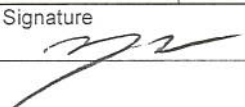


NO CK

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

2015 SEP 17 AM 4:35

Date of Notification (1) 9-14-15		Name of Building Owner/Operator (2) Dupont Nemours Company						
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	Notification Type <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address Rt 130 South						
		City, State, Zip Code Deepwater, NJ 08023						
		Name of Contact Chris Orange			Telephone Number 303 303-1167			
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address Rt 130 South				Square Feet # of Floors Bldg. Age				
City (5) Deepwater				County Code (7) (STATE USE ONLY) Salem				
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental		ASCM No. 302-326-2333		Name of Contractor (9) County Environmental				
Street Address 761 Pulaski Hwy		City, State, Zip Code Bear, De		Street Address 461 New Churchmans Rd.				
Project Manager for Monitoring Firm Wesly Morrison		Telephone No. 302-326-2333		License Number 00578				
Scheduled Start Date (10) 1-2-15		Scheduled Completion Date (11) 12-31-15		Name of OSHA Monitor County Environmental (15-003A)				
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 checked="" type="checkbox"/> Other - Describe: Unoccupied area.				Street Address 461 New Churchmans Road				
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 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) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
						Removal Repair Encapsulate Enclosure		
Thermal Systems	x			Thermal coverings throughout area	10,000LF	X		
Thermal Systems	x			Thermal coverings throughout area	3,000SF		X	X
Floor Tile /Mastic	x			Floor tile and mastic throughout area	2,300SF	X		
Name of Reg. Waste Hauler S&J Transport.		NJDEP Waste Hauler ID No. 03217		Cubic Yards of Waste >30	Name of Reg. Landfill Constoga			
City, State Woodstown, NJ				Disposal Date TBD	City, State Morgantown, PA			
Completed by Evelyn Walsh		Title Office Manager		Signature 		Date 9-14-15		

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

B & G proj. #: 2015-174

Check # 7413

Date of Notification (1) 09/14/15		Name of Building Owner/Operator (2) Irvington 4		2015 SEP 17 AM 4:37	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 25 Fleetwood Place			
		City, State, Zip Code Irvington, NJ 07111			
		Name of Contact Al DiGangi		Telephone Number 973 364 1000	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Irvington 4			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 25 Fleetwood Place			Square Feet # of Floors Bldg. Age		
City (5) Irvington, NJ 07111	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 09/24/2015	Sched. Completion Date (11) 09/28/2015		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Non-friable procedure

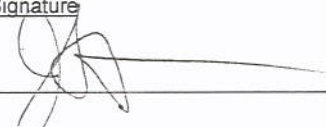
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
roof			X	flashing/tar	90 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/28/2015	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/14/2015

CK 00527065

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

2015 SEP 17 11:41:35

<u>Date of Notification (1)</u> 9-14-15		<u>Name of Building Owner/Operator (2)</u> Novartis Pharmaceuticals Corporation	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> One Health Plaza <u>City, State, Zip Code</u> East Hanover, NJ 07936	
		<u>Name of Contact</u> Stephen Hotra	<u>Tel. Number</u> 908-734-7044
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Novartis Pharmaceuticals Corporation (Building 220)		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> One Health Plaza		Sq. Feet <u>37,000</u> # of Floors <u>2</u>	
<u>City (5)</u> East Hanover	<u>County (6)</u> Morris	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Brandenburg Industrial Service Company
<u>Street Address</u>		<u>Street Address</u> 2217 Spillman Dr	
<u>City, State, Zip Code</u>		<u>City, State, Zip Code</u> Bethlehem Pennsylvania 18015	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> 610-691-1800	<u>License Number</u> 00721
<u>Scheduled Start Date (10)</u> 9/28/15	<u>Scheduled Completion Date (11)</u> 11/23/15	<u>Name of OSHA Monitor</u> Brandenburg Industrial Service Co.	
<u>Occupancy Status During Abatement (Check only one)</u> (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Work hours will be Mon - Fri 07:00 am - 03:30 pm		<u>Street Address</u> 2217 Spillman Drive <u>City, State, Zip Code</u> Bethlehem, PA 18015	
<u>Source of Work (Check all that apply)</u> (x) Demolition () Renovation () Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u> 15000 SF
			<u>Abatement Type</u> Rem. Rep. Encap. Enclose
Mastic between exterior brick and block		miscellaneous	x
<u>Name of Reg. Waste Hauler</u> Brandenburg Industrial Service Co.	<u>NJDEP Waste Hauler ID #</u> 21838	<u>Cubic Yards of Waste</u> 700 cys	<u>Name of Reg. Landfill</u> Modern Landfill
<u>City, State</u> Bethlehem, PA		<u>Disp. Date</u> 10/02/15	<u>City, State</u> York, PA
<u>Completed by (Print or Type)</u> Jennifer Strobel	<u>Title</u> Contract Administrator	<u>Signature</u> 	<u>Date</u> 09/14/15

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


Telephone 609-984-6620

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9/18/00

CK 08147

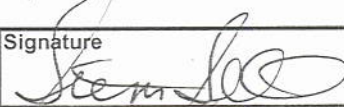
STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)

Date of Notification (1) 08 / 19 / 2015		Name of Building Owner / Operator (2) Atlantic City Electric	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 2 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 5100 Harding Highway		City, State, Zip Code Mays Landing NJ 08330	
Name of Contact Bob Frame		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Peermont Substation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 262 60th Street		Square Feet 3,000	
City (5) Avalon		# Of Floors 1	
County (6) Cape May		Building Age 25	
County Code (7)		Current Use (Prior if being demolished) Sub Station	
Name of Monitoring Firm Hired by Bldg. Owner (8) Vertex		ASCM NO	
Street Address 700 Turner Industrial Way		Name of Abatement Contractor (9) NorthStar Contracting Group, Inc.	
City, State, Zip Code Aston, PA 19014		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm Don Heim		City, State, Zip Code East Hanover NJ. 07936	
Telephone Number 610.558.8902		Telephone Number 973.772.3660	
Sched. Start Date (10) 09 / 24 / 2015		Sched. Completion Date (11) 09 / 30 / 2015	
License Number 00860			
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input type="checkbox"/> Other - Describe: MON-FRI. 7:00AM-3:30PM		Name of OSHA Monitor NorthStar Contracting Group, Inc.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ. 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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		
1st Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Transite Panels	2380 SF
Exterior	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Caulk	100 LF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler JL Davis Waste PO Box 524	NJDEP Waste Hauler ID No. 16357	Cubic Yards of Waste	Name of Registered Landfill Cape May County Landfill
City, State Ocean View NJ 08230	Disposal Date	City, State 2046 Kearney Ave Woodbine NJ 08270	
Completed by (Print or Type) Rich Semega	Title Project Manager	Signature 	Date 09/16/15

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

Check # 2509


Date of Notification (1) 09 / 16 / 15		Name of Building Owner / Operator (2) First Energy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 76 South Street		City, State, Zip Code Akron, Ohio 44308	
Name of Contact Jim Halsey		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RT 33 & WALNUT 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 bldgs., homes, etc.)	
City (5) NEPTUNE	County (6) MONMOUTH	County Code (7)	Square Feet
			# Of Floors
			Building Age
		Current Use (Prior if being demolished) Telephone Pole	
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations		ASCM NO NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 655 West Shore Trail		Street Address 32 Williams Parkway	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code East Hanover, NJ 07036	
Project Mngr. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271	
Scheduled Start Date (10) 09 / 28 / 15		Sched. Completion Date (11) 09 / 30 / 15	
		Telephone Number 973-884-8682	
		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Friday 8:00 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07036	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Exterior Telephone Pole	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Transite Conduit	20 LF
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste
City, State NEWARK, NJ		Disposal Date	Name of Registered Landfill I.E.S.I.
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature 
			Date 09/16/15

CK 4874

Print Form

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

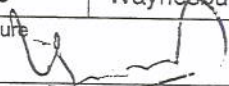
RECEIVED

Date of Notification (1) 9/14/15		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club		2015 SEP 17 AM 4:36					
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 1 Cherry Hill Lane City, State, Zip Code Old Bridge, NJ 08857 Name of Contact Bernadette Poppel Telephone Number --					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 38-42 Peach Lane				Square Feet 6,000 # of Floors 2 Bldg. Age 65+					
City (5) Old Bridge		County (6) Middlesex		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) DIA General Construction, Inc.					
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-389-0089 License No. 00693					
Start Date (10) 09/28/2015		Scheduled Completion Date (11) 10/10/2015		Name of OSHA Monitor DIA General Construction, Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 1360 Clifton Avenue, PMB Suite 218 City, State, Zip Code Clifton, NJ 07012					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
38 A-D Peach Ln - Crawl Space	X			Pipe/elbow insulation	150 LF	X			
40 A-D Peach Ln - Crawl Sapce	X			Pipe/elbow insulation	165 LF	X			
42 A-D Peach Ln - Crawl Space	X			Pipe/elbow insulation	160 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 9 CY	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE 19720		Disposal Date 10/10/2015		City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager		Signature 		Date 9/14/2015			

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

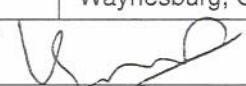
CK 4872

2015 SEP 17 AM 4:37

Date of Notification (1) 8/18/2015		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club							
Agencies Notified	Type Notification	Street Address 1 Cherry Hill Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Old Bridge, NJ 08857							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Bernadette Poppel	Telephone Number 732-737-1444						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 26-30 Peach Lane		Square Feet 6,000	# of Floors 2						
City (5) Old Bridge		Bldg. Age 65+							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 08/19/2015	Scheduled Completion Date (11) 8/21/2015	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 1360 Clifton Avenue, PMB Suite 218							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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
26 A-D Peach Ln - Crawl Space	X			Pipe/elbow insulation	160 LF	X			
28 A-D Peach Ln - Crawl Space	X			Pipe/elbow insulation	150 LF	X			
30 A-D Peach Ln - Crawl Space	X			Pipe/elbow insulation	160 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 9 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 8/21/2015		City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager		Signature 		Date 8/21/2015			

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

RECEIVED

Date of Notification (1) 9/14/15		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club		2015 SEP 17 AM 4:38					
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Cherry Hill Lane City, State, Zip Code Old Bridge, NJ 08857 Name of Contact Bernadette Poppel Telephone Number 732-271-1414					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Glenwood Apartments			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 32-36 Peach Lane			Square Feet 6,000						
City (5) Old Bridge			# of Floors 2		Bldg. Age 65+				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) DIA General Construction, Inc.					
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-389-0089					
Start Date (10) 09/28/2015		Scheduled Completion Date (11) 10/10/2015		License No. 00693					
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 DIA General Construction, Inc.						
			Street Address 1360 Clifton Avenue, PMB Suite 218						
			City, State, Zip Code Clifton, NJ 07012						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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
32 A-D Peach Ln - Crawl Space	X			Pipe/elbow insulation	160 LF	X			
34 A-D Peach Ln - Crawl Sapce	X			Pipe/elbow insulation	155 LF	X			
36 A-D Peach Ln - Crawl Space	X			Pipe/elbow insulation	160 LF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 9 CY		Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE 19720				Disposal Date 10/10/2015		City, State Waynesburg, OH 44688			
Completed by Krutarth Jagad		Title Project Manager		Signature 		Date 9/14/2015			

CK 3797

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

2015 SEP 17 AM 1:11
ASBESTOS
& LICENSING

Date of Notification (1) 9-14-15		Name of Building Owner/Operator (2) ADAMS CONTRACTING							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 716 HAVEN AVE							
		City, State, Zip Code OCEAN CITY N.J. 08226-3713							
		Name of Contact DEAN ADAMS	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 1508-10 ASBURY AVE		Square Feet 1500	# of Floors 2						
City (5) OCEAN CITY		Bldg. Age 50+							
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC							
Street Address		Street Address 369 S. SPRUCE AVE							
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 00444						
Start Date (10) 9-24-15	Scheduled Completion Date (11) 10-1-15	Name of OSHA Monitor JOSEPH KLEMM							
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 369 S. SPRUCE AVE							
		City, State, Zip Code MAPLE SHADE N.J. 08052							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	3000 SF	X			
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 15904	Cubic Yards of Waste	Name of Registered Landfill C.M.C.M.V.A					
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOODBINE N.J.						
Completed By MICHAEL KLEMM	Title V/P	Signature <i>Michael Klemm</i>	Date 9-14-15						

CK 3797

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

Date of Notification (1) 9/14/15		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING	
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 155 Rte 50	
		City, State, Zip Code GREENFIELD, N.J.	
		Name of Contact BRUCE BREUNIG	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 110 12th AVE		Square Feet 1000	# of Floors 1
City, State, Zip Code LONGPORT		Building Age 90+	
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMMCO INC.	
City, State, Zip Code		Street Address 369 S. SPRUCE LUC	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Telephone No.		Telephone No. 856-779-0472	License No. 00444
Start Date (10) 9/24/15	Scheduled Completion Date (11) 10/1/15	Name of OSHA Monitor JOSEPH KLEMM	
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 369 S. SPRUCE LUC	
		City, State, Zip Code MAPLE SHADE, N.J. 08052	
Scope of Work (Check all that apply) <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 Procedures <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) IN Facility (13) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE
		Amount (Specify SF or LF) 1400 SF	Removal X
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste
City, State MAPLE SHADE, N.J.		Disposal Date	Name of Registered Landfill A.C.U.A.
		City, State PLEASANTVILLE, N.J.	
Completion Date 9/14/15	Signature JOSEPH KLEMM	Signature JOSEPH KLEMM	Date 9/14/15

CK 3297

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

2015 SEP 17 AM 1:05

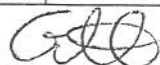
Date of Notification (1) 9-14-15		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 RT. 50					
		City, State, Zip Code GREENFIELD N.J. 08230					
		Name of Contact BRUCE BREUNIG	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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address 1 S. 36TH AVE		Square Feet 1000	# of Floors 2				
City (5) LONG PORT		Bldg. Age 40⁺					
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC.					
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 00444				
Start Date (10) 9-24-15	Scheduled Completion Date (11) 10-3-15	Name of OSHA Monitor JOSEPH KLEMM JR					
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 369 S. SPRUCE AVE					
		City, State, Zip Code MAPLE SHADE N.J. 08052					
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) Yes No NE	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
SIDING	X	TRANSITE	1200 SF	X			
Name of Registered Waste Hauler Klecco Inc.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill C.M.C.M.U.A			
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOODBINE N.J.				
Completed By MICHAEL KLEMM	Title VICE. PRESIDENT	Signature <i>[Signature]</i>	Date 9-14-15				

CK 3778


Print Form

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

RECEIVED

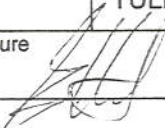
Date of Notification (1) 09/14/15		Name of Building Owner/Operator (2) Asbury Park Board of Education		2015 SEP 17 AM 1:07					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 916 2nd Avenue City, State, Zip Code Asbury Park, NJ 07721 Name of Contact Lewis Griffin Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Computer Annex (Parent Center)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 300 Prospect Avenue			Square Feet 15,000						
City (5) Asbury Park			# of Floors 2		Bldg. Age				
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 00057		Name of Abatement Contractor (9) Lilich Corporation					
Street Address P.O. Box 385		Street Address 606 McBride Avenue		City, State, Zip Code Woodland Park, NJ 07424					
City, State, Zip Code Oceanville, NJ 08231-0385		City, State, Zip Code Woodland Park, NJ 07424		Telephone No. 973 225-8400					
Project Manager for Monitoring Firm Joseph Capone		Telephone No. (609) 652-1833		License No. 01104					
Start Date (10) 09/16/15		Scheduled Completion Date (11) 09/25 /15		Name of OSHA Monitor J&S Environmental Laboratories, Inc					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
2nd floor		X		Floor Tile Mastic	2200 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste	Name of Registered Landfill GROWS, Landfill				
City, State Woodland Park, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Momo Glavatovic		Title Vice President		Signature 		Date 09/14/15			

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

Date of Notification (1) September 14, 2015		Name of Building Owner/Operator (2) Diocese of Camden 2015 SEP 17 AM 1:00 Check # 2389							
Agencies Notified	Type Notification	Street Address 631 Market Street							
<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 Camden, NJ 08102							
		Name of Contact Pat Williams	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Joachim Parish		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 601 W. Browning Road		Square Feet 3,000	# of Floors 2						
City (5) Bellmawr		Bldg. Age 100							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	License No. 00842						
Start Date (10) September 28, 2015	Scheduled Completion Date (11) October 9, 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room		XXX		Pipe Insulation	100 LF	X			
Basement Boiler Room		XXX		Boiler Gaskets	20 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 02265	Cubic Yards of Waste 5	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 10/9/2015		City, State Newburg, PA					
Completed by Christina Lynch		Title Operations Manager		Signature 			Date 9/14/2015		

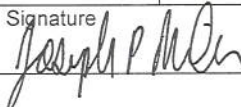
CK 1109

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

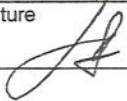
Date of Notification (1) 07/14/15		Name of Building Owner/Operator (2) Berean Baptist Church							
Agencies Notified	Type Notification	Street Address 68 VINE ST							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code 68 VINE ST, BRIDGETON, NJ, 08302							
		Name of Contact RICHARD EXTER							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BEREAN BAPTIST CHURCH		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 68 VINE ST		Square Feet 5240	# of Floors 2						
City (5) BRIDGETON		Bldg. Age 1960							
County (6) CUMBERLAND	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) CHURCH							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES CO.						
Street Address		Street Address 144 MILL ST.							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07501							
Project Manager for Monitoring Firm		Telephone No. 973-653-9652	License No. 1257						
Start Date (10) 08/10/15	Scheduled Completion Date (11) 09/10/15	Name of OSHA Monitor HSS, INC							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 365							
<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 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	100LF	X			
				BOILER INSULATION	88SF	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State WAYNE, NJ			Disposal Date TBD	City, State TULLYTOWN, PA					
Completed by GORAN IGEV		Title SECRETARY		Signature 			Date 07/14/15		

CK 13976

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

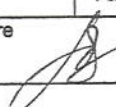
Date of Notification (1) SEPT. 14, 2015		Name of Building Owner/Operator (2) Graul-Spratt, Joann & Dombrowski, Jacqueline							
Agencies Notified	Type Notification	Street Address 38 N. Shore Street							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code KEANSBURG, NJ 07734 Name of Contact DeLynn Schecher							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Graul-Spratt, Joann & Dombrowski, Jacqueline		Type of Facility (4)							
Street Address 38 N. Shore 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) KEANSBURG		Square Feet 994 sf	# of Floors 1						
		Bldg. Age 1938							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Finishing Touch Asbestos Abate						
Street Address		Street Address 17 Thompson Street							
City, State, Zip Code		City, State, Zip Code West Long Branch, NJ 07764							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732.222.8372						
		License No. 00040							
Start Date (10) 9/24/15	Scheduled Completion Date (11) 9/26/15	Name of OSHA Monitor N/A							
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 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
KITCHEN			X	VAT	196 LF	X			
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement Corp., I		NJDEP Waste Hauler ID No. 12058	Cubic Yards of Waste 3 cy	Name of Registered Landfill TRRF LANDFILL					
City, State WEST LONG BRANCH, NJ 07764			Disposal Date 9/28/15	City, State TULLYTOWN, PA					
Completed by JOSEPH P. MILLER		Title PRESIDENT	Signature 			Date 9/14/15			

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

Date of Notification (1) 09-07-15		Name of Building Owner/Operator (2) Caravella Demolition		2015 SEP 17 AM 1:06					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		40 Deforest Ave.					
				City, State, Zip Code East Hanover NJ 07936					
		Name of Contact Tom Bandelt		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Residence				Type of Facility (4)					
Street Address 154 William St.				<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) Little Falls				Square Feet	# of Floors				
				Bldg. Age					
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASC No.		Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address				Street Address 522 7th St.					
City, State, Zip Code				City, State, Zip Code Union City NJ 07087					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603	License No. 01206				
Start Date (10) 09-09-15		Scheduled Completion Date (11) 09-10-15		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 522 7th St.					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code Union City NJ 07087					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Siding	1650 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City NJ 07087				Disposal Date 09-11-15	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 09-07-15			

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

RECEIVED

Date of Notification (1) 09-12-15		Name of Building Owner/Operator (2) Michael Lanzafama		2015 SEP 17 AM 1:36				
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 40 South St.				
		City, State, Zip Code Madison, NJ 07940		ASBESTOS CONTROL & LICENSING				
		Name of Contact Michael Lanzafama		Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Private Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 40 South St.			Square Feet					
City (5) Madison			# of Floors					
County (6) Morris			Bldg. Age					
County Code (7) (STATE USE ONLY) _____			Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.				
Street Address		Street Address 522 7th St.						
City, State, Zip Code		City, State, Zip Code Union City NJ 07087						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603				
				License No. 01206				
Start Date (10) 09-22-15		Scheduled Completion Date (11) 09-23-15		Name of OSHA Monitor Delfa Contracting LLC				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM- 5:00 PM				Street Address 522 7th St.				
				City, State, Zip Code Union City NJ 07087				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Basement		X	Pipe Insulation	210 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 4		Name of Registered Landfill Tullytown Resource Recovery Facility		
City, State Union City NJ		Disposal Date 09-24-15		City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 09-12-15		

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


CK 5808

Date of Notification (1) 9/14/15		Name of Building Owner/Operator (2) MR. JOHN CALDWELL				
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 137 JORGAN PL				
		City, State, Zip Code KEARNY, NJ. 07032				
		Name of Contact MR. CALDWELL				
Telephone Number ...						
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR CALDWELL		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 137 JORGAN PL		Square Feet 2100	# of Floors 2			
City (5) KEARNY		Bldg. Age 85 YEARS				
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCES				
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) 9/30/15		Scheduled Completion Date (11) 10/1/15				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7 AM TO 5 PM		Name of OSHA Monitor Omega Environmental				
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) THERMAL SYSTEMS INSULATION	Amount (Specify SF or LF) 90 LF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, N.J. 07601		Disposal Date 10/1/15	City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>		Date 9/14/15		

Emergency.

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

CK 5085

Date of Notification (1) 9/14/15		Name of Building Owner/Operator (2) David VanZandt Private Home		2015 SEP 17 AM 1:08					
Agencies Notified	Type Notification	Street Address 909 Seaview lane		ASBESTOS CONTROL & LICENSING					
<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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Barnegat Light NJ 08006		Name of Contact David					
				Telephone Number 910 617 6001					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) David VanZandt Private Home			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 909 Seaview lane			Square Feet 1000+	# of Floors 2	Bldg. Age 35+				
City (5) Barnegat Light NJ 08006			Current Use (Prior if being demolished) House						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 9/15/15		Scheduled Completion Date (11) 9/18/15		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Transit bottom of house			x	Transite	400 SF	x			
Throughout			x	Floor Tile	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 9/18/15	City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President	Signature 			Date 9/14/15		

MO#22742796148

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

Date of Notification (1) 09 / 14 / 15		Name of Building Owner/Operator (2) Ken Lacy							
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 8 Maple Street		City, State, Zip Code Teaneck, NJ 07666							
Name of Contact Ken Lacy		Telephone Number 201 802-0020							
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 8 Maple Street		Square Feet	# of Floors						
City (5) Teaneck, NJ 07666		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)		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) 09 / 24 / 15		Scheduled Completion Date (11) 09 / 25 / 15	Name of OSHA Monitor Envirovision Consultants, Inc						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg .# 35E							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation -wrap&cut	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		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 09/14/2015		

ASB-41
MAY 11

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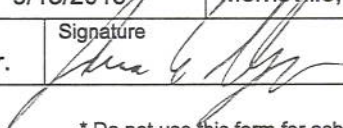
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/11/2015		Name of Building Owner/Operator (2) Gloria Hamilton	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 389 E. 41st Street	
		City, State, Zip Code Paterson, NJ 07504	
		Name of Contact Gloria Hamilton	Telephone Number 973.270.0613

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) N/A (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 389 E. 41st Street		Square Feet 3,000	# of Floors 2
City (5) Paterson		Bldg. Age 90	
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) N/A		ASC No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.
Street Address		Street Address 494 E. 41st Street	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07504	
Project Manager for Monitoring Firm		Telephone No.	License No. 00507
Start Date (10) September 12, 2015		Scheduled Completion Date (11) September 15, 2015	
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>Unoccupied basement</u>		Name of OSHA Monitor Same as above	
		Street Address	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	140 LF	X			

Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. North Inc.	
City, State Paterson, NJ 07504			Disposal Date 9/15/2015	City, State Morrisville, PA	
Completed by James E. Unger		Title Sr. Estimator/Project Mgr.	Signature 	Date 9/11/2015	

(K 3871)

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 26:28)

RECEIVED

Date of Notification (1) 9-14-15		Name of Building Owner/Operator (2) Pine Land Construction	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (imminent justification) <input type="checkbox"/> Consultation	
Street Address 300 77th St		City, State, Zip Code Sea Isle City NJ 08243	
Name of Contact FRANK		Telephone Number 732 247 1111	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 3265 First St		Square Feet 2300	
City (5) Sea Isle City		# of Floors 2	
County (6) Ocean		Edg. Age 70	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Resident	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) AMI JRE LLC	
Street Address		Street Address 1212 Burlington Ave	
City, State, Zip Code		City, State, Zip Code Delanco NJ 08055	
Project Manager for Monitoring Firm		Telephone No. 856 527 0971	
Start Date (10) 9-23-15		Scheduled Completion Date (11) 9-30-15	
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:		Name of OSHA Monitor Self	
Scope of Work (Check all that apply) <input type="checkbox"/> 25 sf or less <input checked="" type="checkbox"/> 25-99 sf or 2200 lf <input type="checkbox"/> 100-499 sf or 2200 lf <input type="checkbox"/> 500-999 sf or 2200 lf <input type="checkbox"/> 1000-4999 sf or 2200 lf <input type="checkbox"/> 5000-9999 sf or 2200 lf <input type="checkbox"/> 10000 sf or more		Street Address	
City, State, Zip Code		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)		Is Location Normally Used Safely by Maintenance/Custodial Staff? (12) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
OUTSIDE		(ACM) Siding	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 2300	
Abatement Type <input checked="" type="checkbox"/> Full Encapsulation with Negative Pressure <input type="checkbox"/> Full Encapsulation <input type="checkbox"/> Wet Scrubbing <input type="checkbox"/> Non-Encapsulated (X) and Non-Fixable Procedure		Abatement Type <input type="checkbox"/> Enclosure <input type="checkbox"/> Encapsulation <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Removal	
Name of Registered Waste Handler AMI JRE LLC		Name of Registered Landfill WM of PA	
City, State Delanco NJ		City, State Tullytown PA	
Cubic Yards of Waste 3		Disposal Date TBD	
Signature JH		Date	

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

2015 SEP 17 AM 1:09

RECEIVED

9-14-15

NO CK

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

Date of Notification (1) 8-13-15		Name of Building Owner/Operator (2) National Restoration 1:09	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 2 <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 1001 Lower Landing Rd City, State, Zip Code Blackwood NJ 08012	
Name of Facility Where Abatement is Taking Place (3) Resident 716 TANYARD Rd Deptford NJ 08046		Name of Contact John Nixon Telephone No. 708-7618	
County (6) Camden		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) ANI JUE LLC Street Address 1212 Burlington Ave City, State, Zip Code Delanco NJ 08055	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 856-827-0971 License No. 01070	
Start Date (10) 8-23-15		Scheduled Completion Date (11) 8-30-15	
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 type="checkbox"/> Other - Describe:		Name of OSHA Monitor Self	
Scope of Work (Check all that apply) <input type="checkbox"/> < 25 sf or < 3 ft <input checked="" type="checkbox"/> > 25 sf or > 3 ft		Street Address City, State, Zip Code	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) OUTSIDE		Amount (Specify SF or LF) 2,800 SF	
Abatement Type Removal Repair Encapsulate Enclosure		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Encapsulated (X) and Non-Friable Procedure	
Name of Registered Waste Hauler ANI JUE LLC City, State Delanco NJ		Name of Registered Landfill WIM at PA City, State Tullytown PA	
Waste Hauler ID No. 00035625		Cubic Yards of Waste Disposal Date	
Completed By JH11		Signature JH	
Title VP		Date 8-13-15	

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

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