


1K 17383

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

Date of Notification (1)		Name of Building Owner/Operator (2)		2015 SEP 25 14:12:54					
Agencies Notified		Type Notification		226 Jefferson Street Condo Association					
<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		Street Address 226 Jefferson Street City, State, Zip Code Hoboken, New Jersey 07030					
		Name of Contact		Telephone Number					
		Brandon Stoll							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)					
226 Jefferson Street Condo Association				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address				Square Feet					
226 Jefferson Street				# of Floors					
City (5)				Bldg. Age					
Hoboken									
County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Hudson									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)					
Omega Environmental Services				Degmor Inc.					
Street Address				Street Address					
280 Huyler Street				511 Canal Street, 3rd Floor					
City, State, Zip Code				City, State, Zip Code					
South Hackensack, NJ 07606				New York, NY 10013					
Project Manager for Monitoring Firm		Telephone No.		Telephone No.					
Anton Rezin		201-489-8700		212-431-0696					
Start Date (10)		Scheduled Completion Date (11)		License No.					
Saturday 10/03/2015		09/03/2016		01150					
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor					
<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: _____				EMSL Analytical Inc.					
				Street Address					
				307 West 38th Street					
				City, State, Zip Code					
				New York, NY 10018					
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 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Hallway		X		VAT Tile & Mastic	151 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
New Carting, Inc.		NJ-913				Grand Central Landfill			
City, State		Disposal Date				City, State			
369 Raymond Blvd. Newark, NJ 071105						Moon, Township PA			
Completed by		Title		Signature		Date			
Teresa Borowiec		Estimator/Seniro PM		Teresa Borowiec		09/23/2015			

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 Amendment # 4 <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 856-221-1111	
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		Building Age 25	
City (5) Avalon	County (6) Cape May	County Code (7)	Square Feet 3,000
			# Of Floors 1
			Current Use (Prior if being demolished) Sub Station
Name of Monitoring Firm Hired by Bldg. Owner (8) Vertex		Name of Abatement Contractor (9) NorthStar Contracting Group, Inc.	
Street Address 700 Turner Industrial Way		Street Address 32 Williams Parkway	
City, State, Zip Code Aston, PA 19014		City, State, Zip Code East Hanover NJ. 07936	
Project Mng. For Monitoring Firm Don Heim		Telephone Number 610.558.8902	
Scheduled Start Date (10) 10 / 1 / 2015		Sched. Completion Date (11) 10 / 4 / 2015	
Telephone Number 973.772.3660		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 checked="" type="checkbox"/> Other - Describe: THURS-SUN. 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) 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)
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	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 09/24/15

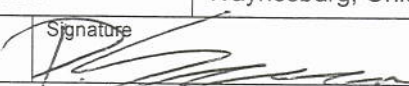


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/21/15		Name of Building Owner/Operator (2) Douglas Massi		2015 SEP 25 12:53	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		51 E. Somerset St	
				City, State, Zip Code Raritan NJ 08869	
		Name of Contact Douglas Massi		Telephone Number 609-255-3045	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Douglas's Estate				Type of Facility (4)	
Street Address 51 E Somerset 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) Raritan		Square Feet 2300		# of Floors 3	Bldg. Age 1930's
County (6) Somerset		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant	
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.		Telephone No. 973-653-9652	License No. 1257
Start Date (10) 10/02/15		Scheduled Completion Date (11) 10/30/15		Name of OSHA Monitor Goran Igev	
Occupancy Status During Abatement (Check Only One)				Street Address 144 Mill 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 Paterson NJ 07501	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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		
BASEMENT	X			TSI	200LF
Name of Registered Waste Hauler INDIAN ARROW/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 / WAYNE NJ				Disposal Date TBD	City, State TULLYTOWN PA
Completed by GORAN IGEV		Title SECRETARY		Signature	Date 09/20/15

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

**CHECK #**  
**1693**

Date of Notification (1) 9/17/2015		Name of Building Owner/Operator (2) Hilltop Partners, LLC							
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 1212 Springfield Avenue		City, State, Zip Code Irvington, NJ 07111							
Name of Contact Mr. Matt Gross (Owner's Rep)		Telephone Number (212) 990-0040							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Irvington General Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 832 Chancellor Avenue		Square Feet 180,500							
City (5) Irvington		# of Floors 6							
County (6) Essex		Bldg. Age 90							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCN No. _____							
Street Address		Name of Abatement Contractor (9) Sky Contracting, LLC							
City, State, Zip Code		Street Address 1385 Valley Road, Suite K							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, New Jersey 07470							
Telephone No. _____		Telephone No. (973) 928-5040							
Start Date (10) 10/01/2015		License No. 00874							
Scheduled Completion Date (11) 12/30/2015		Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Wayne, New Jersey 07470							
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
See Attached		X			LF & SF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 300		Name of Registered Landfill Minerva Enterprises, LLC			
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 9/17/2015			



MO#23037706844

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

Date of Notification (1) 09 / 21 / 15		Name of Building Owner/Operator (2) Steve McLaughlin							
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 263 Kingsland Terrace City, State, Zip Code South Orange, NJ 07079 Name of Contact Steve McLaughlin Telephone Number 908-513-0204							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 263 Kingsland Terrace City (5) South Orange, NJ 07079 County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	Telephone No. License No. 973-638-1777 01127						
Start Date (10) 09 / 30 / 15	Scheduled Completion Date (11) 10 / 01 / 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 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) <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	115 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 City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>			Date 09/21/2015			

ASB-41

MAY 11

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

CR0408978

NO CK

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

2015 SEP 25 PM 12:20

Date of Notification (1) <b>9-20-15</b>		Name of Building Owner/Operator (2) <b>AMERICAN CONTRACTOR SERVICES</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2547 FIRE RD. UNIT A-100</b>	
		City, State, Zip Code <b>EGG HARBOR TWP NJ 08234</b>	
		Name of Contact <b>STAN</b>	Telephone Number <b>1-201-222-1100</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE (CITY OF UENTNOR)</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>22 S. NASHVILLE AVE</b>		Square Feet <b>1000</b>	# of Floors <b>2</b>
City (5) <b>UENTNOR</b>		Bldg. Age <b>50+</b>	
County (6) <b>ATLANTIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC.</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856-779-0472</b>	License No. <b>00444</b>
Start Date (10) <b>9-30-15</b>	Scheduled Completion Date (11) <b>10-7-15</b>	Name of OSHA Monitor <b>JOSEPH KLEMM</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>369 S. SPRUCE AVE</b>	
		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>SIDING</b>			<b>TRANSITE</b>
Name of Registered Waste Hauler <b>KLEMCO INC</b>	NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste	Name of Registered Landfill <b>C. M. C. M. U. A</b>
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date	City, State <b>WOODBINE</b>
Completed By <b>MICHAEL KLEMM</b>	Title <b>W/P</b>	Signature <i>[Signature]</i>	Date <b>9-20-15</b>



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

*check # 11829*

**GAC Project # 060-15**

<u>Date of Notification (1)</u> <b>September 18, 2015</b>		<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>	
<u>Name of Contact</u> <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		<u>Telephone Number</u> <b>908-225-1111</b>	
<b>FACILITY INFORMATION</b>			
<b>WRIGHT CHEMISTRY, BLDG. # 3556</b>		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> N/A <u># of Floors:</u> N/A <u>Bldg. Age:</u> 80+ years	
<u>Street Address</u> <b>BUSCH CAMPUS</b>		<u>Current Use (prior if being demolished):</u> <b>Exterior, Underground Duct Bank - To be excavated</b>	
<u>City (5)</u> <b>PISCATAWAY</b>	<u>County (6)</u> <b>MIDDLESEX</b>	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>Cardno ATC</b>		<u>ASCM No.</u> <b>0098</b>	
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>Street Address</u> <b>268 MAIN STREET</b>	
<u>Project Manager for Monitoring Firm</u> <b>BRIAN KEARNY</b>		<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>10/02/15</b>		<u>Scheduled Completion Date (11)</u> <b>10/19/15</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <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: <b>Shift Hours: 3:00 PM - 5:00 AM (24 hours as needed)</b>		<u>Name of OSHA Monitor</u> <b>1 ENVIROVISION, INC.</b>	
<u>Scope of Work (Check all that apply)</u>  <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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		<u>Street Address</u> <b>20-21 WARGARAW ROAD</b>	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>Exterior Underground Duct Bank</b>		<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ</b>	
<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>TRANSITE DUCT BANK (encased in concrete)</b>	<u>Amount (Specify SF or LF)</u> <b>400 LF</b>	<u>Abatement Type</u> <u>Remove</u> <u>Repair</u> <u>Encap</u> <u>Enclose</u> <input checked="" type="checkbox"/>
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>		<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>	<u>Cubic Yards of Waste:</u> <b>400 CY</b>
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969</u>		<u>Disposal Date</u> <b>10/19/15</b>	<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>
<u>Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990</u>		<u>City, State</u> <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> <b>September 18, 2015</b>

**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Check # 11830

**GAC Project # 2014-465**

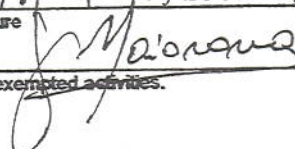
<b>Date of Notification (1)</b> <b>September 18, 2015</b>			<b>Name of Building Owner/Operator (2)</b> <b>STEVENS INSTITUTE OF TECHNOLOGY</b>		
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<b>Street Address</b> <b>CASTLE POINT ON HUDSON</b>	
				<b>City, State, Zip Code</b> <b>HOBOKEN, NJ 07030-5991</b>	
		<b>Name of Contact</b> <b>MR. DAVE FERNANDEZ</b>		<b>Telephone Number</b>	
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>DAVIDSON LABORATORY</b>			<b>Type of Facility (4)</b> <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.) - NOT SUB 8, Glovebag/Wrap & Cut TSI		
<b>Street Address</b> <b>711 HUDSON STREET</b>			<b>Sq. Feet:</b> 50,000SF <b># of Floors:</b> 3 <b>Bldg. Age:</b> 80+ years		
<b>City (5)</b> <b>HOBOKEN</b>	<b>County (6)</b> <b>HUDSON</b>	<b>County Code (7)</b> (State Use Only)	<b>Current Use (prior if being demolished):</b> ACADEMIC LABORATORY & OFFICES		
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>BRIGGS ASSOCIATES, INC.</b>		<b>ASCM No.</b> <b>0004</b>	<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
<b>Street Address</b> <b>3 CROSSWICKS STREET</b>			<b>Street Address</b> <b>268 MAIN STREET</b>		
<b>City, State, Zip Code</b> <b>BORDENTOWN, NJ 08055</b>			<b>City, State, Zip Code</b> <b>BUTLER, NJ 07405</b>		
<b>Project Manager for Monitoring Firm</b> <b>MR. MIKE HOODAK</b>		<b>Telephone Number</b> <b>609-298-5520</b>	<b>Telephone Number</b> <b>973-492-0477</b>		<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>10/2/15</b>		<b>Scheduled Completion Date (11)</b> <b>10/06/15</b>		<b>Name of OSHA Monitor</b> <b>ENVIROVISION, INC.</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <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: NOT SUB 8 - Glovebag / Wrap & Cut TSI - Pipe Insulation			<b>Street Address</b> <b>20-21 WARGARAW ROAD</b>		
			<b>City, State, Zip Code</b> <b>FAIRLAWN, NJ</b>		
<b>Scope of Work (Check all that apply)</b>					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure WRAP & CUT <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES    NO    NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b> Remove   Repair   Encap   Enclose	
BRAIDA OFFICE	<input checked="" type="checkbox"/>	TSI - Pipe Insulation	25 LF	<input checked="" type="checkbox"/>	
1 <sup>st</sup> Floor Dept. office	<input checked="" type="checkbox"/>	TSI - Pipe Insulation	5 LF	<input checked="" type="checkbox"/>	
1 <sup>st</sup> Restroom	<input checked="" type="checkbox"/>	TSI - Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	
Work Room	<input checked="" type="checkbox"/>	TSI - Pipe Insulation	150 LF	<input checked="" type="checkbox"/>	
Boiler Room	<input checked="" type="checkbox"/>	TSI - Pipe Insulation	2 LF	<input checked="" type="checkbox"/>	
Tank Room	<input checked="" type="checkbox"/>	TSI - Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> 20 CY	<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Landfill</b>	
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJDEP # 28969			<b>Disposal Date</b> <b>10/06/2015</b>	<b>City, State</b> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> 215-736-1700	
<b>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</b> NJDEP # 4509					
<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>	<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>		<b>Date</b> <b>September 18, 2015</b>	

Copies To: Stevens Institute of Technology., Attn: Mr. John Lanza and Briggs, Attn: Mr. Mike Hoodak



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

CK 5822

Date of Notification (1) <b>9/21/15</b>		Name of Building Owner/Operator (2) <b>MS. VALARIE JOHNSON</b>				
Agency Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>449 VALLEY VIEW RD</b>				
		City, State, Zip Code <b>ENGLEWOOD, NJ, 07631</b>				
		Name of Contact <b>MS. JOHNSON</b>	Telephone Number <b>---</b>			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>MS. JOHNSON</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>449 VALLEY VIEW RD</b>		Square Feet <b>2000</b>	# of Floors <b>2</b>			
City (5) <b>ENGLEWOOD</b>		Bldg. Age <b>75 YEARS</b>				
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address		Street Address <b>450 South River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>10/7/15</b>	Scheduled Completion Date (11) <b>10/8/15</b>	Name of OSHA Monitor <b>Omega Environmental</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7AM TO 5PM</b>		Street Address <b>280 Huyler St</b>				
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>				
Scope of Work (Check all that apply)						
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
<b>BASEMENT</b>		<b>THERMAL SYSTEM INSULATION</b>	<b>100 LF</b>	<input checked="" type="checkbox"/>		
<b>BASEMENT</b>		<b>VAT</b>	<b>225 SF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>	NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>307</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>			
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>10/8/15</b>	City, State <b>Waynesburg, Oh, 44688</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature 	Date <b>9/21/15</b>			

ASB-41

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



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

check 5823

Date of Notification (1) <b>9-21-15</b>		Name of Building Owner/Operator (2) <b>N. BENISRAEL</b>		2015 SEP 25 AM 12:15		
Agency Notified	Type Notification	Street Address		City, State, Zip Code		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>57 OTSEGO ROAD</b>		<b>VERONA, NJ 07044</b>		
		Name of Contact <b>N. BENISRAEL</b>		Telephone Number		
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>N. BENISRAEL</b>				Type of Facility (4)		
Street Address <b>57 OTSEGO ROAD</b>				<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) <b>VERONA</b>				Square Feet <b>2500</b>	# of Floors <b>2</b>	
County (6) <b>ESSEX</b>				Bldg. Age <b>76 YRS</b>		
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) <b>RESIDENCE</b>		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)		
				<b>Best Removal Inc</b>		
Street Address		Street Address				
		<b>450 South River St</b>				
City, State, Zip Code		City, State, Zip Code				
		<b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No.		Telephone No.	License No.	
				<b>201-329-7444</b>	<b>00388</b>	
Start Date (10) <b>9-30-15</b>		Scheduled Completion Date (11) <b>10-1-15</b>		Name of OSHA Monitor <b>Omega Environmental</b>		
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: <b>8AM 5PM</b>				<b>280 Huyler St</b>		
				City, State, Zip Code		
				<b>S. Hackensack, N.J. 07606</b>		
Scope of Work (Check all that apply)						
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
<input 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		
				Removal	Repair	Encapsulate
<b>1ST FLOOR BED ROOM</b>	Yes No N/A	<b>THERMAL INSULATION</b>	<b>12 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1/4 YD</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>10-1-15</b>	City, State <b>Waynesburg, Oh, 44688</b>			
Completed by <b>R. Veldran</b>	Title <b>Estimator</b>	Signature <b>R. Veldran</b>			Date <b>9-21-15</b>	



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

CR # 2875

Date of Notification (1) <div style="text-align: center;">9 / 22 / 20</div>		Name of Building Owner/Operator (2) <b>E.I. duPont de Nemours</b>							
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 <b>250 Cheesequake Road</b>							
		City, State, Zip Code <b>Parlin, NJ 08859</b>							
		Name of Contact <b>Nichol Reinhold</b>							
Telephone Number 									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>DuPont Parlin Facility - Solar Farm</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>250 Cheesequake Road</b>									
City (5) <b>Parlin</b>		Square Feet	# of Floors						
		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Exterior</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>John Lutz</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <div style="text-align: center;">10 / 2 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 3 / 15</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> -____AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Solar Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	9 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS Landfill</b>					
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>10/5/2015</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Estimator</b>	Signature <i>Gino Pizzigoni</i>				Date <b>9/22/15</b>			

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

OK # 2876


Date of Notification (1) 9 / 22 / 15		Name of Building Owner/Operator (2) South Jersey Gas							
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 142 S Main St		City, State, Zip Code Glassboro, NJ 08028							
Name of Contact Tom Turbin		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) South Jersey Gas		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 142 S Main St		Square Feet							
City (5) Glassboro		# of Floors							
County (6) Gloucester		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) GZA GeoEnvironmental, Inc		ASCN No.							
Street Address 856 S White Horse Pike		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Hammononton, NJ 08037		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Charles Risley		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-481-3910		Telephone No. 215-788-6040							
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Start Date (10) 10 / 2 / 15		Scheduled Completion Date (11) 10 / 3 / 15							
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: _____ AM- _____ PM/4:00PM-12:30AM		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 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
Main Office area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro /js		Date 9/22/15			



CK 3774

Print Form

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

Date of Notification (1) 09/04/2015		Name of Building Owner/Operator (2) LAWNSIDE PUBLIC SCHOOL		2015 SEP 11 AM 9:08					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 426 East Charleston Avenue					
		City, State, Zip Code Lawnside, NJ 08045		Telephone Number 703 5043					
		Name of Contact Terry Henry							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) LAWNSIDE PUBLIC SCHOOL				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 426 East Charleston Avenue				Square Feet					
City (5) Lawnside, NJ 08045				# of Floors					
County (6) Camden				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 5434 King Avenue, Suite 101		Street Address 606 McBride Avenue							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm Tom Pruno		Telephone No. 609-744-7462		License No. 01104					
Start Date (10) 09/05/2015		Scheduled Completion Date (11) 09/06/2015		Name of OSHA Monitor J&S ENVIRONMENTAL LABORATORIES					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Classroom			x	Removal&Disposal of glue dots	200 SF	x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste		Name of Registered Landfill GROWS Landfill			
City, State Woodland Park, NJ 07424				Disposal Date		City, State Morrisville, PA			
Completed by Momo Glavatovic		Title Vice President		Signature 		Date 09/04/2015			

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

Check # 10142

Date of Notification (1) <div style="text-align: center;">9 / 24 / 15</div>		Name of Building Owner/Operator (2) <b>City of Camden</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 95120</b>	
		City, State, Zip Code <b>Camden, NJ 08101</b>	
		Name of Contact <b>John Bond</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Woodland Ave RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>749, 978 Woodland Ave</b>			
City (5) <b>Camden</b>		Square Feet <b>varies</b>	# of Floors <b>varies</b>
		Bldg. Age <b>50+</b>	
County (6) <b>CAMDEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>HOUSING DEEMED UNSAFE</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health and Safety Services</b>		ASCM No. <b>117</b>	Name of Abatement Contractor (9) <b>Controlled Environmental Systems</b>
Street Address <b>PO Box 365</b>		Street Address <b>1121 N. Bethlehem Pike - Suite 60</b>	
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Spring House, PA 19477</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>C 609-839-2432</b>	Telephone No. <b>215 542 7000</b>
		License No. <b>00847</b>	
Start Date (10) <div style="text-align: center;">10 / 5 / 15</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 30 / 15</div>	Name of OSHA Monitor <b>CES</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> /____PM-____AM		Street Address <b>1121 N Bethlehem Pike -Suite 60</b>	
		City, State, Zip Code <b>Spring House, PA 19477</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>Waste Management of NJ</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>200/residenc</b>
City, State <b>Fairless Hills, PA</b>		Disposal Date <b>11/30/15</b>	Name of Registered Landfill <b>GROWS</b>
City, State <b>Tullytown PA</b>			
Completed By (Print or Type) <b>Patricia Visco</b>	Title <b>Office Manager</b>	Signature <i>Patricia Visco</i>	Date <b>9/24/15</b>



check # 10140

ASB-41  
JAN 13

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

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

check # 10141

Date of Notification (1) 9 / 24 / 15		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120							
		City, State, Zip Code Camden, NJ 08101							
		Name of Contact John Bond	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) South 9 <sup>th</sup> STREET 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 and commercial buildings, homes, etc.)							
Street Address 1401, 2218, 2310, 2312, 2314 South 9 <sup>th</sup> ST									
City (5) Camden		Square Feet varies	# of Floors varies						
		Bldg. Age 50+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. C 609-839-2432	Telephone No. 215 542 7000						
		License No. 00847							
Start Date (10) 10 / 5 / 15	Scheduled Completion Date (11) 11 / 30 / 15	Name of OSHA Monitor CES							
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: 7:00AM-5:00PM/____PM-____AM		Street Address 1121 N Bethlehem Pike -Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	200 Yds -Res	<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 Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS					
City, State Fairless Hills, PA		Disposal Date 11/30/15		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 9/24/15			



OK 2116

Print Form

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

2015 SEP 23 14:12:40

Date of Notification (1) 9/21/15		Name of Building Owner/Operator (2) Karen Thatcher							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	63 Lincoln Ave							
		City, State, Zip Code Lambertville, NJ 08530							
		Name of Contact Eric Plackis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 54 Brunswick Ave		<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) Lambertville		Square Feet 1740	# of Floors 2						
County (6) Hunterdon		Bldg. Age 130							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
ASCM No.		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.	License No.						
		(732)899-7499	01196						
Start Date (10) 9/22/15	Scheduled Completion Date (11) 9/24/15	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		City, State, Zip Code							
<input type="checkbox"/> Other - Describe:									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				X asbestos pipe insulation	70 LF	X			
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey		Disposal Date 9/25/15		City, State PA					
Completed by Eric Plackis		Title President	Signature [Signature]		Date 9/21/15				

Check # 2872

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

Pg. 1

Date of Notification (1) <u>6</u> / <u>26</u> / <u>15</u>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1-9/18/15</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>200 Elm Dr.</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortego</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Firestone Library</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>Washington Rd</b>		Square Feet	Bldg. Age						
City (5) <b>Princeton</b>									
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Library</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC Associates Inc.</b>		ASCM No. <b>00098</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>Three Terri Center</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Michael Keehn</b>	Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <u>7</u> / <u>10</u> / <u>15</u>	Scheduled Completion Date (11) <u>10</u> / <u>25</u> / <u>15</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM</b> / ____PM-____AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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 Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floortile and mastic	49,924 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Levels C, B and A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	3910 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout Level A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint Compound	5,950 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W.S. LANDFILL</b>					
City, State <b>NEW CASTLE, DE</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>				Date <b>9/18/15</b>			



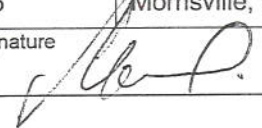
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

Ch # 2872

Pg 2 RECEIVED

Date of Notification (1) 6 / 26 / 15		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-9/18/15 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Dr.							
		City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego	Telephone Number -						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Princeton University-Firestone Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Washington Rd									
City (5) Princeton		Square Feet	# of Floors Bldg. Age						
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Library							
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC Associates Inc.		ASCM No. 00098	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address Three Terri Center		Street Address 1123 BEAVER STREET							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Michael Keehn		Telephone No. 609-386-8800	License No. 00509						
Start Date (10) 7 / 10 / 15	Scheduled Completion Date (11) 10 / 25 / 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 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"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Level 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. LANDFILL					
City, State NEW CASTLE, DE		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / jh		Date 9/18/15			

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

Date of Notification (1) 9-21-15		Name of Building Owner/Operator (2) Rick Reddington							
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 <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 88 Vn Houten Ave							
		City, State, Zip Code Passaic NJ 07055							
		Name of Contact Rick Reddington	Telephone Number 908-888-7777						
<b>FACILITY INFORMATION</b>									
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 88 Van Houten Ave		Square Feet n/a	# of Floors 2						
City (5) Passaic		Bldg. Age n/a							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) private dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 1130 W Chestnut Street		Street Address 24 Morley Dr							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Rick Eustaguio		Telephone No. _____	License No. 01266						
Start Date (10) 9-21-15	Scheduled Completion Date (11) 9-25-15	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 24 Morley Dr							
		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"/> Renovation <input checked="" 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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	10LF	x		x	
Basement			x	Clean up	600SF	x		X	
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 8 CY	Name of Registered Landfill GROWS					
City, State Woodland Park NJ 07424			Disposal Date 9-25-15	City, State Morrisville, PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 	Date 9-21-15					



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

Date of Notification (1) <b>9/21/15</b>		Name of Building Owner/Operator (2) <b>PSEG</b>						
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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	<b>4000 HADLEY ROAD</b> City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>						
		Name of Contact <b>DANNY RIVERA</b>	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4)						
Street Address <b>84 GRANT ST.</b>		<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) <b>MOUNT HOLLY</b>	Square Feet <b>N/A</b>	# of Floors <b>N/A</b>	Bldg. Age <b>N/A</b>					
County (6) <b>BURLINGTON</b>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SUBSTATION</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>					
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>						
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>						
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>	Telephone No. <b>732-432-8350</b>					
Start Date (10) <b>9/23/15</b>		Scheduled Completion Date (11) <b>9/24/15</b>	License No. <b>01111</b>					
Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>								
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUTDOORS</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>						
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"/> 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) <b>TO BE ABATED</b> 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
<b>OUTSIDE</b>		<b>X</b>	<b>ACM CONDUIT DUCT BANK</b>	<b>200 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>APPX 20</b>	Name of Registered Landfill <b>GROWS NORTH</b>				
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>				
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <i>Carol Raimo</i>	Date <b>9/21/15</b>				

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

Date of Notification (1) <b>9/8/15</b>		Name of Building Owner/Operator (2) <b>PSEG</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>DANNY RIVERA</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4)							
Street Address <b>84 GRANT ST.</b>		<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) <b>MOUNT HOLLY</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>						
County (6) <b>BURLINGTON</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>N/A</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		Current Use (Prior if being demolished) <b>SUBSTATION</b>							
ASCN No. <b>0045</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>							
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-292-2217</b>	License No. <b>01111</b>						
Start Date (10) <b>9/23/15</b>	Scheduled Completion Date (11) <b>9/24/15</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUTDOORS</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
<b>OUTSIDE</b>		<b>X</b>		<b>ACM CONDUIT DUCT BANK</b>	<b>200 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>APPX 20</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <i>Carol Raimo</i>			Date <b>9/8/15</b>			



**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:130)

Date of Notice (1) <u>Sept 21 - 15</u>		Name of Building Owner/Operator (2) <u>National Restoration</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address <u>1001 Lower Landing Rd</u>	
		City, State, Zip Code <u>Blackwood NJ 08012</u>	
		Name of Contact _____ Telephone Number _____	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Resident</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>714 TANVARD Rd</u>		Square Feet <u>2400</u> # of Floors <u>3</u> Bldg. Age <u>70 plus</u>	
City (5) <u>Deptford NJ</u>		Current Use (Prior if being demolished) <u>Resident</u>	
County (6) <u>CAMDEN</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>ANI JURE LLC</u>	
City, State, Zip Code		Street Address <u>1212 Burlington Ave</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>Delanco NJ 08025</u>	
Telephone No.		Telephone No. <u>856-527-0971</u> License No. <u>01070</u>	
Start Date (10) <u>9-30-15</u>	Scheduled Completion Date (11) <u>10-10-15</u>	Name of OSHA Monitor <u>Self</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> As of or 25 ft <input checked="" type="checkbox"/> 25 ft or 2200 ft		<input type="checkbox"/> Removal <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed (P) and Non-Fixable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>OUTSIDE</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM), (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>3200 SF</u>
		<u>(1 ACM) Siding</u>	
Name of Registered Waste Hauler <u>ANI JURE LLC</u>		Name of Registered Landfill <u>JUM of PA</u>	
City, State <u>Delanco NJ</u>	Waste Hauler ID No. <u>00035425</u>	City, State <u>Tullytown PA</u>	
Completed By <u>JH</u>	Signature <u>VP</u>	Signature <u>JH</u>	Date <u>9-21-15</u>

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



N.O.C.K

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

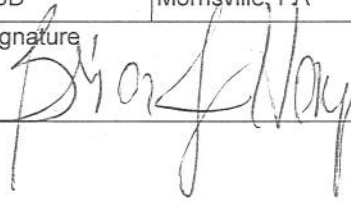
Date of Notification (1) <u>8-13-15</u>		Name of Building Owner/Operator (2) <u>National Restoration</u>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 2 <input type="checkbox"/> Emergency (including notification) <input type="checkbox"/> Cancellation	<u>1001 Lower Landing Rd</u>	
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code <u>Blackwood NJ 08012</u>	
		Name of Contact <u>John Nixon</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Resident</u>		Type of Facility (4)	
Street Address <u>716 TANYARD Rd</u>		<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, houses, etc.)	
City (5) <u>Deptford NJ 08026</u>		Square Feet	# of Floors
County (6) <u>Camden</u>		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)	ASDM No.	Name of Abatement Contractor (9)	
<u>ASDM</u>		<u>ANI JUE LLC</u>	
Street Address		Street Address	
		<u>1212 Burlington Ave</u>	
City, State, Zip Code		City, State, Zip Code	
		<u>Delanco NJ 08025</u>	
Project Manager for Monitoring Firm		Telephone No.	License No.
		<u>856-527-0971</u>	<u>01070</u>
Start Date (10) <u>8-27-15</u>	Scheduled Completion Date (11) <u>8-30-15</u>	Name of OSHA Monitor <u>Self</u>	
Company 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		City, State, Zip Code	
<input type="checkbox"/> Other - Describe			
Scope of Work (Check all that apply)			
<input type="checkbox"/> 25 sf or 25 ft		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> 2500 sf or 2500 ft		<input type="checkbox"/> Full Enclosure	
<input type="checkbox"/> Renovation		<input type="checkbox"/> Gloving Procedure	
<input type="checkbox"/> Demolition		<input type="checkbox"/> Non-Enclosed (?) and Non-Fixable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Safely by Maintenance/ Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VPI, or other miscellaneous)	Amount (Specify SF or LF)
<u>OUTSIDE</u>	Yes No N/A	<u>1 ACM Siding</u>	<u>2800 SF</u>
Name of Registered Waste Handler <u>ANI JUE LLC</u>		Cubic Yards of Waste	Name of Registered Landfill
City, State <u>Delanco NJ</u>		Disposed Date	City, State <u>Tullytown PA</u>
Completed By <u>JH</u>	Title <u>VP</u>	Signature <u>JH</u>	Date <u>8-13-15</u>

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



CK 2339

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

Date of Notification (1) 09-22-2015		Name of Building Owner / Operator (2) Dave Edwards		SEP 25 2015					
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1000 Hudson Street City, State & Zip Code Hoboken, NJ 07030 Name of Contact Dave Edwards							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Condo Unit			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 1000 Hudson Street			Square Feet 776	# of Floors 3	Bldg. Age 118 yrs				
City (5) Hoboken, NJ 07030	County (6) Hudson	County Code (7)	Current Use (Prior if being demolished) Condo Unit						
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 464 Valley Brook Avenue			Street Address 2115 Hamilton Ave, Suite 202						
City, State & Zip Code Lyndhurst, NJ 07071			City, State & Zip Code Trenton, NJ 08619						
Project Manager for Monitoring Firm Mathew Smith		Telephone Number 201-438-4839	Telephone Number 609-914-4279	License Number 01185					
Scheduled Start Date (10) 10-5-2015	Scheduled Completion Date (11) 10-12-15		Name of OSHA Monitor J&S Environmental Laboratories 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 during Normal Hours: Describe: 8:30pm-5:30pm <input type="checkbox"/> Facility Occupied During Abatement			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 ≥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"/> Glove Bag Procedures <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 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	Encapsulat	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation & Assoc Elbo Packing	355 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ 08619		Disposal Date TBD	City, State Morrisville, PA						
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 09/22/2015				

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120) *Check 5826*

Date of Notification (1) <b>9-22-15</b>		Name of Building Owner/Operator (2) <b>B. LINETRUCKING</b>											
Agency Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>62 JOSEPH STREET</b>											
		City, State, Zip Code <b>NEWARK, NJ 07114</b>											
		Name of Contact <b>J. FRANK</b>	Telephone Number										
<b>FACILITY INFORMATION</b>													
Name of Facility Where Abatement is Taking Place (3) <b>B. LINETRUCKING</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)											
Street Address <b>62 JOSEPH STREET</b>		Square Feet <b>9800</b>	# of Floors <b>1</b>										
City (5) <b>NEWARK</b>		Bldg. Age <b>110 YRS</b>											
County (6) <b>ESSEX</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>MECHANICAL EQUIP. GARAGE</b>										
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>											
Street Address		Street Address <b>450 South River St</b>											
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>											
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>										
Start Date (10) <b>10-5-15</b>	Scheduled Completion Date (11) <b>10-8-15</b>	Name of OSHA Monitor <b>Omega Environmental</b>											
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM 6PM</b>		Street Address <b>280 Huyler St</b>											
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>											
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure													
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  <b>GROUND FLOOR GARAGE</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td align="center"><b>X</b></td> </tr> </table>		Yes	No	N/A			<b>X</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  <b>THERMAL INSULATION</b>	Amount (Specify SF or LF)  <b>153 SF</b>	Abatement Type		
	Yes	No	N/A										
		<b>X</b>											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td align="center"><b>X</b></td> <td></td> <td></td> <td></td> </tr> </table>			Removal	Repair	Encapsulate	Enclosure	<b>X</b>						
Removal	Repair	Encapsulate	Enclosure										
<b>X</b>													
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2 1/2 YDS</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>									
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>10-8-15</b>		City, State <b>Waynesburg, Oh, 44688</b>									
Completed by <b>R. VELDRAU</b>		Title <b>Estimator</b>		Signature <b>R. Veldrau</b>		Date <b>9-22-15</b>							



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

check 5824


SEP 25 2015

Date of Notification (1) <b>9-21-15</b>		Name of Building Owner/Operator (2) <b>H. McPHERSON</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>41 LEXINGTON AVENUE</b>				
		City, State, Zip Code <b>MONTCLAIR, NJ 07042</b>				
		Name of Contact <b>H. McPHERSON</b>	Telephone Number			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>H. McPHERSON</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>41 LEXINGTON AVENUE</b>		Square Feet <b>1950</b>	# of Floors <b>2</b>			
City (5) <b>MONTCLAIR</b>		Bldg. Age <b>86 YRS</b>				
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address		Street Address <b>450 South River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>			
Start Date (10) <b>10-8-15</b>	Scheduled Completion Date (11) <b>10-9-15</b>	Name of OSHA Monitor <b>Omega Environmental</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM 5PM</b>		Street Address <b>280 Huyler St</b>				
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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) 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
<b>BASEMENT</b>	<b>X</b>	<b>THERMAL INSULATION</b>	<b>135 LF</b>	<b>X</b>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>13/4 YD</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>10-9-15</b>	City, State <b>Waynesburg, Oh, 44688</b>			
Completed by <b>A. VELDRA</b>	Title <b>Estimator</b>	Signature <b>R. Veldran</b>	Date <b>9-21-15</b>			

ASB-41

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

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


Date of Notification (1) 09/18/2015		Name of Building Owner/Operator (2) US EPA (City of Orange)							
Agencies Notified	Type Notification	Street Address 290 Broadway							
<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 New York, N.Y. 10009							
		Name of Contact Rick Robinson	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) US Radium Superfund Site		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 456 Burnside Street		Square Feet 1000	# of Floors 3						
City (5) Orange		Bldg. Age 170							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) US Military Site							
Name of Monitoring Firm Hired by Building Owner (8) A.R.T. Inc.		ASCM No.	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 111 John Street, Suite 538		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code New York, NY 10038		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Paul P. Ottens		Telephone No. (212) 785-0266	Telephone No. (973) 450-9500						
Start Date (10) 09/28/2015		Scheduled Completion Date (11) 09/30/2015	License No. 01036						
Name of OSHA Monitor Incinia Contracting, 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, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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	50 LF	X			
			X						
			X						
			X						
Name of Registered Waste Hauler Atlantic Carting/JR Contracting		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste 25	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Wayne, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed by Milena Zoric		Title Executive Director		Signature 		Date 09/18/2015			



Emergency

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

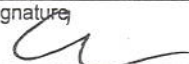
CK 5108

Date of Notification (1) 9/21/15		Name of Building Owner/Operator (2) Paul Nolan Private Home		SEP 25 2015					
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 checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		129 east 29th Street					
				City, State, Zip Code Beach Haven Gardens NJ 08008					
		Name of Contact Paul		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Paul Nolan Private Home				Type of Facility (4)					
Street Address 129 east 29th 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) Beach Haven Gardens NJ 08008				Square Feet 1000+	# of Floors 2				
County (6) Ocean				County Code (7) (STATE USE ONLY)	Bldg. Age 35 +				
Name of Monitoring Firm Hired by Building Owner (8) N/A				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. 856-753-9800	License No. 00727				
Start Date (10) 9/22/15		Scheduled Completion Date (11) 9/28/15		Name of OSHA Monitor Same					
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 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 Siding			x	Exterior Siding	2300 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 9/28/15	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 		Date 9/21/15			

Emergency

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

CK 5107


Date of Notification (1) 9/21/15		Name of Building Owner/Operator (2) James Hartey Private Home							
Agencies Notified	Type Notification	Street Address 250 West 16th 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact James	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) James Hartey 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 250 West 16th street		Square Feet 1000+	# of Floors 1.5						
City (5) Ship Bottom NJ 08008		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
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. 856-753-9800	License No. 00727						
Start Date (10) 9/22/15	Scheduled Completion Date (11) 9/28/15	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 Siding			X	Exterior Siding	1800 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/28/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 9/21/15			



Emergency

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


CK 5106

Date of Notification (1) 9/21/15		Name of Building Owner/Operator (2) Forrest Shackleton Private Home							
Agencies Notified	Type Notification	Street Address 118 East 80th 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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brant Beach NJ 08008							
		Name of Contact Forest	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Forrest Shackleton 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 118 East 80th Street		Square Feet 1000+	# of Floors 2						
City (5) Brant Beach NJ 08008		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
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. 856-753-9800	License No. 00727						
Start Date (10) 9/22/15	Scheduled Completion Date (11) 9/28/15	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
Bottom Of House			x	transite break away board	400 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/28/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 9/21/15	

Emergency

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

CK 5103

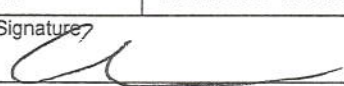
Date of Notification (1) 9/21/15		Name of Building Owner/Operator (2) Linda Rinaldi Private Home							
Agencies Notified	Type Notification	Street Address 16 east Henry St.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" 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 Palmyra NJ 08065							
		Name of Contact Josh	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Linda Rinaldi 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 16 east Henry St.		Square Feet 1000+	# of Floors 1.5						
City (5) Palmyra NJ 08065		Bldg. Age 35 +							
County (6) Burlington	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) 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. 856-753-9800	License No. 00727						
Start Date (10) 9/22/15	Scheduled Completion Date (11) 9/24/15	Name of OSHA Monitor Same							
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: Home Owner will be home		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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			x	Floor Tile only	300 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/24/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 				Date 9/21/15	



Emergency

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

CK 5105

Date of Notification (1) 9/21/15		Name of Building Owner/Operator (2) Anthony Bono Private Home							
Agencies Notified	Type Notification	Street Address 6 West Scott Drive							
<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 Holgate NJ 08008							
		Name of Contact Anthony	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Anthony Bono 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 6 West Scott Drive		Square Feet 1000+	# of Floors 2						
City (5) Holgate NJ 08008		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
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. 856-753-9800	License No. 00727						
Start Date (10) 9/22/15	Scheduled Completion Date (11) 9/28/15	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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 Siding			x	Exterior Siding	2300 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/28/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/21/15		

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

Date of Notification (1) <b>9-21-15</b>		Name of Building Owner/Operator (2) <b>John Cronogue</b>	
Agencies Notified	Type Notification	Street Address <b>261 Midland</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Montclair, NJ, 07042</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>John Cronogue</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet <b>2100</b>	# of Floors <b>3</b>	Bldg. Age <b>110</b>
City (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address		Street Address <b>86 Christopher St.</b>		
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>10-1-15</b>	Sched. Completion Date (11) <b>10-2-15</b>	Name of OSHA Monitor <b>N/A</b>		
Month Day Year	Month Day Year	Street Address		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		City, State, Zip Code		

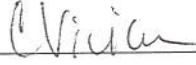
## Scope of Work (Check all that apply)

☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

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

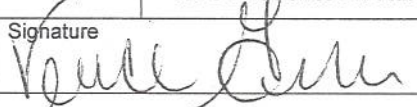
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	75 lf	X			
				Boiler	40 SF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>10-5-15</b>		City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 			Date <b>9-21-15</b>



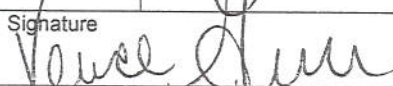
CK 1497

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

Date of Notification (1) <b>09 / 10 / 15</b>		Name of Building Owner/Operator (2) <b>GRAGG, DOUGLAS W &amp; THERESA L</b>							
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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>204 WASHINGTON DRIVE</b>							
		City, State, Zip Code <b>BRIGANTINE, NJ 08203</b>							
		Name of Contact <b>GRAGG, DOUGLAS W &amp; THERESA L</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Resident</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>204 WASHINGTON DRIVE</b>									
City (5) <b>BRIGANTINE, NJ 08203</b>		Square Feet <b>1792Sf</b>	# of Floors <b>3 Floors</b>						
		Bldg. Age <b>47 yrs.</b>							
County (6) <b>US; Altantic CO. .</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Resident</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Management Intern</b>		ASCM No.	Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>						
Street Address <b>34 E. Germantown Pike #204</b>		Street Address <b>14 Read Drive</b>							
City, State, Zip Code <b>E. Norriton</b>		City, State, Zip Code <b>Sicklerville, NJ 08081</b>							
Project Manager for Monitoring Firm <b>Raymond Giordano</b>	Telephone No. <b>610-277-0405</b>	Telephone No. <b>856-318-1341</b>	License No. <b>01158</b>						
Start Date (10) <b>09 / 19 / 15</b>	Scheduled Completion Date (11) <b>10 / 01 / 15</b>	Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-11:30PM</u> / <u>      </u> PM - <u>      </u> AM		Street Address <b>14 Read Drive</b>							
		City, State, Zip Code <b>Sicklerville, NJ 08081</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile</b>	<b>210SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Graham-Tech Environmental Service, LLC</b>		NJDEP Waste Hauler ID No. <b>0034500</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W. North Landfill &amp; Tullytown</b>					
City, State <b>14 Read Drive Sicklerville, NJ 08081</b>			Disposal Date	City, State <b>1513 Brodowntown Rd. Morrisville, PA</b>					
Completed By (Print or Type) <b>Vernice Graham</b>	Title <b>President</b>	Signature 	Date <b>9-10-15</b>						

Ch# 1523

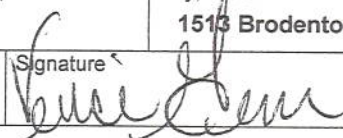
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>09 / 17 / 15</b>		Name of Building Owner/Operator (2) <b>James and Susanne Clark</b>		SEP 25 2015					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>19 Second Avenue</b>						
			City, State, Zip Code <b>Haddon Heights, NJ 08035</b>						
			Name of Contact <b>James and Susanne Clark</b>		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Resident</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>19 Second Avenue</b>									
City (5) <b>Haddon Heights, NJ 08035</b>			Square Feet <b>2712Sf</b>	# of Floors <b>3 Floors</b>	Bldg. Age <b>1943</b>				
County (6) <b>Camden</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Resident</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Management International</b>		ASCM No. <b>021-0016</b>	Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>						
Street Address <b>34 E. Germantown Pike #204</b>		Street Address <b>14 Read Drive</b>							
City, State, Zip Code <b>E. Norriton</b>		City, State, Zip Code <b>Sicklerville, NJ 08081</b>							
Project Manager for Monitoring Firm <b>Raymond Giordano</b>		Telephone No. <b>215-498-7538</b>	Telephone No. <b>856-318-1341</b>	License No. <b>01158</b>					
Start Date (10) <b>09 / 26 / 15</b>		Scheduled Completion Date (11) <b>10 / 10 / 15</b>		Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-11:30PM</b> / ____ PM- ____ AM			Street Address <b>14 Read Drive</b>						
			City, State, Zip Code <b>Sicklerville, NJ 08081</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) <b>TO BE ABATED</b> 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
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Floor Tile</b>	<b>800SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Graham-Tech Environmental Service, LLC</b>		NJDEP Waste Hauler ID No. <b>0034600</b>		Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W. North Landfill &amp; Tullytown</b>				
City, State <b>14 Read Drive Sicklerville, NJ 08081</b>				Disposal Date	City, State <b>1513 Brodowntown Rd. Morrisville, PA</b>				
Completed By (Print or Type) <b>Vernice Graham</b>		Title <b>President</b>		Signature 		Date <b>9-17-15</b>			



CK# 1515

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

Date of Notification (1) <b>09 / 15 / 15</b>		Name of Building Owner/Operator (2) <b>RIGGS HOLDINGS, LLC.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>32 N MAIN STREET</b>							
		City, State, Zip Code <b>MUCLICA HILL NJ 08062 HARRISON TOWNSHIP</b>							
		Name of Contact <b>DALE HOLDINGS</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Resident</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>32 N MAIN STREET MULICA HILL NJ 08062</b>									
City (5) <b>HARRISON TOWNSHIP, GLOUCESTER COUNTY</b>		Square Feet <b>1832Sf</b>	# of Floors <b>3 Floors</b>						
		Bldg. Age <b>1902</b>							
County (6) <b>GLOUCESTER COUNTY</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Resident</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hera Tech, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Graham-Tech Environmental Service, LLC.</b>						
Street Address <b>1879-1 Old Cuthbert Road</b>		Street Address <b>14 Read Drive</b>							
City, State, Zip Code <b>CHERRYHILL, NJ 08034</b>		City, State, Zip Code <b>Sicklerville, NJ 08081</b>							
Project Manager for Monitoring Firm <b>SUBASH RASHIA PH.D</b>	Telephone No. <b>856-429-5200</b>	Telephone No. <b>856-318-1341</b>	License No. <b>01158</b>						
Start Date (10) <b>09 / 24 / 15</b>	Scheduled Completion Date (11) <b>10 / 01 / 15</b>	Name of OSHA Monitor <b>Graham-Tech Environmental Services, LLC.</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7AM-11:30PM</b> / ____ PM- ____ AM		Street Address <b>14 Read Drive</b>							
		City, State, Zip Code <b>Sicklerville, NJ 08081</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>PIPE INSULATION</b>	<b>200LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Graham-Tech Environmental Service, LLC</b>		NJDEP Waste Hauler ID No. <b>0034600</b>	Cubic Yards of Waste	Name of Registered Landfill <b>G.R.O.W. North Landfill &amp; Tullytown</b>					
City, State <b>14 Read Drive Sicklerville, NJ 08081</b>		Disposal Date	City, State <b>1513 Brodentown Rd. Morrisville, PA</b>						
Completed By (Print or Type) <b>Vernice Graham</b>		Title <b>President</b>	Signature 				Date <b>9-15-15</b>		

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

Check # 8844

Date of Notification (1) <u>9/11/15</u>		Name of Building Owner/Operator (2) <u>EAST RIDGEWOOD AVE, LLC</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>PO BOX 667</u>		City, State, Zip Code <u>HACKENSACK, NJ 07602</u>							
Name of Contact <u>FRANK R.</u>		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>EAST GATE APARTMENTS</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>500+535 E. RIDGEWOOD AVE.</u>		Square Feet <u>14000</u> # of Floors <u>3</u> Bldg. Age <u>60</u>							
City (5) <u>RIDGEWOOD</u>		Current Use (Prior if being demolished) <u>APT'S</u>							
County (6) <u>Bergen</u>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>							
Street Address		Street Address <u>185 Vreeland Ave.</u>							
City, State, Zip Code		City, State, Zip Code <u>Midland Park, N.J.</u>							
Project Manager for Monitoring Firm		Telephone No. <u>201-262-5841</u>							
Start Date (10) <u>9/23/15</u>		Scheduled Completion Date (11) <u>11/23/15</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>Omega Environmental Services Inc.</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"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>THROUGHOUT ENTIRE GROUND FLOOR'S</u>			<u>X</u>	<u>PIPE</u>	<u>4390</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Newark Carting, Inc.</u>		NJDEP Waste Hauler ID No. <u>04509</u>		Cubic Yards of Waste <u>20</u>		Name of Registered Landfill <u>Grand Central Sanitary Landfill</u>			
City, State <u>Newark, N.J. 07105</u>		Disposal Date <u>9/23/15</u>		City, State <u>Pen Argyl, PA 08072</u>					
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>R. McDonald</u>		Date <u>9/22/15</u>			



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

Check # 8835

Date of Notification (1) <u>9/11/15</u>		Name of Building Owner/Operator (2) <u>EAST RIDGEWOOD AVE, LLC</u>		SEP 25 2015	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>PO BOX 667</u> City, State, Zip Code <u>HACKENSACK, NJ 07602</u> Name of Contact <u>FRANK R.</u> Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <u>EAST GATE APARTMENTS</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>535 E. RIDGEWOOD AVE.</u>				Square Feet <u>14000</u>	
City (5) <u>RIDGEWOOD</u>				# of Floors <u>3</u>	
County (6) <u>Bergen</u>				Bldg. Age <u>60</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>APT'S</u>			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) <u>A. Mac Contracting Inc.</u>	
Street Address				Street Address <u>185 Vreeland Ave.</u>	
City, State, Zip Code				City, State, Zip Code <u>Midland Park, N.J.</u>	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <u>201-262-5841</u>	
Start Date (10) <u>9/23/15</u>		Scheduled Completion Date (11) <u>10/23/15</u>		License No. <u>00156</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>Omega Environmental Services Inc.</u>	
				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 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 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		
<u>THROUGHOUT GROUND FLOOR</u>			<u>X</u>	<u>PIPE</u>	<u>9,900</u>
Name of Registered Waste Hauler <u>Newark Carting, Inc.</u>		NJDEP Waste Hauler ID No. <u>04509</u>		Cubic Yards of Waste <u>10</u>	
City, State <u>Newark, N.J. 07105</u>		Disposal Date <u>9/23/15</u>		Name of Registered Landfill <u>Grand Central Sanitary Landfill</u>	
Completed by <u>R. McDonald</u>		Title <u>President</u>		Signature <u>R. McDonald</u>	
				Date <u>9/11/15</u>	



CK 3884.

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:129)

SEP 25 2015

Date of Notification (1) <u>9-22-15</u>		Name of Building Owner/Operator (2) <u>PineLand Construction, LLC</u>	
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 # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>300 77th St</u>		City, State, Zip Code <u>Sea Isle City</u>	
Name of Contact <u>Frankie</u>		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) <u>Resident</u>			
Street Address <u>9110 PLEASURE AVE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, houses, etc.)	
City (5) <u>Sea Isle City</u>		Square Feet <u>2000</u>	
County (6) <u>Ocean</u>		# of Floors <u>2</u>	
County Code (7) (STATE USE ONLY)		Bldg. Age <u>70</u>	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (prior to being demolished) <u>Resident</u>	
Street Address		ASDVI No.	
City, State, Zip Code		Name of Abatement Contractor (9) <u>ANI JUE LLC</u>	
Project Manager for Monitoring Firm		Street Address <u>1212 Burlington Ave</u>	
Telephone No.		City, State, Zip Code <u>Delanco NJ 08025</u>	
Start Date (10) <u>Oct 1, 15</u>		Telephone No. <u>856-827-0971</u>	
Scheduled Completion Date (11) <u>Oct 5, 15</u>		License No. <u>01070</u>	
Company 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 <u>Self</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> 24 hr or 24 hr <input checked="" type="checkbox"/> 24 hr or 24 hr		Street Address	
<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Renovation		City, State, Zip Code	
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated (?) and Non-Fixable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>OUTSIDE</u>	Is Location Normally Used Safely by Maintenance/ Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or L)
		<u>(1 ACM) Siding</u>	<u>2400 SF</u>
Name of Registered Waste Handler <u>ANI JUE LLC</u>	Name of Waste Handler ID No. <u>00055625</u>	Cubic Yards of Waste	Name of Registered Landfill <u>WM of PA</u>
City, State <u>Delanco NJ</u>		Disposal Date	City, State <u>Tullytown PA</u>
Completed By <u>JH111</u>	Signature <u>VP</u>	Signature <u>JH</u>	Date <u>9-22-15</u>

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



CK 3875

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

RECEIVED


Date of Notification (1) <b>6-31-15</b>		Name of Building Owner/Operator (2) <b>Pineland Construction LLC</b>									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
Street Address <b>300 77th St</b>		City, State, Zip Code <b>Sea Isle City NJ 08257</b>									
Name of Contact <b>Frank</b>		Telephone Number <b>609-346-0916</b>									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) <b>Resident</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Single-story 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)									
Street Address <b>108 36th St</b>		Square Feet <b>3000</b>									
City (5) <b>Sea Isle City</b>		# of Floors <b>3</b>									
County (6) <b>Atlantic</b>		Age <b>30</b>									
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Resident</b>									
Name of Monitoring Firm Hired by Building Owner (8)		ASDM No.									
Street Address		Name of Abatement Contractor (9) <b>Ami Joe LLC</b>									
City, State, Zip Code		Street Address <b>1212 Burlington Ave</b>									
Project Manager for Monitoring Firm		City, State, Zip Code <b>Delanco NJ 08075</b>									
Telephone No.		Telephone No. <b>609-346-0916</b>									
Start Date (10) <b>7-10-15</b>		License No. <b>01070</b>									
Scheduled Completion Date (11) <b>7-30-15</b>		Name of OSHA Monitor <b>Self</b>									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address									
Scope of Work (Check all that apply) <input type="checkbox"/> 25 sf or 23 ft <input checked="" type="checkbox"/> 2500 sf or 2250 ft  <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure		City, State, Zip Code									
Location of Asbestos-Containing Material (ACM) (13) <b>TO BE ABATED IN FACILITY</b>		Is Location Normally Used Safely by Maintenance/ Custodial Staff? (12) <table border="1"><tr><td>Yes</td><td>No</td><td>N/A</td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/></td></tr></table>		Yes	No	N/A			<input checked="" type="checkbox"/>		
Yes	No	N/A									
		<input checked="" type="checkbox"/>									
<b>OUTSIDE</b>		<b>(ACM) Siding</b>									
Amount (Specify SF or LF) <b>4000 SF</b>		Abatement Type <table border="1"><tr><td>Enclosure</td><td>Encapsulate</td><td>Repair</td><td>Removal</td></tr><tr><td></td><td></td><td></td><td><input checked="" type="checkbox"/></td></tr></table>		Enclosure	Encapsulate	Repair	Removal				<input checked="" type="checkbox"/>
Enclosure	Encapsulate	Repair	Removal								
			<input checked="" type="checkbox"/>								
Name of Registered Waste Handler <b>Ami Joe LLC</b>		NJ DEP Waste Handler ID No. <b>35635</b>									
Cubic Yards of Waste <b>24</b>		Name of Registered Landfill <b>WHL of PA</b>									
City, State <b>Delanco NJ</b>		Disposal Date <b>10/17</b>									
City, State <b>Tollytown Pa</b>		Signature <b>JH</b>									
Completed By <b>J Hill</b>		Title <b>VP</b>									
Date <b>6-31-15</b>											

\* 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)

CK5104

Date of Notification (1) 9/21/15		Name of Building Owner/Operator (2) Carmello Aloisio Private Home							
Agencies Notified	Type Notification	Street Address 4 west Schuylkill Dr.							
<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 Little Egg Harbor NJ 08087							
		Name of Contact Carmello	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Carmello Aloisio 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 4 west Schuylkill Dr.		Square Feet 1000+	# of Floors 1						
City (5) Little Egg Harbor NJ 08087		Bldg. Age 35 +							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
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. 856-753-9800	License No. 00727						
Start Date (10) 9/22/15	Scheduled Completion Date (11) 9/24/15	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/24/15		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 9/21/15		



CK 3842

Print Form

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

Date of Notification (1) 09/04/15 09/21/15		Name of Building Owner/Operator (2) ADATH YISROEL							
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 checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 565 BROADWAY AVENUE		City, State, Zip Code PASSAIC, NJ 07055							
Name of Contact MR E GREENBERGER		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) ADATH YISROEL		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 565 BROADWAY AVENUE		City (5) PASSAIC, NJ							
County (6) PASSAIC COUNTY		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SYNAGOGUE/SCHOOL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078 License No. 1200						
Start Date (10) 09/06/15		Scheduled Completion Date (11) 09/28/15	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
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 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor		X		ASBESTOS TRASH	6 SF	X			
2nd Floor		X		ASBESTOS TRASH					X
1st Floor				TSI	6 lf	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 09/08/15	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 9/9/14			

MO#23037706754

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

Date of Notification (1) 09 / 22 / 15		Name of Building Owner/Operator (2) Nency Kover	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	Street Address 544 Prospect Street	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Nency Kover	
		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 544 Prospect Street		Square Feet	# of Floors
City (5) Maplewood, NJ 07040		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 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) 10 / 01 / 15	Scheduled Completion Date (11) 10 / 02 / 15	Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			

## Scope of Work (Check all that apply)

☒ >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	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<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 09/22/2015		

ASB-41

MAY 11

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



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PAGE 03/04

Check#2298

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 8:18)

Emergency Notification

Date of Notification (1)

09 / 21 / 15

Name of Building Owner/Operator (2)

89 Romaine LLC

Agencies Notified

☐ EPA☒ DOLWD☒ DHSS☐ DCA

(NJAC 8:23-8)

Type Notification

☒ Initial☐ Amended

Amendment #

☒ Emergency (including justification)☐ Cancellation

Street Address

89 Romaine Avenue

City, State, Zip Code

Jersey City, NJ 07306

Name of Contact

Cataldo Stofa

Telephone Number

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

89 Romaine Avenue

City (5)

Jersey City, NJ 07306

County (6)

Hudson

## FACILITY INFORMATION

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (6)

ASCM No.

Name of Abatement Contractor (8)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Telephone No.

973-638-1777

License No.

01127

Start Date (10)

09 / 22 / 15

Scheduled Completion Date (11)

09 / 23 / 15

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

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)

☒ > 3 sf or > 3 lf☐ > 180 sf or > 250 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)  
**TO BE ABATED**  
 IN Facility  
 (13)

 Is Location  
 Normally  
 Used Solely by  
 Maintenance/  
 Custodial Staff?  
 (12)

Yes No N/A

 Description of  
 Asbestos Containing Material (ACM)  
 (i.e., thermal systems insulation,  
 surfacing, VAT, or  
 other miscellaneous)
Amount  
(Specify  
SF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

Basement

☐ Yes ☐ No ☒ N/A

Pipe insulation

135 LF

☒ ☐ ☐ ☐

Name of Registered Waste Hauler

Gr Tech LLC

City, State

Wayne, NJ 07470

NJ DEP Waste Hauler ID No.

0033785

Cubic Yards of Waste

TBD

Name of Registered Landfill

T.R.R.F. Inc

City, State

Tullytown, PA

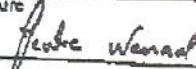
Completed By (Print or Type)

N. Jevtic

Title

Owner

Signature



Date

09/21/2015

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