


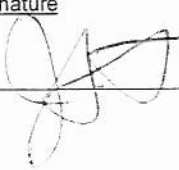
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 9 / 4 / 14		Name of Building Owner/Operator (2) Plastics Consulting & Manufacturing Company							
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 type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 1431 Ferry Ave.							
		City, State, Zip Code Camden, NJ 08104							
		Name of Contact Bill Harris	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Plastics Consulting & Manufacturing Company		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 1431 Ferry Ave.		Square Feet 4000	# of Floors 2						
City (5) Camden		Bldg. Age 50+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems						
Street Address 28 N. Pennell Rd		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-891-0114	License No. 00508						
Start Date (10) 9 / 2 / 14	Scheduled Completion Date (11) 9 / 9 / 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. Pennell Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Mastic	3000	<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 N.E.T.S.		NJDEP Waste Hauler ID No. 18947	Cubic Yards of Waste 30	Name of Registered Landfill Allied BFI Imperial					
City, State Hazelton, PA			Disposal Date TBD	City, State Imperial, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator	Signature 			Date 9-4-14			

NO CK

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

2014 SEP -9 PM 1:11

<u>Date of Notification (1)</u> 09/05/14		<u>Name of Building Owner/Operator (2)</u> DuPont Chamber Works (Bldg 145)	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	
<u>Street Address</u> Rt 130 & Canal Road		<u>City, State, Zip Code</u> Deepwater, NJ 08023	
<u>Name of Contact</u> Dave Cambell		<u>Tel. Number</u>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u>		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u>		Sq. Feet 3,000 # of Floors 1	
<u>City (5)</u>	<u>County (6)</u>	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 58 Current Use (prior if being demolished) commercial/office
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Brandenburg Industrial Service Company
<u>Street Address</u>		<u>Street Address</u> 2217 Spillman Dr	
<u>City, State, Zip Code</u>		<u>City State, Zip Code</u> Bethlehem Pennsylvania 18015	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> 610-691-1800	<u>License Number</u> 00721
<u>Scheduled Start Date (10)</u> 09/22/14	<u>Scheduled Completion Date (11)</u> 10/10/14	<u>Name of OSHA Monitor</u> Brandenburg Industrial Service Company	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ (x) Other - Demolition Only		<u>Street Address</u> 2217 Spillman Drive <u>City, State, Zip Code</u> Bethlehem, PA 18015	
<u>Source of Work (Check all that apply)</u> (x) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
			<u>Abatement Type</u> Rem. Rep. Encap. Enclose
<u>Name of Reg. Waste Hauler</u>	<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u>	<u>Name of Reg. Landfill</u>
<u>City, State</u>		<u>Disp. Date</u>	<u>City, State</u>
<u>Completed by (Print or Type)</u> Jennifer Strobel	<u>Title</u> Contract Administrator	<u>Signature</u> 	<u>Date</u> 09/05/14

Mail to: NJDEP-DSHW-BR RTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00

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

Date of Notification (1) 9/5/14		Name of Building Owner/Operator (2) PSEG							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road							
		City, State, Zip Code South Plainfield, NJ 07068							
		Name of Contact Gregory Player							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Belleville Substation		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 747 Main Street		Square Feet n/a	# of Floors n/a						
City (5) Belleville NJ 07109		Bldg. Age n/a							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) WRS Environmental Services						
Street Address n/a		Street Address 17 Old Dock Rd							
City, State, Zip Code n/a		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01136						
Start Date (10) 9/4/14	Scheduled Completion Date (11) 9/4/14	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 n/a							
		City, State, Zip Code n/a							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior ductbank			n/a	Transite Pipe	60 LF	x			
Name of Registered Waste Hauler ETGI		NJDEP Waste Hauler ID No. S7107	Cubic Yards of Waste 20	Name of Registered Landfill Conestoga Landfill					
City, State Flanders NJ			Disposal Date 9/8/14	City, State Morgantown PA					
Completed by Michael J DiMaria		Title Proj Mgr/Site Supervisor		Signature <i>Michael J DiMaria</i>			Date 9/5/14		


NO CK

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

Date of Notification (1) <u>9/8/2014</u>		Name of Building Owner / Operator (2) Jacqueline Babo Pierce	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Street Address 272 Marlboro Road	
		City, State, Zip Code Wood Ridge NJ 07075	
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		Name of Contact Jackie Pierce	
		Telephone Number 2014 SEP -9 PM 1:10	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Pierce		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 272 Marlboro Road		Square Feet 15 SF	
City (5) Wood-Ridge	County (6) Bergen	County Code (7)	# Of Floors 3
		Building Age 1945	
Name of Monitoring Firm Hired by Bldg. Owner (8) Steve Rich Env. Contractors d/b/a OPUS Abatement		Name of Abatement Contractor (9) Steve Rich Env. Contractors d/b/a OPUS Abatement	
Street Address 222 Delawanna Avenue		Street Address 222 Delawanna Avenue	
City, State, Zip Code Clifton, NJ 07014		City, State, Zip Code Clifton, NJ 07014	
Project Mngr. For Monitoring Firm Warren Clendenny		Telephone Number 862-686-8212	
Scheduled Start Date (10) <u>9</u> / <u>18</u> / <u>2014</u>		Sched. Completion Date (11) <u>9</u> / <u>22</u> / <u>2014</u>	
Occupancy Status During Abatement (Check Only 1) <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: _____		Telephone Number 973-458-1188 License Number 1219	
		Name of OSHA Monitor Steve Rich Env. Contractors d/b/a OPUS Abatement	
		Street Address 222 Delawanna Avenue	
		City, State, Zip Code Clifton, NJ 07014	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <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 <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)
basement	YES NO N/A	Pipe insulation	15 sf
	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste
City, State Newark, NJ		Disposal Date 9/19/2014	Name of Registered Landfill IESI
City, State Newark, NJ		Disposal Date 9/19/2014	City, State Bethlehem, PA
Completed by (Print or Type) Tracey O'Connell		Title Office manager	Signature <i>Tracey O'Connell</i> Date 09/08/14

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

Check # 2227

Date of Notification (1) 09 / 08 / 14		Name of Building Owner / Operator (2) First Energy		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		
Street Address 109 BALTIMORE BLVD		City, State, Zip Code Akron, Ohio 44308 Name of Contact Jim Halsey Telephone Number 513-300-1101 & LICENSING		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) SEA GIRT		County (6) MONMOUTH	County Code (7)	
Square Feet		# Of Floors	Building Age	
Current Use (Prior if being demolished)		Telephone Pole		
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO		
Street Address 655 West Shore Trail		NORTHSTAR CONTRACTING GROUP, INC		
City, State, Zip Code Sparta, NJ 07871		Street Address 32 Williams Parkway		
Project Mng'r. For Monitoring Firm Dino Nappi		City, State, Zip Code East Hanover, NJ 07036		
Telephone Number 212-682-9271		Telephone Number 973-884-6682		
License Number 00860		License Number 00860		
Sched. Start Date (10) 09 / 19 / 14		Sched. Completion Date (11) 09 / 23 / 14		
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036		
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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 <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type R E M O V A L R E P A I R E N C A P S U L E N C L O S U R
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	20 LF	<input checked="" type="checkbox"/> R E M O V A L <input type="checkbox"/> R E P A I R <input type="checkbox"/> E N C A P S U L <input type="checkbox"/> E N C L O S U R
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ	Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steven Stiles	Title Project Manager	Signature 	Date 09/08/14	

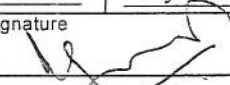
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check 2226

Date of Notification (1) 09 / 08 / 14		Name of Building Owner / Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 76 South Street		City, State, Zip Code Akron, Ohio 44308	
Name of Contact Jim Halsey		Telephone Number 2014 SEP -9 PM 1:22	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address GORDEN CORNER ROAD & WILSON AVE		Square Feet	
City (5) MANALAPAN	County (6) Monmouth	County Code (7)	# Of Floors
Current Use (Prior if being demolished)		Building Age	
Telephone Pole			
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO.	
Street Address 655 West Shore Trail		NORTHSTAR CONTRACTING GROUP, INC	
City, State, Zip Code Sparta, NJ 07871		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm Dino Nappi		City, State, Zip Code East Hanover, NJ 07036	
Telephone Number 212-682-9271		License Number 00860	
Scheduled Start Date (10) 09 / 18 / 14		Sched. Completion Date (11) 09 / 22 / 14	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07036	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <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 <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	20 LF
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Name of Registered Landfill I.E.S.I.
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i> Date 09/08/14

OK 3739

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

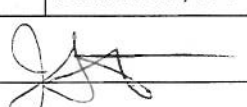
Date of Notification (1) 09/05/2014		Name of Building Owner/Operator (2) Daniel Sahade							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 523 River Road							
		City, State, Zip Code Edgewater, NJ 07020							
		Name of Contact Daniel Sahade							
Telephone Number 973-494-3762									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 523 River Road		Square Feet 2500 SF	# of Floors 1						
City (5) Edgewater, NJ 07020		Bldg. Age 50							
County (6) Bergen county	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Bio-Terra Environmental Solutions LLC.		ASCM No. N/A	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address P.O. Box 1224		Street Address 1360 Clifton, Avenue, PMB Suite 218							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 00693						
Start Date (10) 09/17/2014	Scheduled Completion Date (11) 09/18/2014	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton, Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Govebag 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) 185 SF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof			X	Roof flashing	185 SF	X			
			X						
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 09/18/2014		City, State Waynesburg, OH					
Completed By Krutarth Jagad		Title Project Manager		Signature 		Date 09/05/2014			

ASB41

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

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

32

Date of Notification (1) 09/05/2014		Name of Building Owner/Operator (2) Union Carbide Corporation, A Subsidiary of The Dow Chemical Company							
Agencies Notified	Type Notification	Street Address 171 River Rd							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bound Brook, NJ 08805							
		Name of Contact Michael Pasquarelli	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Dow Chemical Company		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 171 River Rd		Square Feet 350,000	# of Floors 4						
City (5) Bound Brook		Bldg. Age 60 yrs							
County (6) Middlesex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Chemical Plant							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		ASCM No. 00073	Name of Abatement Contractor (9) Brandenburg Industrial Service Co						
Street Address P. O. Box 316		Street Address 2217 Spillman Dr							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Bethlehem, PA, 18015							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	License No. 00721						
Start Date (10) 9/22/2014	Scheduled Completion Date (11) 6/19/2015	Name of OSHA Monitor							
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 type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
See Attached				See Attached					
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 1,500	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Bethlehem, PA		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Jennifer Strobel		Title Contract Manager		Signature 			Date 09/05/2014		

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

B & G proj. #: 2014-159

Check # 6739

Date of Notification (1) 09/10/14		Name of Building Owner/Operator (2) Michael Thompson		2014 SEP -9 PM 1:10	
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 8010 5th Avenue	
				City, State, Zip Code North Bergen, NJ 07047	
		Name of Contact Michael Thompson		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michael Thompson			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 8010 5th Avenue			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) 09/16/2014		Sched. Completion Date (11) 09/17/2014	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"/>	pipe insulation	30 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/17/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 09/05/2014

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

B & G proj. #: 2014-158

Check # 6737

Date of Notification (1) 09/10/15/11/14		Name of Building Owner/Operator (2) Maria Ferrara		2014 SEP -9 PM 1:19	
Agencies Notified	Type Notification	Street Address 88 Pershing Road		ASBESTOS CONTROL & LICENSING	
<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 Clifton, NJ 07013		Telephone Number	
		Name of Contact Maria Ferrara			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Maria Ferrara			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 88 Pershing Road			Square Feet # of Floors Bldg. Age		
City (5) Clifton, NJ 07013		County (6) Passaic	County Code (7) (State use only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			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) 09/15/2014		Sched. Completion Date (11) 09/15/2014			
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:					

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						
small closet in the basement			<input checked="" type="checkbox"/>	pipe insulation	8 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space			<input checked="" type="checkbox"/>	pipe insulation	3 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 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/16/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 09/05/2014

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

B & G proj. #: 2014-155

Check# 67431

Date of Notification (1) 09/10/15		Name of Building Owner/Operator (2) Elizabeth Gandolfo		2014 SEP -9 PM 1:00
Agencies Notified	Type Notification	Street Address 56 Monroe Street		ASBESTOS CONTROL & LICENSING
<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 Little Ferry, NJ 07643		
		Name of Contact Elizabeth Gandolfo	Telephone Number 201-261-0400	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Elizabeth Gandolfo			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 56 Monroe Street			Square Feet	Bldg. Age
City (5) Little Ferry	County (6) Bergen	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) 09/17/2014	Sched. Completion Date (11) 09/19/2014		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)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure | <input type="checkbox"/> 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						
Lower Level			<input checked="" type="checkbox"/>	Vinyl Composite Tile, VAT & mastic	600 sf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/19/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/05/2014

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

B & G proj. #: 2014-153

Check # 6738

Date of Notification (1) 09/10/15		Name of Building Owner/Operator (2) Vera Nugent		2014 SEP -9 PM 1:00	
Agencies Notified	Type Notification	Street Address 106 Lee Avenue		ASBESTOS CONTROL & LICENSING	
<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 Haledon, NJ 07508			
		Name of Contact Vera Nugent		Telephone Number -----3	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Vera Nugent			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 106 Lee Avenue			Square Feet		
City (5) Haledon, NJ 07508			# of Floors		
County (6) Passaic			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) 09/15/2014		Sched. Completion Date (11) 09/16/2014		Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code LincolnPark, NJ 07035	
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: _____					

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			<input checked="" type="checkbox"/>	pipe insulation	110 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/16/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 09/05/2014

CK 006342

D&S Proj. #: 2014-357

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

RECEIVED

Date of Notification (1) 10/19/10/13/11/14		Name of Building Owner/Operator (2) DORIS KRUEGER		2014 SEP -9 PM 1:00	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____	Street Address 36 MARTIN TERRACE		ASBESTOS CONTROL & LICENSING	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601			
			Name of Contact DORIS KRUEGER	Telephone Number 201-555-1234	

FACILITY INFORMATION

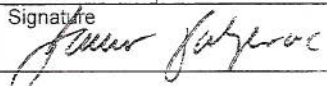
Name of facility where abatement is taking place (3) DORIS KRUEGER			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Square Feet</td> <td># of Floors</td> <td>Bldg. Age</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> Current Use (Prior if being demolished)			Square Feet	# of Floors	Bldg. Age			
Square Feet	# of Floors	Bldg. Age									
Street Address 36 MARTIN TERRACE											
City (5) Hackensack	County (6) BERGEN	County Code (7) (State use only)									

Name of Monitoring Firm Hired by Bldg. Owner (8) 		ASCM No. 	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address 		Street Address 20 California Ave.		
City, State, Zip Code 		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm 		Phone Number 	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 09/17/14		Sched. Completion Date (11) 09/30/14		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				
Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503				

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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/CRAWL SPACE		X		PIPE INSULATION	95 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 YD	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/18/14		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature 		Date 09/03/2014

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

Date of Notification (1) 09/05/2014		Name of Building Owner/Operator (2) Market Halsey Urban Renewal LLC		2014 SEP -9 PM 1:00					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 112 W.34th Street Ste. 2106 City, State, Zip Code New York, NY 10120 Name of Contact Bob Klug Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Market Halsey Building Garage			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 165 Halsey Street			Square Feet 30,000		# of Floors 16				
City (5) Newark			Bldg. Age 80						
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Office building					
Name of Monitoring Firm Hired by Building Owner (8) RK Environmental Inc		ASCM No. 0090		Name of Abatement Contractor (9) Bako Construction & Restoration, Inc					
Street Address 401 St. James Avenue		Street Address 265 A Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908-454-6316		Telephone No. 973-256-7010					
				License No. 0666					
Start Date (10) 09/15/2014		Scheduled Completion Date (11) 09/18/2014		Name of OSHA Monitor Bako Construction & Restoration, Inc					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 4pm-12am				Street Address 265 A Route 46 Suite 3D City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		X		Pipe Fittings	40 Elbows	X			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc		NJDEP Waste Hauler ID No. 20889		Cubic Yards of Waste 10		Name of Registered Landfill G.R.O.W.S			
City, State Totowa, NJ		Disposal Date 09/19/2014		City, State Morrisville, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 09/05/2014			

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

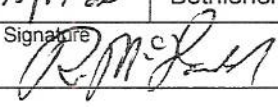
Check # 8545

RECEIVED

Date of Notification (1) 9/4/14		Name of Building Owner/Operator (2) J + S MANAGEMENT COMPANY	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 108 2ND AVE.		City, State, Zip Code BRADLEY BEACH, NJ 07728	
Name of Contact DEWIS SCHMIDT		Telephone Number 7 - 555 - 1234	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) J + S MANAGEMENT APARTMENTS		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 108 2ND AVE		Square Feet 4000	# of Floors 2
City (5) BRADLEY BEACH		Bldg. Age 60	
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APTS	
Name of Monitoring Firm Hired by Building Owner (8) HALLMAN CONSULTING, LLC		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address 1600 RT 22 EAST		Street Address 105 Lowell Road	
City, State, Zip Code NEWARK NJ 07103		City, State, Zip Code Glen Rock, N.J. 07452	
Project Manager for Monitoring Firm		Telephone No. 908-688-7800	License No. 00156
Start Date (10) 9/15/14	Scheduled Completion Date (11) 9/30/14	Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyler Street	
		City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
LIVING + DINING ROOM			X	PLASTER	300 SF	X			

Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Riverdale, New Jersey 07457		Disposal Date 9/15/14		City, State Bethlehem, PA 18015	
Completed by R. McDonald	Title President	Signature 		Date 9/4/14	

Aug/14/2014 12:07:12 PM

Yannuzzi 808-218-0884

1/8

2014 SEP -9 AM 10:43

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

DOL - 10 DAY

FBI/DOJ

WAIVER APPROVED

Date of Notification (1) 08/14/14		Name of Building Owner/Operator (2) Orange Housing and Development Corporation		
Agency Notified BPA DEP DOL DOH DOA		Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation		
Street Address 340 Thomas Blvd		City, State, Zip Code Orange, NJ		
Name of Contact Maurice Brown P.E.		Telephone Number		
Name of Facility Where Abatement is Taking Place (3) Abandoned Residential Property				
Street Address 80 Parrow St		Type of Facility (4) School (K-12) Subchapter S (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Princeton		Square Feet 2500		
County (6) Mercer		# of Floors 2		
County Code (7) (STATE USE ONLY)		Bldg. Age 70+		
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra		Current Use (Prior to being demolished) ABANDONED		
Street Address PO box 1224		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.		
City, State, Zip Code Union, NJ		Street Address 152 Route 206 South		
Project Manager for Monitoring Firm Ricardo Eustaquio		City, State, Zip Code Hillsborough, NJ 08844		
Start Date (10) 8/15/14		Telephone No. 808-218-0880		
Scheduled Completion Date (11) 8/15/14		License No. 01228		
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.		
Street Address 152 Route 206 South		City, State, Zip Code Hillsborough, NJ 08844		
Scope of Work (Check All That Apply) <input type="checkbox"/> 13 sf or less if <input type="checkbox"/> 2160 sf or 2390 if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
Basement	Yes No N/A	Pipe insulation	10 LF	Removal
				Repair
				Encapsulate
				Enclosure
Name of Registered Waste Hauler Yannuzzi Group Inc.		NJDEP Waste Hauler ID No. 17487	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitation
City, State Hillsborough, NJ		Disposal Date 8/18/14	City, State Penn Argyle, PA	
Completed by John Mucha		Title Project Manager	Date 8/14/14	

ASB-41 (4-08-08)

Do not use this form for asbestos response exempted activities.

Aug/14/2014 12:07:12 PM

Yannuzzi 908-218-0884

5/8

2014 SEP -9 AM 10:43

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 17:27)

DOL - 10 DAY

Date of Notification (1) 08/14/14		Name of Building Owner/Operator (2) Orange Housing and Development Corporation	
Agencies Notified	Type Notification	Street Address 340 Thomas Blvd	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> POH <input checked="" type="checkbox"/> DCA	<input 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 Orange, NJ	
		Name of Contact Maurice Brown P.E.	
Name of Facility Where Abatement is Taking Place (3) Abandoned Residential Property			
Street Address 88 Parrow St		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 6 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Princeton		Square Feet 2000	
County (6) Mercer		# of Floors 2	
County Code (7) (STATE USE ONLY)		Bldg. Age 60+	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra		Current Use (Prior to being demolished) ABANDONED	
Street Address PO box 1224		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.	
City, State, Zip Code Union, NJ		Street Address 162 Route 206 South	
Project Manager for Monitoring Firm Ricardo Eustaquio		City, State, Zip Code Hillsborough, NJ 08844	
Telephone No. 973-464-3782		Telephone No. 908-218-0880	
Start Date (10) 8/15/14		License No. 01226	
Scheduled Completion Date (11) 8/16/14		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 162 Route 206 South	
		City, State, Zip Code Hillsborough, NJ 08844	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> as of or as if <input type="checkbox"/> as of or as if <input 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-Encapsulated (*) 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)
Basement		Pipe Insulation	10 LF
Name of Registered Waste Hauler Yannuzzi Group Inc.	NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitation
City, State Hillsborough, NJ	Disposal Date 8/16/14	City, State Penn Argyle, PA	
Completed by John Mucha	Title Project Manager	Signature 	Date 8/14/14

ASB-61 (7-03-08)

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

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

Check # 0817

Date of Notification (1) 9-5-2014		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 160 S. Livingston Ave.							
		City, State, Zip Code Livingston, NJ 07039							
		Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chilton Towers		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 220 W. Jersey Street		Square Feet 100,000	# of Floors 15						
City (5) Elizabeth		Bldg. Age 50+							
County (6) Union		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Building						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-706-7950						
License No. 01193		Name of OSHA Monitor Loznica Management Corporation							
Start Date (10) 9-18-2014		Scheduled Completion Date (11) 10/18/2014							
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 <input type="checkbox"/> Other - Describe: _____		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apartments K & J			x	Piper Fittings Total 26 openings	6 elbows	x			
Floors 3 thru 14				on floors 3-14	per opening				
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Lincoln Park, NJ 07035				Disposal Date TBD	City, State Morrisville PA 19067				
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 9-5-2014			

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

MO#22302806275

Date of Notification (1) 09 / 05 / 14		Name of Building Owner/Operator (2) Sherry B Shokrieh	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	Street Address 12 Reeve Circle	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Millburn, NJ 07041	
	<input type="checkbox"/> Cancellation	Name of Contact Sherry B Shokrieh	
		Telephone Number	

2014 SEP -9 AM 10:37
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 12 Reeve Circle		Square Feet	# of Floors
City (5) Millburn, NJ 07041		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 09 / 16 / 14	Scheduled Completion Date (11) 09 / 17 / 14	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35 E	
		City, State, Zip Code Fair Lawn, NJ 07410	

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

Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA		
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 09/05/2014		

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

Date of Notification (1) 9/5/2014		Name of Building Owner/Operator (2) CITY OF TRENTON	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 319 STATE ST.		City, State, Zip Code TRENTON, NJ 08608	
Name of Contact ERIC CARROLL		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DEMOLITION SITE		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 133 WAYNE AVE.		Square Feet UNK	
City (5) TRENTON, NJ		# of Floors UNK	
County (6) MERCER		Bldg. Age UNKI	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) UNK	
Name of Monitoring Firm Hired by Building Owner (8) T.T.I. ENVIRONMENTAL		ASCM No.	
Street Address 1253 NO. CHURCH ST.		Name of Abatement Contractor (9) UNIPRO. INC.	
City, State, Zip Code MOORESTOWN, NJ 08057		Street Address 173 KARKUS AVE.	
Project Manager for Monitoring Firm JIM GIULIARDI		City, State, Zip Code WOODBIDGE, NJ 07095	
Telephone No. 856-840-8800		Telephone No. 732-726-3111	
License No. 00615		Name of OSHA Monitor T.T.I. ENVIRONMENTAL	
Start Date (10) SEPT. 9, 2014		Scheduled Completion Date (11) SEPT. 9, 2014	
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: VACANT DEMO. SITE		Street Address 1253 NO. CHURCH AVE.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code MOORESTOWN, NJ 08057			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type Removal Repair Encapsulate Enclosure			
EXTERIOR WALL		ACM-SIDING SHINGLES	
1,000 SF		x	
Name of Registered Waste Hauler NEWARK CARTING, INC.		NJDEP Waste Hauler ID No. 4509	
Cubic Yards of Waste 10		Name of Registered Landfill G.R.O.W.S. INC.	
City, State NEWARK, NJ		Disposal Date 9/11/14	
City, State MORRISVILLE, PA			
Completed by DAVID T. TOLCHIN		Title PRES.	
Signature <i>David T. Tolchin</i>		Date 9/5/2014	

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

Check # 0818

Date of Notification (1) 9/6/14		Name of Building Owner/Operator (2) HDC						
Agencies Notified	Type Notification	Street Address 1 Bergen County Plaza						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact John Biale	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) West Wing, Former St. Anthony's School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 187 Walnut St		Square Feet	# of Floors					
City (5) Northvale		Bldg. Age						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School Scheduled for Demo						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp					
Street Address n/a		Street Address 22 Troy Ln						
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193					
Start Date (10) 9/22/14	Scheduled Completion Date (11) 10/31/14	Name of OSHA Monitor Loznica Management Corp						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demolition</u>		Street Address 22 Troy Ln						
		City, State, Zip Code Lincoln Park, NJ 07035						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
SEE ATTACHED DOCUMENT				FOR ALL ACM QUANTITIES				
SEE ATTACHED DOCUMENT				FOR ALL ACM QUANTITIES				
SEE ATTACHED DOCUMENT				FOR ALL ACM QUANTITIES				
SEE ATTACHED DOCUMENT				FOR ALL ACM QUANTITIES				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 0033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Riverdale, NJ			Disposal Date TBD	City, State Morrisville, PA				
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>		Date 9/6/14			

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

RECEIVED

Date of Notification (1) 9/6/14		Name of Building Owner/Operator (2) JOEY BARNATHAN							
Agencies Notified	Type Notification	Street Address 55 NORWOOD AVE							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ALLENHURST NJ 07711							
		Name of Contact NICK	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BARNATHAN RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 55 NORWOOD AVE		Square Feet 2000	# of Floors 1						
City (5) ALLENHURST		Bldg. Age 55+							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 9-16-14	Scheduled Completion Date (11) 9-19-14	Name of OSHA Monitor MARK JOURIE							
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: 7 AM 7 PM		Street Address 87 MCINTOSH							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ATTIC				TRANSITE PIPE	12 LF	<input checked="" type="checkbox"/>			
CLOSET				FIRE TIE	25 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 1	Name of Registered Landfill Chrins					
City, State Colts Neck, New Jersey			Disposal Date 9-19-14	City, State Easton, Pa					
Completed by George Wuest		Title President	Signature George Wuest			Date 9/6/14			

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

CK# 2432

Date of Notification (1) 9/6/14		Name of Building Owner/Operator (2) Eileen Varcaneli	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 308 Conyard Rd		City, State, Zip Code Sea Side Heights, New Jersey	
Name of Contact Mike		Telephone Number 732-294-1757	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Varcaneli Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 308 Conyard Rd		Square Feet 1600	# of Floors 1
City (5) Sea Side Heights		Bldg. Age 657	
County (6) Ocean		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address		Street Address 95 Montrose Road	
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029
Start Date (10) 9/17/14		Scheduled Completion Date (11) 9/25/14	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM - 4PM		Name of OSHA Monitor	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) OUTSIDE	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding
	Yes	No	
			Amount (Specify SF or LF) 1600
		Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>	
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3
City, State Colts Neck, New Jersey		Name of Registered Landfill G.R.O.W.S.	
Disposal Date 9/25/14		City, State Tullytown, PA	
Completed by Bree McGuire		Title Secretary Treasurer	Signature Bree McGuire
		Date 9/6/14	

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

CK# 2432

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

Date of Notification (1) 9/16/14		Name of Building Owner/Operator (2) Richard McHugh Jr.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 23 Venetian Ct.		City, State, Zip Code Tom's River, New Jersey							
Name of Contact Mike		Telephone Number 201-200-1101							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) McHugh Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 23 Venetian Ct.		Square Feet 1800	Bldg. Age 60+						
City (5) Tom's River		Current Use (Prior if being demolished) Residence							
County (6) Ocean		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.						
Street Address		Street Address 95 Montrose Road							
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722							
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029						
Start Date (10) 9/15/14		Scheduled Completion Date (11) 9/25/14							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Name of OSHA Monitor							
		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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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) 1800 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
outside			<input checked="" type="checkbox"/>	Siding		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Colts Neck, New Jersey		Disposal Date 9/25/14		City, State Tullytown, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature <i>Bree</i>		Date 9/16/14			

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

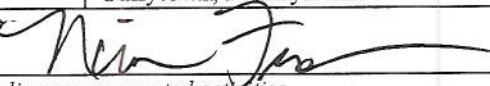
ck # 25106

Date of Notification (1) September 5, 2014		Name of Building Owner/Operator (2) John DiGregorio	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	1102 Union Avenue	Union Beach, NJ 07735
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	ASBESTOS CONTROL & LICENSING	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		John DiGregorio	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 3 11th Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Beach Haven, NJ			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1638 sf	# of Floors 2	Bldg. Age 64	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
			1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code		
			Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) 09/05/2014		Scheduled Completion Date (11) 09/08/2014		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address		
			1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1000 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 09/09/2014	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/5/14

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

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

Check # 9126

Date of Notification (1) September 5, 2014		Name of Building Owner / Operator (2) Brian Longmore	
Agencies Notified	Type Notification	Street Address 66 Joshua Drive	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code Beach Haven West, NJ 08050	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 66 Joshua Drive		Square Feet 1,150	# of Floors 2
City (5) Beach Haven West		Bldg. Age 60 years	
County (6) Ocean		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) September 15, 2014	Scheduled Completion Date (11) October 15, 2014	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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 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) 1,000 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Asbestos-containing siding		X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 9	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087		Disposal Date October 16, 2014	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Assistant	Signature <i>Diane Aloia</i>	Date September 5, 2014

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

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

RECEIVED

Date of Notification (1) 9-4-14		Name of Building Owner/Operator (2) SHANNON WALKIEWICZ		2014 SEP -9 AM 10:33				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 78 WESTERN DR. ASBESTOS CONTROL & LICENSED					
			City, State, Zip Code HOWELL NJ. 07731					
		Name of Contact ERIC PLACKIS		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 78 WESTERN DR.				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.) SHED				
Street Address 78 WESTERN DR.				Square Feet 80 SF	# of Floors 1			
City (5) HOWELL NJ.				Bldg. Age 50				
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SHED				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) BRICK INDUSTRIES INC					
Street Address		Street Address 145 NATICK TRAIL						
City, State, Zip Code		City, State, Zip Code BRICK NJ. 08724						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732 899-4499	License No. 01196				
Start Date (10) 9-15-14	Scheduled Completion Date (11) 9-16-14		Name of OSHA Monitor					
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: VACANT SHED			Street Address					
			City, State, Zip Code					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
SIDING			TRANSITE	300 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler BRICK INDUSTRIES INC		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 12	Name of Registered Landfill GROWS			
City, State BRICK NJ.		Disposal Date 9-22-14		City, State P.A.				
Completed By ERIC PLACKIS		Title PRES		Signature <i>[Signature]</i>		Date 9-4-14		

CK 1618

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

Date of Notification (1) 9-4-14		Name of Building Owner/Operator (2) JANET WEDGENOOD							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 MILLHOUSE LANE						
	City, State, Zip Code CHERRY HILL NJ. 08034		Name of Contact ERIC PLACKIS						
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) _____		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.) RESIDENCE							
Street Address 2 MILLHOUSE LN		Square Feet _____	# of Floors 2						
City (5) CHERRY HILL NJ.		Bldg. Age 40							
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior to being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) _____	ASCM No. _____	Name of Abatement Contractor (9) BRICK INDUSTRIES INC.							
Street Address _____		Street Address 165 NATICK TR.							
City, State, Zip Code _____		City, State, Zip Code BRICK. NJ. 08724							
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. 732 899-7499	License No. 01196						
Start Date (10) 9-16-14	Scheduled Completion Date (11) 9-22-14	Name of OSHA Monitor _____							
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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) _____	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> <td align="center">r</td> </tr> </table>		Yes	No	N/A			r	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) _____
	Yes	No	N/A						
		r							
Amount (Specify SF or LF) 500 SF	Abatement Type <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Removal</td> <td>Repair</td> <td>Encapsulate</td> <td>Enclosure</td> </tr> <tr> <td align="center">V</td> <td></td> <td></td> <td></td> </tr> </table>	Removal	Repair	Encapsulate	Enclosure	V			
Removal	Repair	Encapsulate	Enclosure						
V									
Name of Registered Waste Hauler BRICK INDUSTRIES INC.		NIDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 5						
City, State BRICK NEW JERSEY		Disposal Date 9-24-14	Name of Registered Landfill G.R.O.W.S.						
Completed By ERIC PLACKIS		Title PRES.	Signature <i>[Signature]</i>						
		Date 9-4-14							

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

Check # 0805

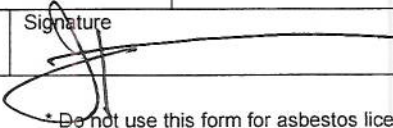
Date of Notification (1) 9/3/14		Name of Building Owner/Operator (2) BOSI Inc		APPROVED NJ Dept of Health & Senior Services <i>Paul C. Roman</i> (signature) Date: 9/03/14 Time: 2:26 PM							
Agencies Notified (3) <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 146 Poplar St City, State, Zip Code Ridgefield Park, New Jersey Name of Contact Robert Cimmino Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2081 Marguerite St				Square Feet 2000							
City (5) Fort Lee				# of Floors 1							
County (6) Bergen				Bldg. Age 50 +							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential House									
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCN No. n/a		Name of Abatement Contractor (9) Loznica Management Corp							
Street Address n/a		Street Address 22 Troy Ln									
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035									
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950							
Start Date (10) 9/9/14		Scheduled Completion Date (11) 9/11/14		License No. 01188							
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: Abandoned				Name of OSHA Monitor Loznica Management Corp							
				Street Address 22 Troy Ln							
				City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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
Exterior				Transite Siding		Approx 1500 SF		x			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 0033137		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill					
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville PA							
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 9/3/14					

NO CK

Print Form


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

RECEIVED

Date of Notification (1) 9/4/2014		Name of Building Owner/Operator (2) E.I. Dupont De Nemours & Co		2014 SEP -9 AM 10:51					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #001 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Route 130 & Canal Road City, State, Zip Code Deepwater, New Jersey 08023 Name of Contact John Kyritsis Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Canal Bridge Area				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 Route 130 & Canal Road				Square Feet 0					
City (5) Deepwater				# of Floors 0					
County (6) Salem				Bldg. Age 50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pipe Lines & Steel Bridge for Piping							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.					
Street Address 760 Pulaski Highway		Street Address 42 Ridge Road							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Wesly Morrison		Telephone No. 302-326-2333		Telephone No. 610-933-4332					
Start Date (10) 06/11/2014		Scheduled Completion Date (11) 10/10/2014		License No. 00836					
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 Harvard Env., Inc.					
				Street Address 760 Pulaski Hwy					
				City, State, Zip Code Bear, DE 19701					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
canal/bridge area	X			galbestos on structural steel	5272 sf	X			
canal/bridge area	X			tsi pipe	940 lf	X			
canal/bridge area	X			galbestos on pipe	1240 lf	X			
canal/bridge area	X			mastic on pipe	100 lf	X			
Name of Registered Waste Hauler SJ Transportation		NJDEP Waste Hauler ID No. 03217		Cubic Yards of Waste 40		Name of Registered Landfill Constoga			
City, State Woodstown, NJ		Disposal Date 7-8-9/2014		City, State Morgantown, PA					
Completed by Jeff LaRiviere		Title V.P.		Signature 		Date 9/4/2014			


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

Check No. 2027

Date of Notification (1) September 04, 2014		Name of Building Owner/Operator (2) Newark Board of Education						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <small>Not required per State Reg. 10:27-20.4</small> <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 2 Cedar Street City, State, Zip Code Newark, NJ 07112 Name of Contact Benjamin Olagadeya Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Camden Street School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 281 Camden Street		Square Feet 45,000	# of Floors 3					
City (5) Newark, NJ 07103		Bldg. Age 1968						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Education						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Incorporated	ASCM No. 00003	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.						
Street Address 1253 North Church Street		Street Address 223 Randolph Avenue						
City, State, Zip Code Moorestown, NJ 08057-1136		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Jim Guilardi	Telephone No. 856-840-8800	Telephone No. 973-478-4681	License No. 00120					
Start Date (10) September 05, 2014	Scheduled Completion Date (11) September 14, 2014	Name of OSHA Monitor McCabe Environmental Services, L.L.C.						
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 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998						
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
Room 112		<input checked="" type="checkbox"/>		Floor Tile & Mastic	1200 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Inc.		NJDEP Waste Hauler ID No. 12695 / 2A456	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises, Inc.				
City, State Clifton, NJ 07011 / Bronx, NY		Disposal Date 09/08/2014 - 09/14/2014		City, State Waynesburg, OH				
Completed by G. Roger Woodman	Title Safety Officer		Signature 			Date 9/4/2014		

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

Check No. 2028

Date of Notification (1) September 04, 2014		Name of Building Owner/Operator (2) Newark Board of Education							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>(Not required per State Reg. 10:27D4)</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Cedar Street City, State, Zip Code Newark, NJ 07112 Name of Contact Benjamin Olagadeya Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Luis M. Marin School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 663 Broadway		Square Feet 45,000							
City (5) Newark, NJ 07104		# of Floors 2	Bldg. Age 1965 +/-						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Education							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Incorporated		ASCM No. 00003	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.						
Street Address 1253 North Church Street		Street Address 223 Randolph Avenue							
City, State, Zip Code Moorestown, NJ 08057-1136		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Jim Guilardi	Telephone No. 856-840-8800	Telephone No. 973-478-4681	License No. 00120						
Start Date (10) September 08, 2014	Scheduled Completion Date (11) September 14, 2014	Name of OSHA Monitor McCabe Environmental Services, L.L.C.							
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 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hall outside Room 203		<input checked="" type="checkbox"/>		Thermal System Insulation	9 In ft	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Inc.		NJDEP Waste Hauler ID No. 12695 / 2A456	Cubic Yards of Waste 2	Name of Registered Landfill Minerva Enterprises, Inc.					
City, State Clifton, NJ 07011 / Bronx, NY		Disposal Date 09/08/2014 - 09/14/2014		City, State Waynesburg, OH					
Completed by G. Roger Woodman	Title Safety Officer		Signature 			Date 9/4/2014			

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

CHECK # 1068

Date of Notification (1) 09/05/2014		Name of Building Owner/Operator (2) Bill Solecki							
Agencies Notified	Type Notification	Street Address 340 Turrell Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code South Orange, NJ 07079							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Bill Solecki	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 340 Turrell Ave		Square Feet 1,900 +							
City (5) South Orange		# of Floors 2	Bldg. Age 50+						
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) Unicorn Contracting Corp.						
Street Address		Street Address 1087 Pleasant Valley Way							
City, State, Zip Code		City, State, Zip Code West Orange, NJ 07052							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 9/18/2014	Scheduled Completion Date (11) 9/19/2014	Name of OSHA Monitor Envirovision Consultants Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Rd. - Bldg.35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	120 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Freehold, New Jersey			Disposal Date TBD	City, State Morrisville, Pennsylvania					
Completed by Blagica Nikolova		Title President	Signature <i>Blagica Nikolova</i>	Date 09/05/2014					

Sep 5 2014 02:38pm

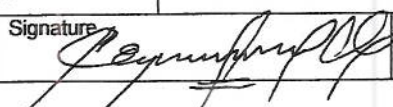
P001/001

Check # 85746

2014 SEP -9 AM 10:00

APPROVED NJ Dept. of Health & Senior Services <i>(Signature)</i>		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)			
Date of Notification (1) Date: <u>9/5/14</u> Time: <u>9:51 AM</u>		Name of Building Owner/Operator (2) <u>VINE STREET HOLDINGS, LLC/STATE CONTROL & LICENSING</u>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>P.O. Box 481</u> City, State, Zip Code <u>LAKEWOOD, NJ 08701</u> Name of Contact <u>BI</u>	
				Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <u>VINE STREET HOLDINGS</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <u>530 VINE STREET</u>			Square Feet <u>8000</u>		
City (5) <u>ELIZABETH</u>			# of Floors <u>2</u>		Bldg. Age <u>60</u>
County (6) <u>ESSEX</u>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>OFFICE/WORKSHOP/ARTS</u>	
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>	
Street Address _____		Street Address <u>105 Lowell Road</u>		City, State, Zip Code <u>Glen Rock, N.J. 07452</u>	
City, State, Zip Code _____		Telephone No. <u>201-262-5841</u>		License No. <u>00158</u>	
Project Manager for Monitoring Firm _____		Telephone No. _____		Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>	
Start Date (10) <u>9/5/14</u>		Scheduled Completion Date (11) <u>9/8/14</u>		Street Address <u>280 Huyler Street</u>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <u>Hackensack, NJ 07606</u>		_____	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) <u>Boiler Room</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>PIPE</u>	
Amount (Specify SF or LF) <u>22 LF</u>		Abatement Type Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>		_____	
Name of Registered Waste Hauler <u>Rovic Transport</u>		NJDEP Waste Hauler ID No. <u>20785</u>		Name of Registered Landfill <u>IESI PA Bethlehem Landfill Corp.</u>	
City, State <u>Riverdale, New Jersey 07457</u>		Cubic Yards of Waste <u>5</u>		City, State <u>Bethlehem, PA 18015</u>	
Disposal Date <u>9/5/14</u>		Completed by <u>R. McDonald</u>		Title <u>President</u>	
Signature <u>(Signature)</u>		Date <u>9/5/14</u>		_____	

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

Date of Notification (1) 09/02/2014		Name of Building Owner/Operator (2) Howard Kurlantzick							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 779 WALNUT STREET							
		City, State, Zip Code NEW MILFORD, NJ 07646							
		Name of Contact MATT	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 779 WALNUT ST.		Square Feet 2500	# of Floors 2						
City (5) NEW MILFORD, NJ.		Bldg. Age 89							
County (6) BERGEN	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 CO. LLC.						
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-708-4270	License No. 01135						
Start Date (10) 09/4/2014	Scheduled Completion Date (11) 09/06/2014	Name of OSHA Monitor EMSL ANALYTICAL INC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 307 WEST 38 STREET							
		City, State, Zip Code NY, NY 10018							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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		VAT, FLOOR TILE	1,300	X			
Name of Registered Waste Hauler TRI STATE ASSOC. INC.		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX, NY.		Disposal Date TBD		City, State WAYNESBURG, OHIO.					
Completed by CARLOS ESQUIVEL		Title MANAGER		Signature 		Date 09/02/2014			

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

CK 6624

2014 SEP -9 AM 10:27

Date of Notice 08/27/14 Type Notification		Name of Building Owner / Operator (2) Miriam McCoy	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency Notification	Street Address 13 Columbus Avenue	
	<input type="checkbox"/> Initial Notification	City, State & Zip Code Montclair, NJ 07042	
	<input type="checkbox"/> Amended Notification	Name of Contact Miriam McCoy	
	<input type="checkbox"/> Cancellation	Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
13 Columbus Avenue			Square Feet 2,200	# of Floors 2	Bldg. Age 60+
City (5) Montclair	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07747		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 8/28/14	Scheduled Completion Date (11) 8/29/14		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		

Scope of Work (Check all that apply)					
Demolition <input type="checkbox"/>		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure	
Large Project <input type="checkbox"/>				<input checked="" type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM				<input checked="" type="checkbox"/> Glovebag Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM				Other: Non-friable	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Basement	N/A	TSI	30 LF	Removal	
Basement	N/A	TSI Boiler	20 SF	Removal	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 5	Name of Registered Landfill TRRF	
City, State Freehold, NJ			Disposal Date 8/29/14	City, State Tullytown, Pa	
Completed By (Print or Type) Dominick Tringali	Title Project Manager	Signature <i>Dominick Tringali</i>			Date 8/27/14

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

2014 SEP -9 AM 10:35

OK
6626

Date of Notification (1) 09/3/14 Type Notification		Name of Building Owner / Operator (2) GenOn Energy, Inc.		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 1000 Main Street		
		City, State & Zip Code Houston, TX 77002		
		Name of Contact Neil MacIntosh		Telephone Number
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Werner Power Plant (former JCP&L Power Plant)		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 Lower Main Street		Square Feet 250000	# of Floors 7	Bldg. Age 50 +/-
City (5) South Amboy	County (6) Middlesex	County Code (7)		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.		ASCM No. 0045	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ		City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 09/04/14	Scheduled Completion Date (11) 09/04/14		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)				
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
Company Vehicle #1		Yes	TSI/Surfacing/Misc.	300 SF
Personal Vehicle #2		No	TSI/Surfacing/Misc.	300 SF
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 30	Name of Registered Landfill GROWS
City, State Trenton, NJ		Disposal Date 09/05/14	City, State Morrisville, Pa	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>		Date 09/3/14