings LLC c/o DVL Inc.							
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 checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 70 East 55th Street		City, State, Zip Code New York, NY 10022							
Name of Contact Charles Carames		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Toch Industrial Park Building 31		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 166-194 Passiac Ave		Square Feet 300,000	# of Floors 6						
City (5) Kearney		Bldg. Age 100							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Testor Technology		ASCM No.	Name of Abatement Contractor (9) Dynamics Development Services, Inc.						
Street Address 10-59 Jackson Ave		Street Address 557 Grand Concourse Suite 3-51							
City, State, Zip Code Long Island City, NY 11101		City, State, Zip Code							
Project Manager for Monitoring Firm Sten Evenhouse		Telephone No. 718-752-2090	License No. 01241						
Start Date (10) 9/22/14	Scheduled Completion Date (11) 11/7/14	Name of OSHA Monitor Julio Lopez							
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 317 9th St							
		City, State, Zip Code Union City, NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout		X		Pipe Insulation	1595 LF	X			
Throughout		X		VAT, VAT Mastic	1060 SF	X			
Roof		X		Roofing/Flashing	10,500 SF	X			
Exterior		X		Caulking/Glazing	13,000 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 379	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/7/14		City, State Waynesburg, OH 44688					
Completed by Sanford Alper		Title Senior Project Executive	Signature 	Date 10/29/14					

OK 0543

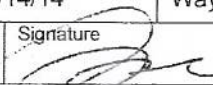
Print Form

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

RECEIVED

2014 OCT 31 AM 1:54

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 10/29/14		Name of Building Owner/Operator (2) DVL Kearney Holdings LLC c/o DVL Inc.							
Agencies Notified	Type Notification	Street Address 70 East 55th Street							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10022							
		Name of Contact Charles Carames							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Toch Industrial Park Building 114		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 166-194 Passaic Ave		Square Feet 23,250	# of Floors 5						
City (5) Kearney		Bldg. Age 100							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Testor Technology		ASCM No.	Name of Abatement Contractor (9) Dynamics Development Services, Inc.						
Street Address 10-59 Jackson Ave		Street Address 557 Grand Concourse Suite 3-51							
City, State, Zip Code Long Island City, NY 11101		City, State, Zip Code Bronx, NY 10451							
Project Manager for Monitoring Firm Sten Evenhouse		Telephone No. 718-752-2090	License No. 01241						
Start Date (10) 9/2/14	Scheduled Completion Date (11) 11/31/14	Name of OSHA Monitor Martin Mcree							
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 714 Kennedy Blvd							
		City, State, Zip Code Bayonne, NJ 07002							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st, 2nd, 3rd, 4th, 5th, 6th Floors		x		Pipe Insulation	1,060 LF	x			
Exterior		x		Caulking/Glazing	2,880 SF	x			
Roof		x		Roofing	4,650 SF	x			
Roof		x		Expansion Joints/Caulking	230 LF	x			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 146	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/14/14		City, State Waynesburg, OH 44688					
Completed by Sanford Alper		Title Senior Project Executive	Signature 			Date 10/29/14			