



NO CK

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

Date of Notification (1) <u>9</u> / <u>9</u> / <u>15</u>		Name of Building Owner/Operator (2) Elwyn New Jersey		2015 SEP 14 AM 11:28	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-6)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <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) Cumberland		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) <u>9</u> / <u>8</u> / <u>15</u>		Scheduled Completion Date (11) <u>9</u> / <u>18</u> / <u>15</u>		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>3</u> PM/ <u>3</u> PM- <u>3</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) 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)
	Yes	No	N/A		
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	50
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	125 LF
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	30 LF
Old Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wire Wrap	500 LF
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 9-9-15

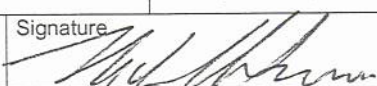
CK 24586

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

Date of Notification (1) 09 / 10 / 15		Name of Building Owner/Operator (2) Home Properties, LP - Hackensack Gardens							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Wood Ave South Ste 630							
		City, State, Zip Code Iselin, NJ 08830							
		Name of Contact Craig Marschke	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hackensack Gardens No.'s 60, 66, 12 (Block 247 Lot 1)		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 60 & 66 Arcadia Rd. / 12 Berkshire Pl.		Square Feet 50,000 (all)	# of Floors 2						
City (5) Hackensack		Bldg. Age 50+							
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential Apartment Complex							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc	ASCM No. 29737	Name of Abatement Contractor (9) Superior Abatement Inc							
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jean Paul Von Doehren	Telephone No. (609) 704-8850	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 09 / 14 / 15	Scheduled Completion Date (11) 09 / 16 / 15	Name of OSHA Monitor Superior Abatement Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM/ ____PM-____AM		Street Address 2 Henderson Drive							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg 60 Laundry Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldg 66 Crawl Space E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Debris	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldg 66 Crawl Space G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Debris	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE			Disposal Date 09/16/2015	City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President	Signature 			Date 9-10-15			

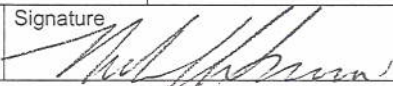
CK 24586

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

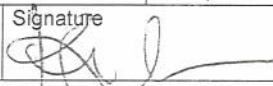
Date of Notification (1) 09 / 10 / 15			Name of Building Owner/Operator (2) Home Properties, LP - Hackensack Gardens						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Wood Ave South Ste 630					
				City, State, Zip Code Iselin, NJ 08830					
		Name of Contact Craig Marschke		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hackensack Gardens No.'s 90 & 84 (Block 245 Lot 1)				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 90 & 84 Arcadia Rd									
City (5) Hackensack				Square Feet 50,000 (all)	# of Floors 2				
				Bldg. Age 50+					
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residential Apartment Complex					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc		ASCM No. 29737		Name of Abatement Contractor (9) Superior Abatement Inc					
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jean Paul Von Doehren		Telephone No. (609) 704-8850		Telephone No. (973) 808-1616	License No. 00411				
Start Date (10) 09 / 14 / 15		Scheduled Completion Date (11) 09 / 16 / 15		Name of OSHA Monitor Superior Abatement Inc					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM / ____ PM- ____ AM				Street Address 2 Henderson Drive					
				City, State, Zip Code West Caldwell, NJ 07006					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg. 90 Laundry Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bldg. 84 Crawl Space G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation Debris	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 9/16/2015		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 			Date 9-16-15		

CK 24586

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

Date of Notification (1) 09 / 10 / 15			Name of Building Owner/Operator (2) Home Properties, LP - Hackensack Gardens						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Wood Ave South Ste 630					
				City, State, Zip Code Iselin, NJ 08830					
		Name of Contact Craig Marschke		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hackensack Gardens No. 105 (Block 246 Lot 1)				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 105 Arcadia Rd									
City (5) Hackensack				Square Feet 50,000 (all)	# of Floors 2				
				Bldg. Age 50+					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Apartment Complex					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations, Inc		ASCM No. 29737	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 655 West Shore Trail		Street Address 2 Henderson Drive							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Jean Paul Von Doehren		Telephone No. (609) 704-8850	Telephone No. (973) 808-1616	License No. 00411					
Start Date (10) 09 / 14 / 15		Scheduled Completion Date (11) 09 / 16 / 15		Name of OSHA Monitor Superior Abatement Inc					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM/ PM- AM			Street Address 2 Henderson Drive						
			City, State, Zip Code West Caldwell, NJ 07006						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Laundry Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 5	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 9/16/2015		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 9-10-15			

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

Date of Notification (1) 9 / 10 / 15		Name of Building Owner/Operator (2) New Jersey State Police / Job # 1509-2014 Chk. #4065							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 7068 - Facility & Maintenance Unit - Bldg. 17 City, State, Zip Code West Trenton, NJ 08628 Name of Contact Captain Cliff J. Hunt Telephone Number 609-895-5555							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) North Lab		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 1755 US Highway 46 & Patterson Avenue									
City (5) Little Falls		Square Feet 5600	# of Floors 1 Bldg. Age 1972						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) State Police Barricks							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Steve Flanigan	Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 9 / 24 / 15	Scheduled Completion Date (11) 9 / 25 / 15	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. 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 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
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (Wrap & Cut)	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (Glove Bag)	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill					
City, State Freehold, NJ		Disposal Date 9/25/15		City, State Morrisville, PA 19067					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 9-10-15		

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

CR # 2866

Date of Notification (1) 9 / 10 / 15			Name of Building Owner/Operator (2) St Francis Medical Center						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 601 Hamilton Ave					
				City, State, Zip Code Trenton NJ 08629					
		Name of Contact Rita Gelli		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Francis Medical Center				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 601 Hamilton Ave									
City (5) Trenton				Square Feet 70,000	# of Floors 3				
				Bldg. Age 60+					
County (6) MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Vertex Companies		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 700 Turner Way				Street Address 1123 BEAVER STREET					
City, State, Zip Code Aston, PA 19014				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 9 / 21 / 15		Scheduled Completion Date (11) 9 / 21 / 15		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:30AM-4:30PM/ _____ PM- _____ AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Volunteer Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	56 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007				Disposal Date 9/21/15	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature Gino Pizzigoni		Date 9/10/15			

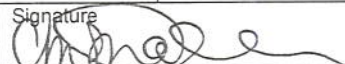
GI 15234

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

Ch# 2867

Date of Notification (1) 9 / 10 / 15		Name of Building Owner/Operator (2) Verizon		2015 SEP 14 AM 11:27					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level		Asbestos Abatement A. LICENSING					
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Anthony Porta		Telephone Number ...					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Ewing CO			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1606 Pennington Rd.									
City (5) Ewing		Square Feet	# of Floors	Bldg. Age					
County (6) Mercer		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Office					
Name of Monitoring Firm Hired by Building Owner (8) ESIS Health, Safety and Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 436 Walnut St		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19106		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Frank Westfall		Telephone No. 215-640-5320	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) 9 / 21 / 15		Scheduled Completion Date (11) 10 / 2 / 15		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Capstone seam sealant	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Expansion joint	135 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	1828 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pitch Pockets	12 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro / js		Date 9/10/15				


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

Date of Notification (1) September 9, 2015		Name of Building Owner/Operator (2) Township of Haddon 2015 SEP 16 Check # N/A							
Agencies Notified	Type Notification	Street Address 135 Haddon Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westmont, NJ 08108							
		Name of Contact Art Corsini	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 217 North Atlantic Avenue		Square Feet 1,065	# of Floors 2						
City (5) Haddon Township		Bldg. Age 85							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No. 00073	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 316		Street Address 623 Cutler Avenue							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm David Flannigan		Telephone No. 856-848-0800	Telephone No. 856-755-0099						
License No. 00842									
Start Date (10) September 21, 2015	Scheduled Completion Date (11) September 30, 2015	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		XXX		Duct Wrap	5 SF	X			
Basement		XXX		Flue Packing	2 SF	X			
Kitchen		XXX		Floor Tile	150 SF	X			
Throughout		XXX		Window/Door Caulk & Glazing	200 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 9/30/2015		City, State Newburg, PA					
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 9/9/2015			

NO CK

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

Date of Notification (1) September 9, 2015		Name of Building Owner/Operator (2) Township of Haddon		Check # N/A					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		135 Haddon Avenue					
				City, State, Zip Code Westmont, NJ 08108					
		Name of Contact Art Corsini		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4)					
Street Address 215 North Atlantic Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Haddon Township				Square Feet 835	# of Floors 2				
				Bldg. Age 89					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		ASCM No. 00073		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 316				Street Address 623 Cutler Avenue					
City, State, Zip Code Thorofare, NJ 08086				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm David Flannigan		Telephone No. 856-848-0800		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) September 21, 2015		Scheduled Completion Date (11) September 30, 2015		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Throughout		XXX		Duct Wrap	25 SF	X			
Kitchen/Bathroom		XXX		Floor Tile and Mastic	135 SF	X			
Basement Stairs		XXX		Plaster	200 SF	X			
Throughout		XXX		Window/Door Caulk & Glazing	200 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265		Cubic Yards of Waste 15	Name of Registered Landfill Cumberland County Landfill				
City, State Freehold, NJ				Disposal Date 9/30/2015	City, State Newburg, PA				
Completed by Christina Lynch		Title Operations Manager		Signature 		Date 9/9/2015			

NO CK

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

Date of Notification (1) 9 / 8 /15		Name of Building Owner/Operator (2) ERICSSON TECHNOLOGIES INC.	
Agencies Notified		Street Address 530 SOUTH AVENUE EAST	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code CRANFORD, NEW JERSEY 07016	
Type Notification		Name of Contact RICHARD SMITH	
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY N		Telephone Number	

2015 SEP 14 AM 8:23

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) ERICSSON LABS	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, et

Street Address 1 ERICSSON DRIVE	Square Feet 70,000	# of Floors 2	Bldg. Age 44
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City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL OFFICE
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Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.	ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
--	-----------------------	--

Street Address 64 BROAD STREET	Street Address 313 SPOOK ROCK ROAD
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City, State, Zip Code MATAWAN, NEW JERSEY 07747	City, State, Zip Code SUFFERN, NEW YORK 10901
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Project Manager for Monitoring Firm THOMAS GEIGER	Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 460
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Expected Start Date (10) 8 / 31 /15 Month Day Year	Sched. Completion Date (11) 10 / 30 / 15 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe MONDAY -FRIDAY 7PM-3AM	Street Address 1376 ROUTE 9 W
	City, State, Zip Code WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos., <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE
BLDG.#1 S.E. 2ND FL ELEVATOR HALLWAY		X		PIPE FITTINGS	1 LF	X		
BLDG.#3 MER 1ST FLOOR		X		PIPE FITTINGS	2 LF	X		

Name of Registered Waste Hauler GLOBAL WASTE	NJDEP Waste Hauler ID No. 22147	Cubic Yards of Waste 8	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
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City, State HACKETTOWN, NEW JERSEY	Disposal Date 08/31/15-10/30/15	City, State PEN ARGYL, PA
--	---	-------------------------------------

Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 9/8/15
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NO CK

Print Form

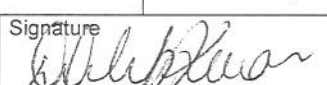
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 14201

Date of Notification (1) 8/24/15		Name of Building Owner/Operator (2) Brielle Developers, LLC		2015 SEP 14 AM 8:24					
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		PO Box 720					
				City, State, Zip Code Middlesex, NJ 08846					
		Name of Contact Oscars Santos		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 7 Hope Drive			Type of Facility (4)						
			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Sayreville			Square Feet 2300	# of Floors 2	Bldg. Age 65				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address				Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 9/2/15		Scheduled Completion Date (11) 9/30/15		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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			x	siding	1000 SF	x			
exterior			x	roof felt	100 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ				Disposal Date TBD	City, State Birdsboro, PA				
Completed by A. Scott Higgins		Title President		Signature			Date 8/24/15		

NO CK

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

Date of Notification (1) <u>8</u> / <u>06</u> / <u>15</u>		Name of Building Owner/Operator (2) Johnson & Johnson 2015 SEP 14 AM 8:26							
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 # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 501 George Street							
		City, State, Zip Code New Brunswick, NJ 08901							
		Name of Contact Nandita Kamdar	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kilmer Museum		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 501 George Street									
City (5) New Brunswick		Square Feet 9500	# of Floors 2						
		Bldg. Age +/- 70							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) EHI, Inc.		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 655 West Shore Trail		Street Address 8436 Enterprise Avenue							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm William Kerbel	Telephone No. 973-729-5649	Telephone No. 215-365-5810	License No. 1156						
Start Date (10) <u>8</u> / <u>20</u> / <u>15</u>	Scheduled Completion Date (11) <u>10</u> / <u>15</u> / <u>15</u>	Name of OSHA Monitor USA Environmental Management, Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Annex Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	161 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Trench	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Mgmt., Inc		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 1	Name of Registered Landfill GROWS/TULLYTOWN Landfill					
City, State Philadelphia, PA		Disposal Date 10/15/2015		City, State Morrisville, PA					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature 			Date 9-3-15		

CK 2103

Print Form

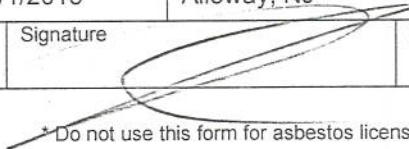
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/9/15		Name of Building Owner/Operator (2) Billy Perryman		2015 SEP 14 AM 8:18				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 7117 Broad Street City, State, Zip Code Millway, NJ 08340 Name of Contact Eric Plackis				
				Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 208 West McNeal Street				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Millville				Square Feet 1400	# of Floors 2			
County (6) Cumberland				Bldg. Age 100				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Empty House						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Brick Industries Inc.				
Street Address		Street Address P.O. Box 915						
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (732)899-7499	License No. 01196			
Start Date (10) 9/10/15		Scheduled Completion Date (11) 9/15/15		Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address				
				City, State, Zip Code				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
			X	ASBESTOS SIDING	3100 SF	X		
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602		Cubic Yards of Waste 6	Name of Registered Landfill GROWS Inc.			
City, State Brick, New Jersey		Disposal Date 9/16/16		City, State PA				
Completed by Eric Plackis		Title President		Signature EPL		Date 9/9/15		

CK 17365

Print Form

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

Date of Notification (1) 9/8/2015		Name of Building Owner/Operator (2) US AIR FORCE							
Agencies Notified	Type Notification	Street Address WEST ARNOLD BLVD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEW HANOVER, NJ							
		Name of Contact ROB NOGUERAS	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MCGUIRE AIR FORCE BASE		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 WEST ARNOLD BLVD		Square Feet N/A	# of Floors N/A						
City (5) NEW HANOVER		Bldg. Age N/A							
County (6) BURLINGTON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) WATER PIPE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Enterprise Network Resolutions-Contracting, LLC						
Street Address		Street Address 874 Piney Hollow Road							
City, State, Zip Code		City, State, Zip Code Winslow, NJ 08095							
Project Manager for Monitoring Firm		Telephone No. 6095670600	License No. 01263						
Start Date (10) 9/23/2015	Scheduled Completion Date (11) 12/31/2015	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 <input checked="" type="checkbox"/> Other – Describe: WATER MAIN REPAIR/REPLACE		Street Address 107 Haddon Ave							
		City, State, Zip Code Westmont, NJ							
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ALONG WEST ARNOLD BLVD			X	removal of transit pipe	50 lf	x			
Name of Registered Waste Hauler Bull Waste & Recycling, Inc.		NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 20	Name of Registered Landfill Salem County Landfill					
City, State Berlin, NJ 08009			Disposal Date 11/1/2015	City, State Alloway, NJ					
Completed by T. Budzynski		Title president	Signature 			Date 9/8/15			

MO 22972347718

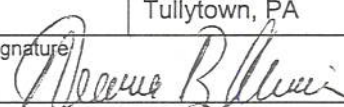
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/08/15		Name of Building Owner/Operator (2) Ed Lahe							
Agencies Notified	Type Notification	Street Address 629 Rahway Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge, NJ 07095							
		Name of Contact Ed Lahe	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 & commercial buildings, homes, etc.)							
Street Address 629 Rahway Avenue		Square Feet N/A	# of Floors N/A						
City (5) Woodbridge		Bldg. Age N/A							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 9733458685	License No. #00675						
Start Date (10) 9/25/15	Scheduled Completion Date (11) 9/26/15	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	95 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature <i>Deanna Brkusanin</i>				Date 9/08/15	

MD 22987917235

Print Form

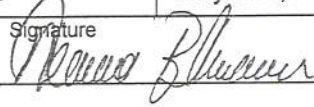
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/08/15		Name of Building Owner/Operator (2) Meye & Bridgette Pincelli							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 58 High Street							
		City, State, Zip Code Perth Amboy, NJ 08861							
		Name of Contact Meye & Bridgette Pincelli	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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 & commercial buildings, homes, etc.)							
Street Address 58 High Street		Square Feet N/A	# of Floors N/A						
City (5) Perth Amboy, NJ 08861		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 9733458685	License No. #00675						
Start Date (10) 9/24/15	Scheduled Completion Date (11) 9/25/15	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	60 LF	X			
basement				pipes	60 LF			X	
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager	Signature 	Date 9/08/15					

CK 677590 3685

Print Form

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

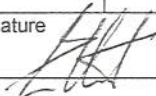
Date of Notification (1) 9/08/15		Name of Building Owner/Operator (2) Faith & Brian Nashel		2015 SEP 14 AM 8:00					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		76 Meadowbrook Road					
				City, State, Zip Code Short Hills, NJ 07078					
		Name of Contact Faith & Brian Nashel		Telephone Number _____-_____-____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)					
Street Address 110 Sagamore 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) Millburn				Square Feet N/A	# of Floors N/A				
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House				
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address			Street Address 11 Rosengren Avenue						
City, State, Zip Code			City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685	License No. #00675					
Start Date (10) 9/22/15		Scheduled Completion Date (11) 9/23/15		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<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>Occupied</u>				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	140 LF	X			
garage		X		pipe insulation	33 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Tototwa, NJ				Disposal Date TBD	City, State Tullytown, PA				
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 9/08/15			

CK 1127

Print Form

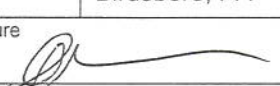
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

2015 SEP 14 AM 7:58

Date of Notification (1) 09/07/15		Name of Building Owner/Operator (2) FELICIA CHAPMAN							
Agencies Notified	Type Notification	Street Address 2-4 AUBURN STREET							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PATERSON, NJ, 07501							
		Name of Contact FELICIA CHAPMAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LEWIS CHILDREN ACADEMY		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 2-4 AUBURN STREET		Square Feet 2300	# of Floors 2						
City (5) PATERSON		Bldg. Age 1890							
County (6) PASSAIC	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH & SAFETY SERVICES		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO.						
Street Address P.O. BOX 365		Street Address 144 MILL STREET							
City, State, Zip Code BERLIN, NJ, 08009		City, State, Zip Code PATERSON, NJ, 07501							
Project Manager for Monitoring Firm JAMES PROCTOR		Telephone No. 856-452-1311	Telephone No. 973-653-9652						
Start Date (10) 09/18/15		Scheduled Completion Date (11) 10/18/15	License No. 1257						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor HSS							
		Street Address P.O. BOX 365							
		City, State, Zip Code BERLIN, NJ, 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM	X			TSI	40LF	X			
Name of Registered Waste Hauler INDIAN ARROW INC/ATLANTIC CARTING		NJDEP Waste Hauler ID No. 100161/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State PATERSON, NJ		Disposal Date TBD		City, State TULLYTOWN, PA					
Completed by GORAN IGEV		Title SECRETARY		Signature 			Date 09/07/15		

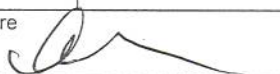
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 14265

Date of Notification (1) <i>9/8/15</i>		Name of Building Owner/Operator (2) Emerson Charitable Trust							
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 7 Eastmans Road							
		City, State, Zip Code Morris County, NJ							
		Name of Contact Joe Lockwood, Lockwood Associates	Telephone Number 3						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 7 Eastmans Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Morris County		Square Feet 2600	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 58						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
			License No. 703						
Start Date (10) <i>9-17-15</i>	Scheduled Completion Date (11) <i>10-17-15</i>	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" 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 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
assembly area			x	window glazing	1800 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date <i>9-8-15</i>		

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

Check 14507

Date of Notification (1) 9/8/15		Name of Building Owner/Operator (2) Antonette Campbell							
Agencies Notified	Type Notification	Street Address PO Box 328							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Antonette	Telephone Number 212-1101-1101						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address 37 Wheeler Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Montclair		Square Feet 2200	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 58						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/10/15	Scheduled Completion Date (11) 9/25/15	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						Removal	Repair	Encapsulate	Enclosure
basement		x		pipe insulation	30 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 9/8/15		

CK 36960

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

Date of Notification 0 9 0 9 1 5		Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)	
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation	
Street Address 7 WEST SEVENTH STREET		City, State, Zip Code CINCINNATI, OHIO 45202	
Name of Contact Tia Wenrich		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place MACY'S - WILLOWBROOK MALL			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address 100 ROUTE 46			SF of Bldg. 1 MILLION + SF		
City WAYNE	County BERGEN	County Code State use Only	# Floor 3	Age of Bldg. 50+	
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOCIATES INC			Name of Abatement Contractor ACM CONSULTING CORP.		
Street Address 515 GROVE STREET SUITE 1B			Street Address 2150 STANLEY TERRACE		
City, State, Zip Code HADDEN HEIGHTS, NJ 08035			City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	Telephone Number 908-687-1008		License Number 00575
Scheduled Start Date 9 21 2015		Scheduled Completion Date 9 25 2015		Name of OSHA Monitor EMSL ANALYTICAL	
Month Day Year		Month Day Year		Street Address 307 WEST 38TH STREET	
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:30PM TO 7:00AM Other - Describe:		City, State, Zip Code NEW YORK, NY 10118			
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method Full Containment with Negative Pressure Mini-Enclosure X Glovebag Procedure Non-Friable Procedure		
Location of ACM Facility MICHAEL KORS RTW MISSY SHOP		Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed VAT	
				Amount to be Removed (Specify SF/LF) 1320	
				Abatement Type Ren Rep End Encl.	
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896		Cubic Yds waste TBD	
City, State BRONX, NY		Disposal Date TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC	
Completed By (Print or Type) ANITA SMOLAR		Title GENERAL MANAGER		Signature <i>Anita Smolar</i>	
				Date 9/9/15	

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

Check # 10103

Date of Notification (1) September 10, 2015		Name of Building Owner / Operator (2) David Jensen Building Contractor	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	198 Oxycoccus Road	
		City, State & Zip Code	
		Manahawkin, NJ 08050	
		Name of Contact	Telephone Number
		David Jensen	

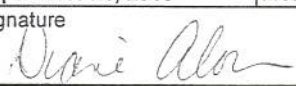
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
207 Centre Street		Square Feet	# of Floors
City (5) Beach Haven, NJ 08008		3,000	3
County (6) Ocean		Bldg. Age 65 years	
County Code (7) Ocean		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		Telephone Number	License Number
Telephone Number		609-296-6916	00817
Scheduled Start Date (10) September 21, 2015	Scheduled Completion Date (11) October 16, 2015	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Transite Siding	200 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ		Disposal Date September 21, 2015		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date September 10, 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)

1401

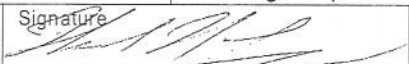
Date of Notification (1) September 09, 2015		Name of Building Owner/Operator (2) River Terminal Development							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	100 Central Avenue							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code South Kearny, New Jersey 07032							
		Name of Contact Director of Operations	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) River Terminal Development		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 29 Distribution Avenue		Square Feet	# of Floors TBD						
City (5) Kearny, NJ		Bldg. Age							
County (6) Hudson County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Building							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASCM No.							
Street Address 222 Church Road		Name of Abatement Contractor (9) The MACK Group, LLC.							
City, State, Zip Code Bridgewater, NJ 08807		Street Address 1500 Kings HWY N, STE 209							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000						
Start Date (10) 9/23/15	Scheduled Completion Date (11) 11/30/15	License No. 00781							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor The MACK Group, LLC.							
		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
Power House Bldg - See attached	<input checked="" type="checkbox"/>			See attached descriptions	See attached	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting / Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF					
City, State Newark / Freehold, NJ		Disposal Date 11/30/15		City, State Newburg / Imperial / Morrisville, PA					
Completed by Michael Cooper		Title President		Signature 				Date 9/9/15	

TABLE 2
SUMMARY OF POSITIVE ASBESTOS BULK SAMPLE RESULTS
RIVER TERMINAL DEVELOPMENT
POWER HOUSE BUILDING
KEARNY, NEW JERSEY

MATRIX Sample No.	Homogenous Area	Material Description	Location	Friability	Condition	Approximate Quantity	Notes
02-01	HA-02	TSI Slack Base	North Slack Interior Base	Friable	Damaged	720 SF	Observed at base of north Slack Interior and debris below North Slack (Assumed at South slack Base)
05-01	HA-05	Rolled Roofing Material	South Slack Base	Non-Friable	Good	600 SF	North Slack Base, South Slack Base and at skylight roofs North and South.
06-01	HA-06	Black Roof Mastic	South Slack Roof Parapet Wall	Non-Friable	Good	4,600 SF	All Roofs Parapet Walls
07-01	HA-07	Gray Caulk	South Slack Base Flashing	Non-Friable	Good	50 LF	South Slack
08-01	HA-08	Roof Flashing	North Slack Roof	Friable	Good	1,750 SF	All Roofs Base Flashing
10-01	HA-10	Rust Caulk	Roof Cap Stone	Friable	Damaged	1,800 LF	
14-01	HA-14	Roof Felt & Mastic	North Slack Hatch Entry	Friable	Damaged	50 S.F	
17-01	HA-17	Off White Caulk	Exterior South Wall Ground Level	Non-Friable	Good	50 LF	
18-01	HA-18	Pipe Gasket	Exterior South Wall Ground Level	Non-Friable	Good	4 Each	
21-01	HA-21	Exterior Window Glazing	North Lower Roof, East, West and South Elevations	Friable	Poor	5,000 LF	Older Metal Framed Windows
22-01	HA-22	Window Frame Caulk	North Lower Roof, East, West and South Elevations	Friable	Good	1,000 LF	Older Metal Framed Windows
26-01	HA-26	Transite Panels	2nd Floor NW Office	Friable	Good	1,300 SF	2nd Floor NW Office Walls and Ceiling
32-01	HA-32	Interior Window Glazing Putty	1st Floor South Room	Friable	Good	5,000 LF	Through-out

11:08 AM 11/23/2007

Check#2293

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

Date of Notification (1)

09 / 10 / 15

Name of Building Owner/Operator (2)

Eleanor Perrce

Street Address

95 Whitney Road

City, State, Zip Code

Short Hills, NJ 07078

Name of Contact

Eleanor Perrce

Telephone Number

Agencies Notified

☐ EPA☒ DOLWD☒ DHSS☐ DCA
(NJAC 5:23-8)

Type Notification

☒ Initial☐ Amended

Amendment #

☐ Emergency (including
justification)☐ Cancellation**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

95 Whitney Road

City (5)

Short Hills, NJ 07078

County (6)

Essex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-1 2)☒ Other (i.e., private and commercial buildings,
homes, etc.)

Square Feet

of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

973-638-1777

License No.

01127

Start Date (10)

09 / 20 / 15

Scheduled Completion Date (11)

09 / 21 / 15

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM

Street Address

20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ > 160 sf or >260 lf☒ Renovation☐ Demolition
☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure ☐ Tent with Negative Pressure
☐ 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 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	180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.F. Inc

City, State

Disposal Date

TBD

City, State

Tullytown, PA

Wayne, NJ 07470

Completed By (Print or Type)

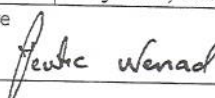
Title

Signature

Date

N.Jevtic

Owner



09/10/2015

ASB-41

MAY 11

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

CK 24534

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

Date of Notification (1) 9 / 3 / 15		Name of Building Owner/Operator (2) Winzinger, Inc.							
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 2780 S. Broad St.,							
		City, State, Zip Code Hamilton, NJ							
		Name of Contact Pat Creelman	Telephone Number J						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fire Damaged Garage		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2780 S. Broad St									
City (5) Hamilton		Square Feet 500	# of Floors 1						
		Bldg. Age +/- 70							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant (Garage)							
Name of Monitoring Firm Hired by Building Owner (8) EMI		ASCM No.	Name of Abatement Contractor (9) USA Environmental Management, Inc.						
Street Address 34 E. Germantown Pike, Ste 204		Street Address 8436 Enterprise Avenue							
City, State, Zip Code NORRISTOWN, PA 19401		City, State, Zip Code Philadelphia, PA 19153							
Project Manager for Monitoring Firm Ray Giordano		Telephone No. 610-277-0405	License No. 1156						
Start Date (10) 9 / 14 / 15	Scheduled Completion Date (11) 9 / 18 / 15	Name of OSHA Monitor USA Environmental Management, Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:30 AM-3:30 PM / PM- AM		Street Address 8436 Enterprise Avenue							
		City, State, Zip Code Philadelphia, PA 19153							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <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
Garage (right side)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	263 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Management, Inc		NJDEP Waste Hauler ID No. 32610	Cubic Yards of Waste 4	Name of Registered Landfill GROWS					
City, State Philadelphia, PA		Disposal Date 9/18/15		City, State Mossisville, PA					
Completed By (Print or Type) Dilip Kumar		Title Program Manager		Signature <i>Dilip Kumar</i>			Date 9/3/15		

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

Check#2291

Date of Notification (1) 09 / 09 / 15		Name of Building Owner/Operator (2) Ilona Foster							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10-01 Third Street City, State, Zip Code Fair Lawn, NJ 07410 Name of Contact Ilona Foster Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 10-01 Third Street		Square Feet	# of Floors						
City (5) Fair Lawn, NJ 07410		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Wayne, NJ 07470						
Start Date (10) 09 / 19 / 15	Scheduled Completion Date (11) 09 / 20 / 15	Telephone No. 973-638-1777	License No. 01127						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc							
		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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-utility room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>			Date 09/09/2015			

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

CK # 5798

Date of Notification (1) 9/10/15		Name of Building Owner/Operator (2) MS. DOROTHY GONZALEZ				
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 28 MINERVA AVE				
		City, State, Zip Code HAWTHORNE, NJ, 07506				
		Name of Contact MS. GONZALEZ	Telephone Number 201-227-0274			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. GONZALEZ		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 28 MINERVA AVE		Square Feet 1800	# of Floors 2			
City (5) HAWTHORNE		Bldg. Age 82 years				
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address		Street Address 450 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) 9/23/15	Scheduled Completion Date (11) 9/24/15	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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 30 LF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 11/29	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601		Disposal Date 9/24/15	City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 9/10/15			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7)

CL # 25317

Date of Notification (1) 09 / 09 / 15		Name of Building Owner/Operator (2) NJ-Dept. of Environmental Protection-Natural & Historic Resources-Office of Resource Development	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency	
Street Address 501 EAST STATE STREET, 4TH FLOOR		City, State, Zip Code TRENTON, NJ 08626-0420	
Name of Contact MR. BOB KUNTZ		Telephone Number 8	

Name of Facility Where Abatement is Taking Place (3) GARAGE - ALLAIRE STATE PARK			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 75 HERBERTSVILLE ROAD			Square Feet # of Floors Bldg. Age		
City (5) HOWELL	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) GARAGE		

Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT INC.		ASCM 00112		Name of Abatement Contractor (9) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING INC.	
Street Address 344 WEST STATE STREET		Telephone Number 609-656-8101		Street Address 1141 ROUTE 23	
TRENTON, NJ 08618				City, State, Zip WAYNE, NJ 07470	
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone Number 609-656-8101		License Number 00408	
Scheduled State Date (10) 09 / 02 / 15		Scheduled Completion Date (11) 09 / 28 / 15		Name of OSHA Monitor ENVIRO VISION CONSULTANTS, INC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input type="checkbox"/> Hours - Describe: <input type="checkbox"/> Other - Describe:				Street Address 20-21 WAGARAW ROAD, BLDG. #34A	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 5 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf				City, State, Zip Code FAIR LAWN, NJ 07410	
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation				<input type="checkbox"/> Full Containment With Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non Exempted (*) and Non-Friable Procedure	

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance / Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C O U N T E R
Exterior			X	Transite Siding Panels	1,100 SF	X			

Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		NJDEP Waste Hauler ID No 17819		Cubic Yards of Waste 20		Name of Registered Landfill Grand Central Landfill	
City, State Wayne NJ 07470		Disposal Date		City, State Pen Argyl, PA			
Completed by (Print or Type) Jerry Bijelonic		Title Project Manager		Signature 		Date 09/09/15	


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

Date of Notification (1) <div style="text-align: center;">9/9/2015</div>		Name of Building Owner/Operator (2) <div style="text-align: center;">Five Star Services</div>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<div style="text-align: center;">2 Coles Way</div>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification Amendment # _____		
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	<div style="text-align: center;">Lakewood, NJ 08701</div>	
<input type="checkbox"/> DCA		Name of Contact	Telephone Number
		<div style="text-align: center;">Yehuda Braun</div>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <div style="text-align: center;">Residence</div>			Type of Facility (4)		
Street Address <div style="text-align: center;">820 Ridge Road</div>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <div style="text-align: center;">Lakewood</div>			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
			County (6) <div style="text-align: center;">Ocean</div>		
County Code (7) (STATE USE ONLY)		Square feet		# of Floors	Bldg. Age
		<div style="text-align: center;">1500 sf</div>		<div style="text-align: center;">1</div>	<div style="text-align: center;">80</div>
Current Use (Prior if being demolished) <div style="text-align: center;">Residence</div>					
Name of Monitoring Firm Hired by Building Owner (8) <div style="text-align: center;">N/A</div>			Name of Abatement Contractor (9)		
Street Address			<div style="text-align: center;">Guardian Contracting, Inc.</div>		
City, State, Zip Code			<div style="text-align: center;">1889 Route 9, Unit 61</div>		
Project Manager for Monitoring Firm			City, State, Zip Code		
Telephone Number			<div style="text-align: center;">Toms River, New Jersey 08755-1271</div>		
Scheduled Start Date (10) <div style="text-align: center;">9/10/15</div>		Scheduled Completion Date (11) <div style="text-align: center;">9/11/15</div>		Telephone Number	
				<div style="text-align: center;">732-349-9932</div>	
Occupancy Status During Abatement (Check only one)			License Number		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<div style="text-align: center;">00624</div>		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			Name of OSHA Monitor		
<input type="checkbox"/> Other - Describe _____			<div style="text-align: center;">E.M.S.L. Analytical</div>		
Scope of Work (Check all that apply)			Street Address		
			<div style="text-align: center;">1056 Stelton Road</div>		
<input type="checkbox"/> >3 sf or ≥3 lf			City, State, Zip Code		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<div style="text-align: center;">Piscataway, New Jersey 08854</div>		
<input type="checkbox"/> Renovation			<input type="checkbox"/> Full Containment with Negative Pressure		
<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 mally 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	1300 sf	X			

Name of Registered Waste Hauler <div style="text-align: center;">Guardian Contracting, Inc.</div>		NJDEP Waste Hauler ID No. <div style="text-align: center;">20223</div>		Cubic Yards of Waste <div style="text-align: center;">3</div>		Name of Registered Landfill <div style="text-align: center;">T.R.R.F.</div>	
City, State <div style="text-align: center;">Toms River, New Jersey</div>		Disposal Date <div style="text-align: center;">9/14/15</div>		City, State <div style="text-align: center;">Tullytown, Pennsylvania</div>			
Completed by (Print or Type) <div style="text-align: center;">Nicholas Fernicola</div>		Title <div style="text-align: center;">Project Manager</div>		Signature 		Date <div style="text-align: center;">9/9/2015</div>	

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

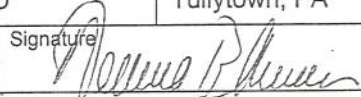
MO 22816793531

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

Date of Notification (1) 9/03/15		Name of Building Owner/Operator (2) Mark Sullivan							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 136 Berkeley Place		City, State, Zip Code Glen Rock, NJ 07452							
Name of Contact Mark Sullivan		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mark Sullivan / 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 & commercial buildings, homes, etc.)							
Street Address 136 Berkeley Place		Square Feet N/A							
City (5) Glen Rock		# of Floors N/A							
County (6) Bergen		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No.		Telephone No. 973-345-8685							
Start Date (10) 9/18/15		License No. #00675							
Scheduled Completion Date (11) 9/19/15		Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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 Totowa, NJ 07512							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	160 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management of PA			
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 		Date 9/03/15			

PK 6783701824

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

Date of Notification (1) 9/03/15		Name of Building Owner/Operator (2) Betty Lynch							
Agencies Notified	Type Notification	Street Address 12 Eastgate Square							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, NJ 07202							
		Name of Contact Betty Lynch	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Betty Lynch / <u>HOUSE</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 1107 South Elmora Avenue		Square Feet N/A	# of Floors N/A						
City (5) Elizabeth		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. #00675						
Start Date (10) 9/21/15	Scheduled Completion Date (11) 9/22/15	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		pipe insulation	78 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. #20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Deanna Brkusanin		Title Project Manager		Signature 			Date 9/03/15		

CK 1588

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

2015 SEP 14 AM 8:28

Date of Notification (1) <u>9/8/2015</u>		Name of Building Owner/Operator (2) <u>Contemporary Graphic Solutions</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>7001 North Park Drive</u>	
		City, State, Zip Code <u>Pennsauken, NJ 08109</u>	
		Name of Contact <u>Jim Moreton</u>	
		Telephone Number <u>609-481-1211</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Industrial Building</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>1200 Ferry Ave</u>		Square Feet <u>125,000 SF</u>	# of Floors <u>1</u>
City (s) <u>Camden</u>		Bldg. Age <u>Various</u>	
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Industrial Building</u>	
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 No.	License No.
Start Date (10) <u>9/18/15</u>		Scheduled Completion Date (11) <u>10/18/15</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>AEi2, LLC</u>	
		Street Address <u>300 Lenola Road</u>	
		City, State, Zip Code <u>Maple Shade, NJ 08052</u>	
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 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 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)
	Yes	No	
Office			Floor Tile & Mastic
Warehouse			Pipe Insulation
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>TBD</u>
City, State <u>Maple Shade, NJ</u>		Disposal Date <u>TBD</u>	Name of Registered Landfill <u>TBD</u>
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature <i>[Signature]</i>
			Date <u>9/8/15</u>

Sep 8 2015 01:44pm

P001/001


APPROVED
NJ Dept. of Health & Senior Services
Paul J. Horner
(signature)
Date: 9/8/15 Time: 1:39PM

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

Check # 8827

Date of Notification (1) <u>9/8/15</u>		Name of Building Owner/Operator (2) <u>ESTATE OF HELEN NASH</u>	
Agencies Notified	Type Notification	Street Address <u>232 GREGORY AVE.</u>	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>PASSAIC NJ 07055</u>	
		Name of Contact <u>LOUISE MELICA</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>NASH</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>232 GREGORY AVE</u>		Square Foot <u>1450</u>	# of Floors <u>2</u>
City (5) <u>PASSAIC</u>		Bldg. Age <u>60</u>	
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>RES</u>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>	
City, State, Zip Code		Street Address <u>185 Vreeland Ave.</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>Midland Park, N.J.</u>	
Telephone No.		Telephone No. <u>201-262-5841</u>	License No. <u>00156</u>
Start Date (10) <u>9/8/15</u>	Scheduled Completion Date (11) <u>9/10/15</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</u>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>280 Huyler Street</u>	
		City, State, Zip Code <u>Hackensack, N.J. 07606</u>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 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-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) <u>BASEMENT</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>PIPE</u>
	Yes	No	
Name of Registered Waste Hauler <u>Newark Carting, Inc.</u>	NJDEP Waste Hauler ID No. <u>04509</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Grand Central Sanitary Landfill</u>
City, State <u>Newark, N.J. 07105</u>		Disposal Date <u>9/8/15 on</u>	City, State <u>Penn Argy, PA 08072</u>
Completed by <u>R. McDonald</u>	Title <u>President</u>	Signature <i>R McDonald</i>	Date <u>9/8/15</u>

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

Date of Notification (1) 9/02/2015		Name of Building Owner/Operator (2) M. Mendez Contruction Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 105-107 St. Charles Street		City, State, Zip Code Newark, NJ 07105							
Name of Contact Julio Mendez		Telephone Number 973-_____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		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 90-94 Garden Street		Square Feet n/a							
City (5) Newark		# of Floors 2							
County (6) Essex		Bldg. Age 1930's							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) private dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Environmental Solution		ASCM No. _____							
Street Address 1130 W Chestnut Street		Name of Abatement Contractor (9) Amax Contracting LLC							
City, State, Zip Code Union, NJ 07083		Street Address 24 Morley Drive							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Woodland							
Telephone No. _____		Telephone No. 973-692-6298							
License No. 01266		Name of OSHA Monitor Amax Contracting LLC							
Start Date (10) 9/03/2015		Scheduled Completion Date (11) 9/11/2015							
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 <input type="checkbox"/> Other - Describe: _____		Street Address 24 Morley Avenue							
		City, State, Zip Code Woodland Park, NJ 07424							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	roofing materials	1200SF	x		x	
Siding			x	asphalt shingles	1600SF	x		x	
1st & 2nd Floors			x	Linoleum	2000SF	x		x	
Basement			x	VAT	500SF	x		x	
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 25CY	Name of Registered Landfill GROWS				
City, State Woodland Park, NJ		Disposal Date 9/11/2015		City, State Morrisville, PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 9/02/2015			