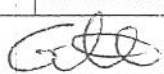


CK 3774

Print Form

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

Date of Notification (1) 09/04/2015		Name of Building Owner/Operator (2) LAWNSIDE PUBLIC SCHOOL		2015 SEP 11 AM 8:00					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 426 East Charleston Avenue City, State, Zip Code Lawnside, NJ 08045 Name of Contact Terry Henry Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LAWNSIDE PUBLIC 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 426 East Charleston Avenue				Square Feet					
City (5) Lawnside, NJ 08045				# of Floors					
County (6) Camden				Bldg. Age					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 5434 King Avenue, Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 609-744-7462		License No. 01104					
Start Date (10) 09/05/2015		Scheduled Completion Date (11) 09/06/2015		Name of OSHA Monitor J&S ENVIRONMENTAL LABORATORIES					
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 2333 Route 22 West City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Classroom			x	Removal&Disposal of glue dots	200 SF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste		Name of Registered Landfill GROWS Landfill			
City, State Woodland Park, NJ 07424				Disposal Date		City, State Morrisville, PA			
Completed by Momo Glavatovic		Title Vice President		Signature 		Date 09/04/2015			

CK 1037

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

Date of Notification (1) 08/27/2015		Name of Building Owner/Operator (2) BRUSCHETTA RESTAURANT							
Agencies Notified	Type Notification	Street Address 292 PASSAIC AVE.							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code FAIRFIELD NJ. 07004							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact KONSTANTINOS APOSTOLO	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 292 PASSAIC AVE.		Square Feet 3200	# of Floors 2						
City (5) FAIRFIELD NJ. 07004		Bldg. Age 37 Y.							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. _____	Name of Abatement Contractor (9) SHARON QUALITY CONSTRUCTION LLC.							
Street Address		Street Address 22 VAN ORDEN PL.							
City, State, Zip Code		City, State, Zip Code HACKENSACK NJ. 07601							
Project Manager for Monitoring Firm	Telephone No. _____	Telephone No. 201-708.4270	License No. 01135						
Start Date (10) 09/05/15	Scheduled Completion Date (11) 09/06/15	Name of OSHA Monitor SAN AIR TECHNOLOGIES LABORATORIES							
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 1551 OAKBRIDGE DR. SUITE B.							
		City, State, Zip Code POWHATAN, VA. 23139							
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) <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
ROOF		X		Black Membrane	180 SF.	X			
Name of Registered Waste Hauler TRI. STATE. ASSOC. INC.		NJDEP Waste Hauler ID No. 1991	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 Xiomara GOMEZ		Title PRESIDENT		Signature <i>Xiomara Gomez</i>			Date 08/27/2015		

VIA FAX
CH# 1134

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

2015 SEP 1

Date of Notification (1) 9/08/15		Name of Building Owner/Operator (2) CITY OF ELIZABETH (BUD DEPT)	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 WINFIELD SCOTT PLAZA	
		City, State, Zip Code ELIZABETH, N.J. 07201	
		Name of Contact MR KAYWANT SARRAN	
		Telephone Number 7-311	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 220 SOUTH ST		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) ELIZABETH, N.J.		Square Feet 1,700	# of Floors 2
County (6) UNION		County Code (7) (STATE USE ONLY)	Bldg. Age 90
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) NOVATECH INC	
Street Address		Street Address P.O. Box 814	
City, State, Zip Code		City, State, Zip Code OLD BRIDGE N.J. 08857	
Project Manager for Monitoring Firm		Telephone No. 732 238x7500	License No. 00806
Start Date (10) 9/09/15	Scheduled Completion Date (11) 10/09/15	Name of OSHA Monitor NOVATECH 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 P.O. Box 814	
		City, State, Zip Code OLD BRIDGE N.J. 08857	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<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-Frangible Procedure.	
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE INSULATION
	Amount (Specify SF or LF) 120 LF		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18301	Cubic Yards of Waste 5
City, State OLD BRIDGE N.J. 08857		Name of Registered Landfill G.R.O.W.S.	
Completed by CARLOS ALMEIDA		Title PRESIDENT	Signature [Signature]
		Date 9/08/15	

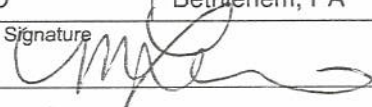
* Do not use this form for asbestos licensure exempted activities.

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

CK 5294

Date of Notification (1) 9/8/15		Name of Building Owner/Operator (2) MR GLEN HARRIS										
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1737 MYRTLE AVE									
			City, State, Zip Code PLAINFIELD, NJ 07061									
			Name of Contact MR. SEAN									
Telephone Number 856-241-1101												
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) MR. HARRIS		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 1737 MYRTLE AVE		Square Feet 1800	# of Floors 2									
City (5) PLAINFIELD		Bldg. Age 75 years										
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCES										
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc									
Street Address		Street Address 450 South River St										
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601										
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388									
Start Date (10) 9/21/15	Scheduled Completion Date (11) 9/23/15	Name of OSHA Monitor Omega Environmental										
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 TO 5PM		Street Address 280 Huyler St										
		City, State, Zip Code S. Hackensack, N.J. 07606										
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 2. FLOOR BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td align="center">X</td> </tr> <tr> <td></td> <td></td> <td align="center">X</td> </tr> </table>		Yes	No	N/A			X			X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT THERMAL SYSTEMS INSULATION
	Yes	No	N/A									
		X										
		X										
Amount (Specify SF or LF) 600 SF 85 LF												
Abatement Type		Removal	Repair									
		X	X									
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2 yd									
City, State Hackensack, N.J. 07601		Name of Registered Landfill Minerva Enterprises, LLC										
		Disposal Date 9/23/15	City, State Waynesburg, Oh, 44688									
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 9/8/15									

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

Date of Notification (1) 09/02/2015		Name of Building Owner/Operator (2) WEA Enterprises Co. Inc.							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	902 Broadway Suite 1603							
		City, State, Zip Code New York, N.Y. 10010							
		Name of Contact Joseph Lal	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Granite Kitchen & Bath		Type of Facility (4)							
Street Address 93 Entin Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Clifton		Square Feet 35,000	# of Floors 1						
		Bldg. Age 60							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Granite/Stone Sales							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Env. Solutions		ASCM No.	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address P.O. Box 1224		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Esquairo		Telephone No. (973) 494-3762	Telephone No. (973) 450-9500						
		License No. 01036							
Start Date (10) 09/18/2015	Scheduled Completion Date (11) 09/20/2015	Name of OSHA Monitor Incinia Contracting, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Avenue, Unit 365							
<input checked="" 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>Weekend Work: Friday Evening, Saturday & Sunday - 7AM - 4P</u>		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 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
1st Floor Warehouse			X	TSI Pipe	400 LF	X			
1st Floor Storage Room			X	TSI Pipe	100 LF	X			
1st Floor Break Room			X	TSI Pipe	100 LF	X			
1st Floor Mech Area			X	TSI Pipe	100 LF	X			
Name of Registered Waste Hauler Atlantic Carting/JR Contracting		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 25	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Wayne, NJ			Disposal Date TBD	City, State Bethlehem, PA					
Completed by Milena Zoric		Title Executive Director	Signature 	Date 09/02/2015					

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

C K
6/9/15

Date of Notice 9/2/15		Name of Building Owner / Operator (2) Frontier Toms River, LLC	
Type Notification		Street Address 1801 SW 3rd Avenue	
Agencies Notified EPA DEP X DOL X DOH DCA	Emergency Notification	City, State & Zip Code Miami, FL 33129	
	X Initial Notification	Name of Contact Zabriskie Zanetti	
	Amended Notification	Telephone Number	
	Cancellation		
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)	
1256 Hooper Avenue		Square Feet 8000	# of Floors 1
City (5) Toms River	County (6) Ocean	Bldg. Age 60+	
County Code (7)		Current Use (Prior if being demolished) Commercial	
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	License Number 00714
Scheduled Start Date (10) 9/16/15	Scheduled Completion Date (11) 9/21/15	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - 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)			
X Demolition		Renovation	
Large Project		Full Containment with Negative Pressure	
Quantity is ≥ 3 SF or ≥ 3 LF ACM		Mini-Enclosure	
X Quantity is ≥ 160 SF or ≥ 260 LF ACM		Glovebag Procedure	
		X 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)
Exterior	N/A	Window Caulk	391 LF
Roof	N/A	Roof flashing	1216 SF
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 10
City, State Freehold, NJ		Disposal Date 9/22/15	Name of Registered Landfill GROWS
Completed By (Print or Type) Dominick Tringali		Title Project Manager	Signature <i>Dominick Tringali</i>
			Date 9/2/15

Sep 8 2015 10:39am

P001/001

APPROVED
NJ Dept. of Health & Senior Services
Paul C. Hone
9/8/15 (signature) 10:36 AM

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

Check # 8824

Date of Notification (1) Date: 9/7/15 Time: 10:36 AM		Name of Building Owner/Operator (2) MRS GATLIN							
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 checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation							
Street Address 733 18TH AVE		City, State, Zip Code IRVINGTON, NJ 07111							
Name of Contact MRS GATLIN		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) GATLIN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 733 18TH AVE		Square Feet 1800							
City (5) IRVINGTON		# of Floors 2							
County (6) ESSEX		Bldg. Age 60							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RES							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.							
Telephone No.		Telephone No. 201-262-5841							
Start Date (10) 9/4/15		License No. D0156							
Scheduled Completion Date (11) 9/8/15		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							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, N.J. 07606							
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
Boiler Room			X	PIPE	40 LF	X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, N.J. 07105		Disposal Date		City, State Pan Argyl, PA 08072					
Completed by R. McDonald		Title President		Signature <i>R. McDonald</i>		Date 9/4/15			

NOTIFICATION OF ASBESTOS ABATEMENT


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

Date of Notification (1) September 8, 2015		Name of Building Owner/Operator (2) Tradewinds Builders, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 34 West Sailboat Lane (89 th Street)	
		City, State, Zip Code Peahala Park, NJ 08008	
		Name of Contact Travis Lepley	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 109 East Surf Avenue			Square feet 2000 sf		
City Beach Haven	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 9/9/15		Scheduled Completion Date (11) 9/10/15		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 type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input 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	2000 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 9/11/15	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/8/2015

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

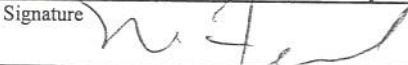
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 8, 2015		Name of Building Owner/Operator (2) Seaview Construction 27672	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	289 North Drive	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	River Edge, NJ 07661	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Alan Marshall	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 2108 Beach Avenue			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Long Beach Twp.			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1800 sf	# of Floors 1	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address		
City, State, Zip Code			1889 Route 9, Unit 61		
Project Manager for Monitoring Firm			City, State, Zip Code		
Telephone Number			Toms River, New Jersey 08755-1271		
Scheduled Start Date (10) 9/9/15			Telephone Number 732-349-9932		
Scheduled Completion Date (11) 9/10/15			License Number 00624		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor E.M.S.L. Analytical		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			1056 Stelton Road		
<input type="checkbox"/> Other - Describe _____			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 type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input 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 E 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	1700 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 9/11/15	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/8/2015

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

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

Check # 9430

Date of Notification (1) 9/9/2015		Name of Building Owner/Operator (2) SAPTHAGIRI, LLC							
Agencies Notified	Type Notification	Street Address 2167-2175 ROUTE 4							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code FORT LEE, NJ 07024							
		Name of Contact KIRAN DAVE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COURTESY INN		Type of Facility (4)							
Street Address 2167-2175 ROUTE 4		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) FORT LEE, NJ 07024		Square Feet	# of Floors 2						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 40 +- Current Use (Prior if being demolished) OLD MOTEL						
Name of Monitoring Firm Hired by Building Owner (8) JPI ASSOCIATES, INC		ASCM No. N/A	Name of Abatement Contractor (9) EPC TECHNOLOGIES, INC						
Street Address 725 MARKET STREET		Street Address P.O. BOX 337							
City, State, Zip Code GLOUCESTER CITY, NJ 08030		City, State, Zip Code NEW EGYPT, NJ 08533							
Project Manager for Monitoring Firm JAN PETER IIIVES		Telephone No. 856-456-6500	Telephone No. 609-758-3365						
Start Date (10) SEPT 19, 2015		Scheduled Completion Date (11) NOV 31, 2015	License No. 00394						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EPC TECHNOLOGIES, INC.							
<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 P.O. BOX 337							
		City, State, Zip Code NEW EGYPT, NJ 08533							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<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
BASEMENT, BLDG #1	X			TRANSITE CEILING PANELS	100 SF	X			
BASEMENT, BLDG #2	X			TRANSITE PANELING BOARDS	500 SF	X			
LOBBY, BLDG #2		X		FLOOR TILES	225 SF	X			
BLDGS 1,2 &3			X	ROOFING TAR FLASHING	14000 SF	X			
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 40	Name of Registered Landfill WASTE MANAGEMENT OF PA					
City, State NEW EGYPT, NJ			Disposal Date VARIOUS	City, State MORRISTOWN, PA					
Completed by STEVE SCHENKER		Title SUPERVISOR	Signature 	Date 9/9/15					

Open Window Time Frame

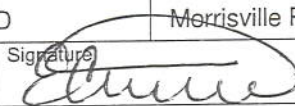
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

MO#22742789837

Date of Notification (1) 09 / 08 / 15		Name of Building Owner/Operator (2) Irma Perez-Santiago							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 388 Winthrop Road City, State, Zip Code Teaneck, NJ 07666 Name of Contact Dennis Chinaea Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 388 Winthrop Road City (5) Teaneck, NJ 07666 County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127							
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Start Date (10) 09 / 17 / 15 Scheduled Completion Date (11) 09 / 18 / 15		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> 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 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 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	55 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	540 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>			Date 09/08/2015			

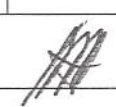
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHK# 1477

Date of Notification (1) 9/8/2015		Name of Building Owner/Operator (2) Raymour & Flanigan							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 85 Culver Rd							
		City, State, Zip Code Monmouth Junction, NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Raymour and Flanigan		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 85 Culver Road		Square Feet 10,000	# of Floors 1						
City (5) Monmouth Junction, NJ		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Empty Building							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 9/9/2015	Scheduled Completion Date (11) 9/10/2015	Name of OSHA Monitor Loznica Management Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 22 Troy Lane							
		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 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
Main Floor			x	Asbestos Pipe Insulation	25 LF	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 19067					
Completed by E. Cirovic		Title Secretary	Signature 	Date 9/8/2015					

NO CK

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

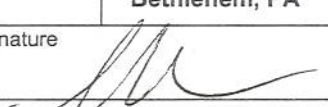
Date of Notification (1) 9 / 8 / 15		Name of Building Owner/Operator (2) Elwyn New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1667 East Landis Ave.							
		City, State, Zip Code Vineland, NJ 08361							
		Name of Contact Peter Thomas	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Elwyn New Jersey		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 1667 East Landia Ave.									
City (5) Vineland, NJ 08361	Square Feet 3000	# of Floors 3	Bldg. Age 84+						
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant / Institutional							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Don Heim	Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 9 / 8 / 15	Scheduled Completion Date (11) 9 / 18 / 15	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: <u>7</u> AM- <u> </u> PM/ <u>3:30</u> PM- <u> </u> AM		Street Address 28 N. Pennel Road							
		City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	125 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wire Wrap	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler David Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill Western Berks Community Landfill					
City, State Hatfield, PA		Disposal Date TBD		City, State Birdsboro, Pa					
Completed By (Print or Type) Mark Griffin	Title Estimator		Signature 			Date 9-8-15			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility				Description of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	YES	NO	N/A						
	<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	430 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Tar Debris On Ground	3500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OK 12/11

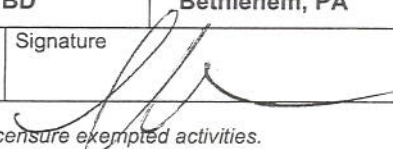
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
SEP 11 2015

Date of Notification (1) <div style="text-align: center;">9 / 9 / 15</div>		Name of Building Owner/Operator (2) Newark Farmers Market Urban Renewal LLC		SEP 11 2015					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2-44 Cornelia Street City, State, Zip Code Newark, NJ 07105 Name of Contact Tom Siri					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2 Joseph Street									
City (5) Newark, NJ 07105				Square Feet	# of Floors				
				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) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT, LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188					
Start Date (10) <div style="text-align: center;">9 / 18 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">10 / 25 / 15</div>		Name of OSHA Monitor ALL PRO MANAGEMENT, LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
High Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Roofing Material	5,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof Perimeter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black/Silver Flashing	670 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Raymond Blum		Title Project Manager		Signature 		Date 9-9-15			

CK 12/11

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

Date of Notification (1) <div style="text-align: center;">9 / 9 / 15</div>		Name of Building Owner/Operator (2) Newark Farmers Market Urban Renewal LLC		SEP 11 2015					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2-44 Cornelia Street City, State, Zip Code Newark, NJ 07105 Name of Contact Tom Siri					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 20 Joseph Street									
City (5) Newark, NJ 07105				Square Feet	# of Floors				
				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) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT, LLC					
Street Address P.O. Box 1224				Street Address 27 Outwater Lane					
City, State, Zip Code Union, NJ				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) <div style="text-align: center;">9 / 18 / 15</div>		Scheduled Completion Date (11) <div style="text-align: center;">10 / 25 / 15</div>		Name of OSHA Monitor ALL PRO MANAGEMENT, LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill				
City, State Newark, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed By (Print or Type) Raymond Blum		Title Project Manager		Signature 		Date 9-9-15			

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

B & G proj. #: 2015-174

Check # 7398

Date of Notification (1) 09/10/15		Name of Building Owner/Operator (2) Richard Burke	
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 156 Laurel Hill Road	
		City, State, Zip Code Mountain Lakes, NJ 07046	
		Name of Contact Richard Burke	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Richard Burke			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 156 Laurel Hill Road			Square Feet		
City (5) Mountain Lakes, NJ 07046			County (6) Morris	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a			Bldg. Age		
Street Address			Current Use (Prior if being demolished) residential		
City, State, Zip Code			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Project Manager for Monitoring Firm			Street Address 105 Ryerson Road		
Phone Number			City, State, Zip Code Lincoln Park, NJ 07035		
Scheduled Start Date (10) 09/22/2015			Telephone Number (973)696-6869		
Sched. Completion Date (11) 09/23/2015			License Number 00378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code 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						
HVAC room			<input checked="" type="checkbox"/>	pipe insulation	21 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement boiler room			<input checked="" type="checkbox"/>	pipe insulation	9 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/23/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 09/08/2015

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

B & G proj. #: 2015-169

Check # 7397

Date of Notification (1) 09/10/15		Name of Building Owner/Operator (2) Ann Savransky	
Agencies Notified	Type Notification	Street Address 36-03 Stelton Terrace	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Ann Savransky	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Ann Savransky			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 36-03 Stelton Terrace			Square Feet		
City (5) Fair Lawn, NJ 07410			County (6) Morris		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			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 09/22/2015			Sched. Completion Date (11) 09/23/2015		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code LincolnPark, NJ 07035					

Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure						
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" 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)	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	7 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 09/23/2015		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 09/08/2015		

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

B & G proj. #: 2015-170

Check # 7399

RECEIVED

SEP 11 2015

Date of Notification (1) <u>09/10/15</u>		Name of Building Owner/Operator (2) <u>Sue Anne Sylvester</u>	
Agencies Notified	Type Notification	Street Address <u>16 Hillcrest Road</u>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Mountain Lakes, NJ 07046</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA		Name of Contact <u>Sue Anne Sylvester</u>	
		Telephone Number 	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Sue Anne Sylvester</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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>16 Hillcrest Road</u>			Square Feet # of Floors Bldg. Age		
City (5) <u>Mountain Lakes, NJ 07046</u>	County (6) <u>Morris</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address			Street Address <u>105 Ryerson Road</u>		
City, State, Zip Code			City, State, Zip Code <u>Lincoln Park, NJ 07035</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>		License Number <u>00378</u>
Scheduled Start Date (10) <u>09/23/2015</u>		Sched. Completion Date (11) <u>09/24/2015</u>		Name of OSHA Monitor <u>B & G Restoration, Inc.</u>	
Occupancy Status During Abatement (Check only one)		Street Address <u>105 Ryerson Road</u>			
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement.		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____					
<input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" 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)	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	33 lf	<input checked="" type="checkbox"/>			
basement			<input checked="" type="checkbox"/>	contaminated fiberglass insulation	130 lf	<input checked="" type="checkbox"/>			
garage			<input checked="" type="checkbox"/>	pipe insulation	15 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler <u>B & G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>09/24/2015</u>		City, State <u>Tullytown, PA</u>	
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>	Signature <u>Gordana Luna</u>		Date <u>09/08/2015</u>

B & G proj. #: 2015-164

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

Check # 7400

Date of Notification (1) 09/10/15		Name of Building Owner/Operator (2) Delores Gibson	
Agencies Notified	Type Notification	Street Address 114 Magnolia Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Belleville, NJ 07109	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Dolores Gibson	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Dolores Gibson			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 223 Main Street			Square Feet		
City (5) Belleville, NJ 07109			# of Floors		
County (6) Essex			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/24/2015		Sched. Completion Date (11) 09/25/2015		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

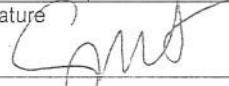
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	140 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor (2 risers)			<input checked="" type="checkbox"/>	pipe insulation	12 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/25/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/08/2015

NO CK

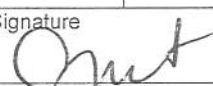
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) 9 / 4 / 15		Name of Building Owner/Operator (2) Georgian Court University/ Job #1507-4934 Check #7502 11 2015							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 900 Lakewood Avenue						
			City, State, Zip Code Lakewood, NJ 08701						
			Name of Contact Michael Voris		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Georgian Court University				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 900 Lakewood Avenue									
City (5) Lakewood				Square Feet	# of Floors 2				
				Bldg. Age 100+					
County (6) Ocean		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) University					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 515 Grove Street, Suite 1B		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Ralph Coppola		Telephone No. 856-547-9174		Telephone No. 609-265-2107	License No. 00529				
Start Date (10) 8 / 10 / 15		Scheduled Completion Date (11) 9 / 30 / 15		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation from 2 Boilers	10'x5'x10'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Non-Sub8) Raymond Hall - Attic Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting Insulation	300 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 18	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 9/30/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 9/4/15		

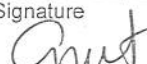
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

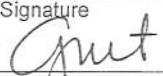
Date of Notification (1) <div style="text-align: center;">9 / 4 / 15</div>		Name of Building Owner/Operator (2) Johnson & Johnson / Job # 1508-4940 Check # 7423							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Johnson & Johnson Plaza							
		City, State, Zip Code New Brunswick, NJ 08933							
		Name of Contact Jeff Macor	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) J & J Executive Tower - 9 th Floor		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 One Johnson & Johnson Plaza									
City (5) New Brunswick, NJ 08933		Square Feet	# of Floors						
		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) H&S Services		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-239-2432	License No. 00529						
Start Date (10) 9 / 8 / 15	Scheduled Completion Date (11) 9 / 11 / 15	Name of OSHA Monitor, EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Copy Room 9 th Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 9/11/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9/4/15			

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

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Date of Notification (1) <div style="text-align: center;">9 / 9 / 15</div>		Name of Building Owner/Operator (2) Trustees of Princeton university/ Job #1508-4947 Ch							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg. City, State, Zip Code Princeton, NJ 08544					
		Name of Contact Robert Ortego, P.E.		Telephone Number 609-258-1841					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Dodge Hall				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address Chapel Drive Princeton, NJ -Princeton University Main Campus									
City (5) Princeton				Square Feet 13,300	# of Floors 4				
				Bldg. Age 115					
County (6) Mercer		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Religious Studies					
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		ASCM No. 00098		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800		Telephone No. 609-265-2107	License No. 00529				
Start Date (10) 4 / 27 / 15		Scheduled Completion Date (11) 11 / 30 / 15		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe & fitting insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement asbestos Panel	16 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall & Ceiling Plaster	1,960 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 11/30/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9/9/15			

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

Date of Notification (1) 9 / 9 / 15		Name of Building Owner/Operator (2) Trustees of Princeton university/ Job #1508-4947 Check #7504 PG 2 of 2							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego, P.E.	Telephone Number 609-258-1841						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Dodge Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Chapel Drive Princeton, NJ -Princeton University Main Campus									
City (5) Princeton	Square Feet 13,300	# of Floors 4	Bldg. Age 115						
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Religious Studies							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 4 / 27 / 15	Scheduled Completion Date (11) 11 / 30 / 15	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
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"/> 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
Second Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall & joint compound	1,460 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall & Ceiling plaster	7,720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drywall & Joint Compound	2,020 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 11/30/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 9/9/15		

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

CHECK # 17381


Date of Notification (1) September 10, 2015		Name of Building Owner / Operator (2) Hess Corporation	
Agencies Notified	Type Notification	Street Address 1 Hess Plaza	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Woodbridge, New Jersey 07095	
		Name of Contact John Schenkewitz	Telephone Number (732) 344-1100

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Hess Terminal		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 35 Meadowlands Parkway		Square Feet NA	# of Floors NA
City (5) Secaucus	County (6) Hudson	County Code (7) NA	Bldg. Age NA
		Current Use (Prior if being demolished) None, Vacant	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State & Zip Code		City, State & Zip Code	
Project Manager for Monitoring Firm		Telephone Number	License Number
Scheduled Start Date (10) 9-23-15		Scheduled Completion Date (11) 12-15-15	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor EMSL Analytical	
		Street Address 107 Haddon Ave.	
		City, State & Zip Code Westmont, NJ 08108	

Scope of Work (Check all that apply)

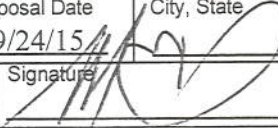
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	600 s.f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (Friable)	15 l.f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	2200 s.f.	<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 Bull Waste & Recycling, LLC	NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 40	Name of Registered Landfill Salem County Landfill
City, State Berlin, New Jersey	Disposal Date 12-31-15	City, State Alloway, New Jersey	
Completed By (Print or Type) Theodore S. Budzynski	Title President	Signature 	Date 9/10/15

CK # 24927

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

Date of Notification (1) <u>9/10/15</u>		Name of Building Owner/Operator (2) <u>Ratkiewicz</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>183 Grayson Ave.</u>						
		City, State, Zip Code <u>Mercerville, NJ 08619</u>						
		Name of Contact <u>Frank Ratkiewicz</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>183 Grayson Ave.</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>					
City (5) <u>Mercerville, NJ 08619</u>		Bldg. Age <u>65+/-</u>						
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) <u>DB Environmental</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>4 Berkeley Place</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Freehold, NJ</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Dave Bunocore</u>	Telephone No. <u>(732) 290-2217</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>9/21/15</u>	Scheduled Completion Date (11) <u>9/24/15</u>	Name of OSHA Monitor <u>DB Environmental</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>4 Berkeley Place</u>						
		City, State, Zip Code <u>Freehold, NJ 07728</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility</u> (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) <u>120 lf</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Basement</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/24/15</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/10/15</u>					