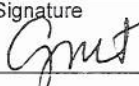


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/29/14		Name of Building Owner/Operator (2) P.S.E.G.		RECEIVED 2014 SEP 30 PM 5:03 ASBESTOS CONTROL & LICENSING					
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ. 07080		Name of Contact GEORGE VILARO					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G			Type of Facility (4)						
Street Address RT 1 & PIERSON 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) METUCHEN			Square Feet Appx 16000	# of Floors 3	Bldg. Age Appx 75 yrs.				
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) SWITCH STATION					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET			Street Address 396 WHITEHEAD AVE.						
City, State, Zip Code MATAWAN, NJ 07747			City, State, Zip Code SOUTH RIVER, NJ 08882						
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-292-2217	Telephone No. 732-432-8350	License No. 01111					
Start Date (10) 10/9/14		Scheduled Completion Date (11) 10/9/14		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA					
Occupancy Status During Abatement (Check Only One)			Street Address 396 WHITEHEAD AVE.						
<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: necessary operators only			City, State, Zip Code SOUTH RIVER, NJ 08882						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
CONTROL ROOM		X		TRANSITE PANEL	20 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 4	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature Carol Raimo		Date 9/29/14				

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

RECEIVED

Date of Notification (1) <div style="text-align: center;">9 / 26 / 14</div>		Name of Building Owner/Operator (2) Trenton Housing Authority Job#1409-4821 CK#6661							
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 875 New Willow Street City, State, Zip Code Trenton, NJ 08638 Name of Contact Michael Hall							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trenton Housing		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 110 Prospect St. Unit 84		Square Feet							
City (5) Trenton		# of Floors	Bldg. Age						
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Building							
Name of Monitoring Firm Hired by Building Owner (8) M.E.C.S.	ASCM No. 38135	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address Po Box 341		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm William Weisgarber	Telephone No. (609) 298-4070	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <div style="text-align: center;">10 / 6 / 14</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 7 / 14</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 108 Haddon Ave. City, State, Zip Code Westmont, NJ 08108							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Unit #84	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 10/7/14		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature 		Date 9/26/14			

OK 6597

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

RECEIVED

Date of Notification (1) 9 / 25 / 14		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1304-4626 Check # 597							
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 #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Trustees of Princeton University E.A. MacMillan Bldg City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Robert Ortego, P.E.	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 20 Washington Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 20 Washington Road, Princeton University Main Campus									
City (5) Princeton	Square Feet 1,000,000	# of Floors 5	Bldg. Age 85						
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University Library							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates	ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn	Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 3 / 24 / 14	Scheduled Completion Date (11) 12 / 31 / 14	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Room 227A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile & Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandon Exterior Steam Tunnell	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cut & Wrap	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	714 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Fl. Column C-D between 5&6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Double layer Floor tile & Mastic	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill						
City, State Lumberton, NJ	Disposal Date 12/31/14		City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature Gmt				Date 9/25/14			

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

1304-4626
Page 2 of 2

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Light Court TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heritage Glass TAR Shaft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe	20 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Perimeter Window Caulk	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Window Glazing	300 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"/>

CK 6791

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

B & G proj. #: 2014-171

RECEIVED
Check # 6791

Date of Notification (1) 10/9/12/16/11/14		Name of Building Owner/Operator (2) Berkeley College	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 44 Rifle Camp Road	
		City, State, Zip Code Woodland Park, NJ 07424	
		Name of Contact Mark Wegener	Telephone Number

2014 SEP 30 PM 4:59

ASBESTOS CONTROL
& LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Building # B1 (Sub chapter 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 44 Rifle Camp Road			Square Feet # of Floors Bldg. Age		
City (5) Woodland Park, NJ 07424	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision		ASCM No. 0079	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Road - Building 35E		Street Address 105 Ryerson Road			
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Willie Morales		Phone Number 973-636-9145	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/06/2014		Sched. Completion Date (11) 10/10/2014		Name of OSHA Monitor B & G Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: occupied		Street Address 105 Ryerson Road			
		City, State, Zip Code LincolnPark, NJ 07035			

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Lower level Offices			X	VAT, mastic & carpeting	975 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 12	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 10/06/2014 - 10/10/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 09/26/2014

OK 6805

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

B & G proj. #: 2014-122

RECEIVED
Check # 6805

2014 SEP 30 PM 4:59

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/9/12/16/11/14		Name of Building Owner/Operator (2) Bill Kaes	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 352 South Street	
		City, State, Zip Code New Providence, NJ 07974	
		Name of Contact Bill Kaes	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Bill Kaes			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 352 South Street			Square Feet # of Floors Bldg. Age		
City (5) New Providence, NJ	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/08/2014		Sched. Completion Date (11) 10/09/2014	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room			<input checked="" type="checkbox"/>	pipe insulation	56 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laundry room			<input checked="" type="checkbox"/>	pipe insulation	8 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bathroom			<input checked="" type="checkbox"/>	pipe insulation	4 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
closet			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room above drop ceiling			<input checked="" type="checkbox"/>	pipe insulation	12 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 10/09/2014	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 09/26/2014

Check # 8538

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

RECEIVED

Date of Notification (1) 9/27/14		Name of Building Owner/Operator (2) LAURA LOEW		2014 SEP 30 PM 4:57	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 430 BRAEBURN ROAD City, State, Zip Code Hohokus NJ 07432 Name of Contact LAURA Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MRS LOEW				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 430 BRAEBURN ROAD				Square Feet 1650	
City (5) Hohokus				# of Floors 2	
County (6) BERGEN				Bldg. Age 60	
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) RES	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 105 Lowell Road		City, State, Zip Code Glen Rock, N.J. 07452	
City, State, Zip Code		Telephone No. 201-262-5841		License No. 00156	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services Inc.	
Start Date (10) 10/5/14		Scheduled Completion Date (11) 10/10/14		Street Address 280 Huyler Street	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Hackensack, NJ 07606			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
BASMENT			X	VAT	630 SF
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 2	
City, State Riverdale, New Jersey 07457		Disposal Date 10/8/14		Name of Registered Landfill IESI PA Bethlehem Landfill Corp. City, State Bethlehem, PA 18015	
Completed by R. McDonald		Title President		Signature R. McDonald Date 9/27/14	

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

2014 SEP 30 PM 4:57

Date of Notification (1) 9/26/14		Name of Building Owner/Operator (2) JOHN JAKIMOWICZ							
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 120 WEST 28TH STREET		City, State, Zip Code BAYONNE, NJ 07002							
Name of Contact JOHN		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) APARTMENT		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 120 WEST 28TH ST.		Square Feet 8000	# of Floors 4						
City (5) BAYONNE		Bldg. Age 60							
County (6) HUNTSVILLE	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APTS							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address	Street Address 105 Lowell Road								
City, State, Zip Code	City, State, Zip Code Glen Rock, N.J. 07452								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 10/6/14	Scheduled Completion Date (11) 10/8/14	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
BASEMENT			X	TANK	280 SF	X			
BASEMENT			X	PIPE	140 LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 10/6/14 on		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature R. McDonald			Date 9/26/14			

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

RECEIVED Check # 8538

2014 SEP 30 PM 4:57

Date of Notification (1) 9/27/14		Name of Building Owner/Operator (2) J P MANAGEMENT							
Agencies Notified	Type Notification	Street Address 190 MAIN STREET, SUITE 201							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HACKENSACK NJ 07601							
		Name of Contact MARK PIETERNIKAI	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) APARTMENT BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1057 MADISON AVE.		Square Feet 6000	# of Floors 3						
City (5) ELIZABETH		Bldg. Age 60							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) APTS							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. Mac Contracting Inc.							
Street Address		Street Address 105 Lowell Road							
City, State, Zip Code		City, State, Zip Code Glen Rock, N.J. 07452							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 10/9/14	Scheduled Completion Date (11) 10/13/14	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyler Street							
		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room			X	Duct	75 LF			X	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457			Disposal Date 10/9/14	City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President	Signature R. McDonald			Date 9/27/14			

Check # 8538

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

RECEIVED

2014 SEP 30 PM 4:58

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 9/27/14		Name of Building Owner/Operator (2) J P MANAGEMENT							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	190 MAIN STREET, SUITE 201							
		City, State, Zip Code HACKENSACK NJ 07601							
		Name of Contact MARK PIETERNIKAJ	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) APARTMENT BUILDING		Type of Facility (4)							
Street Address 1048 MONROE 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) ELIZABETH		Square Feet 8000	# of Floors 3						
		Bldg. Age 60							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APTS							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		A. Mac Contracting Inc.							
City, State, Zip Code		Street Address 105 Lowell Road							
Project Manager for Monitoring Firm		City, State, Zip Code Glen Rock, N.J. 07452							
Telephone No.		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 10/9/14	Scheduled Completion Date (11) 10/13/14	Name of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street							
<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 Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BOILER ROOM			X	PIPE	25 LF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste 1	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.					
City, State Riverdale, New Jersey 07457		Disposal Date 10/9/14		City, State Bethlehem, PA 18015					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 9/27/14			

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

RECEIVED Check # 8538

2014 SEP 30 PM 4:58

Date of Notification (1) 9/27/14		Name of Building Owner/Operator (2) J P MANAGEMENT	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 190 MAIN STREET, SUITE 201		City, State, Zip Code HACKENSACK NJ 07601	
Name of Contact MARK PIETERNIKAJ		Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) APARTMENT BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 829 VINE STREET		Square Feet 8000	
City (5) ELIZABETH		# of Floors 3	
County (6) UNION		Bldg. Age 60	
County Code (7) UNION		Current Use (Prior if being demolished) APT'S	
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code _____		Street Address 105 Lowell Road	
Project Manager for Monitoring Firm _____		City, State, Zip Code Glen Rock, N.J. 07452	
Telephone No. _____		Telephone No. 201-262-5841	
License No. 00156		Start Date (10) 10/9/14	
Scheduled Completion Date (11) 10/13/14		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyler Street	
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room		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) PIPE		Amount (Specify SF or LF) 100 LF	
Abatement Type Removal Repair Encapsulate Enclosure X		_____	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	
City, State Riverdale, New Jersey 07457		Cubic Yards of Waste 1	
Disposal Date 10/9/14		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA 18015		Completed by R. McDonald	
Title President		Signature R. McDonald	
Date 9/27/14		_____	

Check # 8538

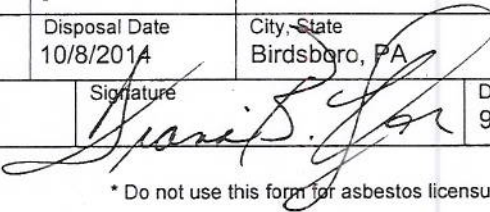
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 9/27/14		Name of Building Owner/Operator (2) J P MANAGEMENT		2014 SEP 30 PM 4:58	
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 190 MAIN STREET, SUITE 201	
		City, State, Zip Code HACKENSACK NJ 07601		ASBESTOS CONTROL & LICENSING	
		Name of Contact MARK PIETERNIKAJ		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) APARTMENT BUILDING			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 432 ROSE HILL PLACE			Square Feet 8000		# of Floors 3
City (5) ELIZABETH			Bldg. Age 60		
County (6) UNION			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ATT
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) A. Mac Contracting Inc.
Street Address			Street Address 105 Lowell Road		
City, State, Zip Code			City, State, Zip Code Glen Rock, N.J. 07452		
Project Manager for Monitoring Firm			Telephone No. 201-262-5841		License No. 00156
Start Date (10) 10/9/14		Scheduled Completion Date (11) 10/13/14		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 280 Huyler Street	
				City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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) (13) TO BE ABATED In Facility	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) 360 LF
	Yes	No	N/A		
BOILER ROOM			X	PIPE	X
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785		Cubic Yards of Waste 2	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.
City, State Riverdale, New Jersey 07457				Disposal Date 10/9/14	City, State Bethlehem, PA 18015
Completed by R. McDonald		Title President		Signature <i>R. McDonald</i>	Date 9/27/14

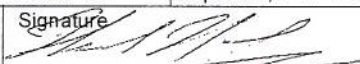
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) September 26, 2014		Name of Building Owner/Operator (2) United Way of Monmouth/Long-Term Recovery Group Check # 1510							
Agencies Notified	Type Notification	Street Address 1415 Wyckoff Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Farmingdale, NJ 07727							
		Name of Contact Bob DeCurtis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 172 Chelton Avenue		Square Feet 1,300	# of Floors 2						
City (5) Long Branch		Bldg. Age 100							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Residence							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 167		Street Address 623 Cutler Avenue							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312	License No. 00842						
Start Date (10) October 6, 2014	Scheduled Completion Date (11) October 8, 2014	Name of OSHA Monitor EMSL 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 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout		XXX		Pipe Insulation	75 LF	X			
Throughout		XXX		Plaster	150 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 22253	Cubic Yards of Waste 3	Name of Registered Landfill Western Berks Community Landfill					
City, State Freehold, NJ		Disposal Date 10/8/2014	City, State Birdsboro, PA						
Completed by Diana Lynch		Title Operations Manager	Signature 				Date 9/26/2014		

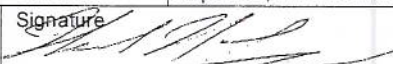
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1198

Date of Notification (1) September 26, 2014		Name of Building Owner/Operator (2) OCD/PRD/J&J							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	920/1001 Rt. 202 City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) OCD/PRD/J&J		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 920/1001 Rt. 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		Name of Abatement Contractor (9) The MACK Group, LLC.							
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	License No. 00781						
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15	Name of OSHA Monitor The MACK Group, 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 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input 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							
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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 			Date 9/26/14			

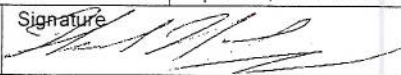
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1099

Date of Notification (1) May 08, 2014			Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson						
Agencies Notified		Type Notification	Street Address 920 / 1001 Route 202, PO Box 300						
<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 Raritan, NJ 08869						
			Name of Contact Project Manager		Telephone Number				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson			Type of Facility (4)						
Street Address 920 / 1001 Route 202			<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, NJ			Square Feet	# of Floors 3	Bldg. Age				
County (6) Somerset		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Facility						
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000	License No. 00781					
Start Date (10) 5/17/14		Scheduled Completion Date (11) 5/17/15		Name of OSHA Monitor The MACK Group, LLC.					
Occupancy Status During Abatement (Check Only One)			Street Address 1500 Kings HWY N, STE 209						
<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 Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 8.3	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President	Signature 		Date 5/8/14				

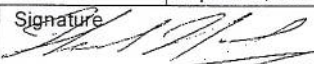
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1133

Date of Notification (1) June 06, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 920 / 1001 Route 202, PO Box 1600		City, State, Zip Code Raritan, NJ 08869							
Name of Contact Project Manager		Telephone Number ASBESTOS CONTROL & LICENSING							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		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 920 / 1001 Route 202		Square Feet	# of Floors 3						
City (5) Raritan, NJ		Bldg. Age							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.						
Street Address 12 Kilmer Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Hillsborough, NJ 08844-3830		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207	Telephone No. (973) 759 - 5000						
License No. 00781		Name of OSHA Monitor The MACK Group, LLC.							
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15	Street Address 1500 Kings HWY N, STE 209							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input 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									
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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bld 1003 1st Fl. Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fittings	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCD Tunnel #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCD Basement A Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	asbestos pipe	200 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill					
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President		Signature 			Date 6/6/14		

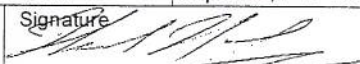
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

1089

Date of Notification (1) August 01, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> RECEIVED 2014 SEP 30 PM 3:00 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 920 / 1001 Route 202, PO Box 300							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson				Type of Facility (4)					
Street Address 920 / 1001 Route 202				<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, NJ				Square Feet	Bldg. Age				
County (6) Somerset				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Facility				
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) The MACK Group, LLC.					
Street Address 12 Kilmer Drive				Street Address 1500 Kings HWY N, STE 209					
City, State, Zip Code Hillsborough, NJ 08844-3830				City, State, Zip Code Cherry Hill, NJ 08034					
Project Manager for Monitoring Firm Edward J. Bulava		Telephone No. 908-874-6207		Telephone No. (973) 759 - 5000	License No. 00781				
Start Date (10) 5/17/14		Scheduled Completion Date (11) 5/17/15		Name of OSHA Monitor The MACK Group, LLC.					
Occupancy Status During Abatement (Check Only One)				Street Address 1500 Kings HWY N, STE 209					
<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 Cherry Hill, NJ 08034					
Scope of Work (Check All That Apply)									
<input checked="" 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 checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill				
City, State Freehold, NJ				Disposal Date 5/17/15	City, State Imperial, PA 15126				
Completed by Michael Cooper		Title President		Signature 	Date 8/1/14				

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

1100

Date of Notification (1) September 03, 2014		Name of Building Owner/Operator (2) Ortho Diagnostic / Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 920 / 1001 Route 202, PO Box 300							
<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 checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ortho Diagnostic / Johnson & Johnson		Type of Facility (4)							
Street Address 920 / 1001 Route 202		<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, NJ		Square Feet	# of Floors 3						
County (6) Somerset		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Facility							
Name of Monitoring Firm Hired by Building Owner (8) Bulava Environmental, Inc.		ASCM No.							
Street Address 12 Kilmer Drive		Name of Abatement Contractor (9) The MACK Group, LLC.							
City, State, Zip Code Hillsborough, NJ 08844-3830		Street Address 1500 Kings HWY N, STE 209							
Project Manager for Monitoring Firm Edward J. Bulava		City, State, Zip Code Cherry Hill, NJ 08034							
Telephone No. 908-874-6207		Telephone No. (973) 759 - 5000	License No. 00781						
Start Date (10) 5/17/14	Scheduled Completion Date (11) 5/17/15		Name of OSHA Monitor The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209							
<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 Cherry Hill, NJ 08034							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input 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									
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
Bld 1003 Mechanical Room	<input checked="" type="checkbox"/>			fittings & asbestos pipe	35 lf	<input checked="" type="checkbox"/>			
Bld 1003 1st Fl. Bathroom		<input checked="" type="checkbox"/>		fittings	26	<input checked="" type="checkbox"/>			
OCD Tunnel #1	<input checked="" type="checkbox"/>			fittings & asbestos pipe	773 lf	<input checked="" type="checkbox"/>			
OCD Basement A Building	<input checked="" type="checkbox"/>			asbestos pipe	200 lf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJ DEP Waste Hauler ID No. 22253		Cubic Yards of Waste 10.3	Name of Registered Landfill BFI Imperial Landfill				
City, State Freehold, NJ		Disposal Date 5/17/15		City, State Imperial, PA 15126					
Completed by Michael Cooper		Title President		Signature 		Date 9/3/14			

PK006380

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

D&S Proj. #: 2014-388

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2014 SEP 30 PM 2:51

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 10/19/12 15/14		Name of Building Owner/Operator (2) jim ribbe	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 40 coeyman avenue	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code nutley, nj 07109	
		Name of Contact jim ribbe	Telephone Number 9

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jim ribbe			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 40 coeyman avenue			Square Feet		
City (5) nutley			County (6) ESSEX	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 09/29/14		Sched. Completion Date (11) 10/04/15	Name of OSHA Monitor D & S Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf				<input checked="" type="checkbox"/> Renovation			
<input type="checkbox"/> ≥160 sf or ≥260 lf				<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)	Amount (Specify SF or LF)	H e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	61 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PK 000379

D&S Proj. #: 2014-387

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

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2014 SEP 30 PM 2:53

Date of Notification (1) 10/19/12 5/11/14		Name of Building Owner/Operator (2) CARLOS ZUNIGA	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 2728 SUMMIT TERRACE		City, State, Zip Code LINDEN, NJ 07036	
Name of Contact CARLOS ZUNIGA		Telephone Number	

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) CARLOS ZUNIGA			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2728 SUMMIT TERRACE			Square Feet		
City (5) LINDEN,			County (6) UNION		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
				License Number 01169	
Start Date (10) 10/01/14		Sched. Completion Date (11) 10/22/14		Name of OSHA Monitor D & S Restoration, 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: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

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 w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	48 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION	45 SQ FT	<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"/>		

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 YD		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/02/14		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 09/25/ 2014	

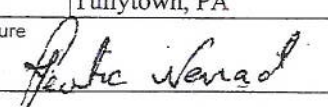
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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2014 SEP 30 PM 2:52

ASBESTOS CONTROL
& LICENSING

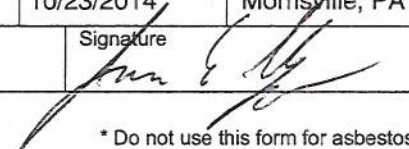
Date of Notification (1) 09 / 27 / 14		Name of Building Owner/Operator (2) Frank Steimle							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2200 Appleby Drive City, State, Zip Code Ocean, NJ 07712 Name of Contact Frank Steimle							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2200 Appleby Drive City (5) Ocean, NJ 07712 County (6) Monmouth		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) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 10 / 08 / 14		Scheduled Completion Date (11) 10 / 09 / 14							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		Street Address 20-21 Wagaraw Road, Bldg. # 34A City, State, Zip Code Fair Lawn, NJ 07410							
<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	200 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 		Date 09/27/2014			

ASB-41
MAY 11

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

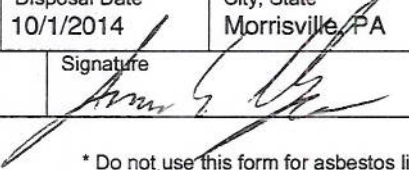
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 9/24/2014		Name of Building Owner/Operator (2) Vornado Realty Rust							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 210 Route 4 East		City, State, Zip Code Paramus, NJ 07652							
Name of Contact Mr. John Baytla		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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 904 Murray Road		Square Feet 100,000							
City (5) East Hanover		# of Floors 1							
County (6) Morris		Bldg. Age 44 yrs.							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Warehouse/Offices							
Name of Monitoring Firm Hired by Building Owner (8) Absolutely Clean Environment, Inc		ASCN No. N/A							
Street Address 53 Orleans Green		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
City, State, Zip Code Coram, NY 11727		Street Address 494 E. 41 Street							
Project Manager for Monitoring Firm Jeff Sheridan		City, State, Zip Code Paterson, NJ 07504							
Telephone No. 516-644-3253		Telephone No. 973-345-0022							
License No. 00507									
Start Date (10) October 7, 2014		Scheduled Completion Date (11) October 31, 2014							
Name of OSHA Monitor The same as above									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rest Rooms			X	VAT/Mastic	420 SF	X			
Offices, corridor & water meter rm.			X	VAT/Mastic	440 SF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602		Cubic Yards of Waste 10	Name of Registered Landfill North GROWS, Inc. - WM				
City, State Paterson, NJ 07504				Disposal Date 10/23/2014	City, State Morrisville, PA				
Completed by James Unger		Title Project Manager		Signature 		Date 9/24/2014			

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

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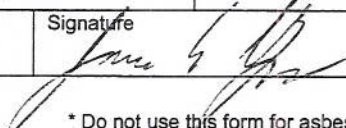
Date of Notification (1) 9/25/2014		Name of Building Owner/Operator (2) TESB Market St LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 10 W. 33rd St., Suite 220		City, State, Zip Code New York, NY							
Name of Contact Ralph Braha		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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 141 Market Street		Square Feet 154,000							
City (5) Newark		# of Floors 6							
County (6) Essex		Bldg. Age 60 +							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Store Front/ Offices							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A							
Street Address		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.							
City, State, Zip Code		Street Address 494 E. 41st Street							
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07504							
Telephone No.		Telephone No. 973-345-0022							
Start Date (10) September 27, 2014		License No. 00507							
Scheduled Completion Date (11) October 1, 2014		Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor		X		Pipe Insulation	90 LF	X			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. NJ 419		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S. North Inc.			
City, State Paterson, NJ 07504		Disposal Date 10/1/2014		City, State Morrisville, PA					
Completed by James E. Unger		Title Sr. Project Manager		Signature 		Date 9/25/2014			

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

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**ASBESTOS CONTROL
& LICENSING**

Date of Notification (1) 9/24/2014		Name of Building Owner/Operator (2) Vornado Realty Rust							
Agencies Notified	Type Notification	Street Address 210 Route 4 East							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Paramus, NJ 07652							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. John Baytla							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)							
Street Address 903 Murray Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) East Hanover		Square Feet 200,000	# of Floors 1 & Mezz.						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 44 yrs.						
Name of Monitoring Firm Hired by Building Owner (8) Absolutely Clean Environment, Inc		ASCM No. N/A	Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.						
Street Address 53 Orleans Green		Street Address 494 E. 41 Street							
City, State, Zip Code Coram, NY 11727		City, State, Zip Code Paterson, NJ 07504							
Project Manager for Monitoring Firm Jeff Sheridan		Telephone No. 516-644-3253	License No. 00507						
Start Date (10) October 4, 2014	Scheduled Completion Date (11) October 31, 2014		Name of OSHA Monitor The same as above						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure - tent procedure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Ground Floor Offices			X	VAT/Mastic	1,200 SF	x			
South Entry Foyer			X	VAT/Mastic	70 SF	x			
Mezzanine			X	VAT/Mastic	9,400 SF	x			
Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc.		NJDEP Waste Hauler ID No. 18602	Cubic Yards of Waste 80	Name of Registered Landfill North GROWS, Inc. - WM					
City, State Paterson, NJ 07504			Disposal Date 10/23/2014	City, State Morrisville, PA					
Completed by James Unger		Title Project Manager	Signature 			Date 9/24/2014			

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

Check # 10860

Date of Notification (1) 9/26/14		Name of Building Owner/Operator (2) Legow Management							
Agencies Notified	Type Notification	Street Address 160 South Livingston Ave.							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039							
		Name of Contact John	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Brandywyne East Apt. # 43 A		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 Brandywyne East Court		Square Feet 2500	# of Floors 1						
City (5) Brielle, NJ		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartment Unit							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corporation						
Street Address n/a		Street Address 22 Troy Lane							
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01193						
Start Date (10) 10/6/14	Scheduled Completion Date (11) 10/8/14	Name of OSHA Monitor Loznica Management Corporation							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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			VAT	280 SF	X			
Name of Registered Waste Hauler Loznica Managment Corporation		NJDEP Waste Hauler ID No. 33137	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lincoln Park, NJ 07035			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by E. Cirovic		Title Secretary	Signature E. Cirovic			Date 9/26/14			

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

Check # 9176

Date of Notification (1) September 26, 2014		Name of Building Owner / Operator (2) Arthur and Peggy Romweber	
Agencies Notified	Type Notification	Street Address 111 East Tennessee Avenue	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code Beach Haven, NJ 08008	
		Name of Contact Peggy Goyne / Prudential Zack	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 111 East Tennessee Avenue		Square Feet 1,760	# of Floors 2
City (5) Beach Haven		Bldg. Age 60 years	
County (6) Ocean		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) October 6, 2014	Scheduled Completion Date (11) November 5, 2014	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

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

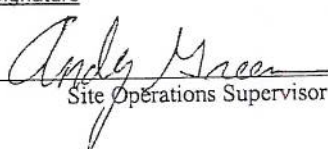
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Asbestos-containing siding	900 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 9	Name of Registered Landfill Grows Landfill
City, State Little Egg Harbor, NJ 08087	Disposal Date November 6, 2014	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date September 26, 2014

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

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

Date of Notification (1) 9/18/2014		Name of Building Owner/Operator (2) Sunoco Partners Marketing & Terminals, L.P.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled	
		Street Address US Route 130 & I-295	
		City, State, Zip Code Westville, NJ 08093-1000	
		Name of Contact Fawzi Belguet	Tel
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Unoccupied building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 508 Park Ave		Sq. Feet 900 # of Floors 2	
City (5) Westville	County (6) Gloucester	County Code (7) (State Use Only)	
		Bldg. Age N/A Current Use (prior if being demolished) Former Residence/Abandoned	
Name of Monitoring Firm Hired by Bldg. Owner (8) KA Industrial services, LLC.		ASCM No.	
Street Address 26 Colonial Ave		Street Address 800 Billingsport Rd	
City, State, Zip Woodbury NJ 08096		City, State, Zip Code Paulsboro, NJ 08066	
Project Manager for Monitoring Firm Scott Dechant		Telephone Number 856-224-4385	License Number 00857
Scheduled Start Date (10) 10/1/14		Scheduled Completion Date (11) 10/24/14	
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 - (X Other - Describe - Exterior abatement/renovations within restricted work area, no other contractors present Pre Demo		Name of OSHA Monitor Same	
		Street Address	
		City, State, Zip Code	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) (Estimated)
Siding	X	Non Friable Siding	~2,000SF
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 30 (estimated)
City, State South Harrison, NJ		Disp. Date Various	Name of Reg. Landfill Gloucester County Landfill
City, State South Harrison, NJ		City, State South Harrison, NJ	
Completed by (Print or Type) ANDREW GREEN		Title MANAGER - KAIS	Signature  Site Operations Supervisor
		Date 9/18/2014	

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ASBESTOS CONTROL & LICENSING

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

Telephone 609-984-6620

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9/18/00

MO#21901439845

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

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ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 09 / 26 / 14		Name of Building Owner/Operator (2) Carol Zigmont	
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 26 Pitt Street		City, State, Zip Code Bloomfield, NJ 07003	
Name of Contact Charles Holmes		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 26 Pitt Street		Square Feet	
City (5) Bloomfield, NJ 07003		# of Floors	
County (6) Essex		Bidg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	
Start Date (10) 10 / 06 / 14		License No. 01127	
Scheduled Completion Date (11) 10 / 07 / 14		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 34A	
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 checked="" 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) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
Pipe insulation		15 LF	
Boiler insulation		30 SF	
Abatement Type			
Removal			
Repair			
Encapsulate			
Enclosure			
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N. Jevtic		Name of Registered Landfill T.R.R.F. Inc	
Title Owner		Disposal Date TBD	
Signature <i>N. Jevtic</i>		City, State Tullytown, PA	
Date 09/26/2014			

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

Check # 0856

Date of Notification (1) 9/26/14		Name of Building Owner/Operator (2) Legow Management		2014 SEP 30 PM 2:47				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 160 South Livingston Ave. City, State, Zip Code Livingston, NJ 07039 Name of Contact John Telephone Number				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Brandywyne East Apt. # 80 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 Brandywyne East Court			Square Feet 2500		# of Floors 1			
City (5) Brielle, NJ			Bldg. Age 50+					
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Apartment Unit				
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corporation				
Street Address n/a		Street Address 22 Troy Lane						
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973-706-7950 License No. 01193				
Start Date (10) 10/7/14		Scheduled Completion Date (11) 10/9/14		Name of OSHA Monitor Loznica Management Corporation				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	Remove	Repair	Encapsulate
Throughout Apartment	x		VAT	370 SF	x			
Name of Registered Waste Hauler Loznica Management Corporation		NJDEP Waste Hauler ID No. 33137		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S. Landfill		
City, State Lincoln Park, NJ 07035		Disposal Date TBD		City, State Morrisville, PA 19067				
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 9/26/14		

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

check# 11221

GAC Project # 060-14

Date of Notification (1) September 26, 2014		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <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		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DOOLITTLE HALL, BLDG# 3572		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.) Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+ years	
Street Address BUSCH CAMPUS		Current Use (prior if being demolished): ACADEMIC OFFICES/LABS	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A Exterior Non Friable		ASCM No.	
Street Address		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 09/26/14		Scheduled Completion Date (11) 10/31/14	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Building Demolition Site - Exterior Trench Shift Hours: 3:00PM - 5:00AM (24hrs. as needed)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
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		Street Address 20-21 WARGARAW ROAD	
Location of Asbestos-Containing Material (ACM) in Facility (13) Exterior		City, State, Zip Code FAIRLAWN, NJ	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TRANSITE CONDUIT/PIPE	
Amount (Specify SF or LF) 200 LF		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 30 CY		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969		Disposal Date 10/31/14	
Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990		City, State 100 New Ford Mill Rd. Morrisville, Pa 19067	
Completed by (Print or Type) RAYMOND C. PEDALINO		Signature <i>Raymond C. Pedalino</i>	
Title SENIOR PROJECT MANAGER		Date September 26, 2014	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

CK 1329

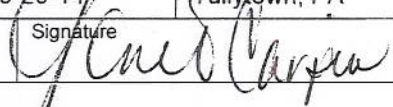
Print Form

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

RECEIVED

2014 SEP 30 PM 2:46

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 9-24-14		Name of Building Owner/Operator (2)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 309 Arlington ave		City, State, Zip Code Jersey City, NJ 07304							
Name of Contact Tammy Casey		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 309 Arlington ave		Square Feet							
City (5) Jersey City NJ 07304		# of Floors							
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Sky Enviromental Services		ASCM No.							
Street Address 140 Boulevard		Name of Abatement Contractor (9) DYV Enterprises LLC							
City, State, Zip Code Mountain Lakes NJ 07040		Street Address 254 Cumberland ave							
Project Manager for Monitoring Firm Leon Sheresvsky		City, State, Zip Code Paterson NJ 07502							
Telephone No. 973-588-4821		Telephone No. 973-942-6924							
License No. 00129									
Start Date (10) 10-08-14		Scheduled Completion Date (11) 10-15-14							
Name of OSHA Monitor									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT and Mastic	480 SF	X			
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 00341		Cubic Yards of Waste 5Cy		Name of Registered Landfill Waste Management			
City, State Paterson NJ		Disposal Date 10-20-14		City, State Tullytown, PA					
Completed by Yanet Carpio		Title Owner		Signature 		Date 9-24-14			

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 26, 2014		Name of Building Owner/Operator (2) Bacorp Building Group	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 1044 Lacey Road	
		City, State, Zip Code Forked River, NJ 08731	
		Name of Contact Alan	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 125 E. Susquehanna Drive		Square feet 700 sf	
City Little Egg Harbor	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1
			Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 9/29/14	Scheduled Completion Date (11) 10/1/14	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] 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			
	R E M O V A L	R E P A I R	E N C A P S U L E			E N C L O S U R E			
Exterior		X		Asbestos siding	1900 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 10/2/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>			Date 9/26/14		

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

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

Date of Notification: (1) September 26, 2014		Name of Building Owner/Operator (2) Bayside Marine Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 11 Birdsall Street	
		City, State, Zip Code Waretown, NJ 08758	
		Name of Contact Adam	Telephone Number 609-666-1111

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 39 Sands Point Road			Square feet 1000 sf		
City Waretown	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 9/29/14		Scheduled Completion Date (11) 10/1/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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 (sq ft)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	800 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 10/2/14	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature <i>Nicholas Fernicola</i>		Date 9/26/14

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

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

Date of Notification (1) September 26, 2014		Name of Building Owner/Operator (2) James Gabriel	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	19 N. Raleigh Road	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Brick, NJ 08723	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	Name of Contact	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	James Gabriel	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
19 N. Raleigh Road					
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet	# of Floors	Bldg. Age
Brick	Ocean		1500 sf	1	60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address			
		1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code			
		Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number		License Number
			732-349-9932		00624
Scheduled Start Date (10) 9/29/14		Scheduled Completion Date (11) 9/30/14	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			1056 Stelton Road		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			City, State, Zip Code		
<input type="checkbox"/> Other - Describe			Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)			<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		
<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		

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1100 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 10/1/14		City, State Tullytown, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature <i>Nicholas Fernicola</i>				Date 9/26/14	

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

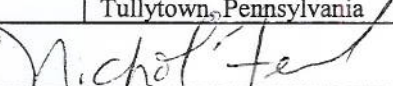
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 26, 2014		Name of Building Owner/Operator (2) Bouch Excavating	
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notification [] Initial Notification [] Amended Notification Amendment # _____ [x] Emergency (including justification) [] Cancellation	Street Address 24 Butler Blvd.	
		City, State, Zip Code Bayville, NJ 08721	
		Name of Contact Donald Bouch	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) [x] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 131 George Road			Square feet 1000 sf		
City Toms River			# of Floors 1		
County (6) Ocean			Bldg. Age 60		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number		License Number 00624	
Scheduled Start Date (10) 9/26/14		Scheduled Completion Date (11) 9/29/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
[] >3 sf or ≥3 lf		[] Renovation		[] Full Containment with Negative Pressure	
[x] ≥160 sf or ≥260 lf		[x] Demolition		[] Mini-Enclosure	
				[] Glovebag Procedure	
				[x] Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	900 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/30/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/26/14

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

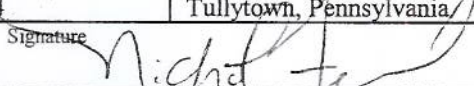
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 26, 2014		Name of Building Owner/Operator (2) Miller Homes	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 112 Giffordtown Lane	
		City, State, Zip Code Tuckerton, NJ 08087	
		Name of Contact Jim Miller	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 208 W. Bayview Drive					
City Toms River Twp.	County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 1000 sf	# of Floors 1	Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 9/26/14		Scheduled Completion Date (11) 9/29/14		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	750 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/30/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/26/14

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

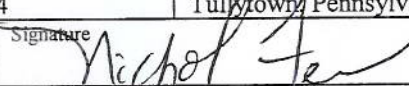
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) September 26, 2014		Name of Building Owner/Operator (2) Cut & Fill	
Agencies Notified	Type of Notification	Street Address 1900 Baltimore Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Whiting, NJ 08759	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	Amendment # _____	Name of Contact Pete Ploumitsakos	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Telephone Number 201 526 5292	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)		
Street Address 24 E. Spray Way			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City Lavallette			Other (i.e., private & commercial buildings, homes, etc.)		
			<input checked="" type="checkbox"/>		
County (6) Ocean	County Code (7) (STATE USE ONLY)	Square feet 600 sf	# of Floors 1	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624		
Scheduled Start Date (10) 9/26/14	Scheduled Completion Date (11) 9/29/14	Name of OSHA Monitor E.M.S.L. Analytical			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____		Street Address 1056 Stelton Road			
		City, State, Zip Code Piscataway, New Jersey 08854			
		<input type="checkbox"/> Full Containment with Negative Pressure			
		<input type="checkbox"/> Mini-Enclosure			
Scope of Work (Check all that apply)		<input type="checkbox"/> Glovebag Procedure			
<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 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)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	550 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/30/14	City, State Tulkingtown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 9/26/14

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

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

Date of Notification (1) September 26, 2014		Name of Building Owner/Operator (2) T & H Homes	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 70 East Water Street Unit 5B	
		City, State, Zip Code Toms River, New Jersey 08753	
		Name of Contact Bill Hoermann	Telephone Number ...

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 607 Riverside Drive			Square feet 500 sf		
City Toms River	County (6) Ocean	County Code (7) (STATE USE ONLY)	# of Floors 1	Bldg. Age 60	
Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm	Telephone Number		Telephone Number 732-349-9932	License Number 00624	
Scheduled Start Date (10) 9/26/14	Scheduled Completion Date (11) 9/29/14		Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure		
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure		
			<input type="checkbox"/> Glovebag Procedure		
			<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	R	R	E			E				
	E	P	N	N						
	M	A	C	C						
	O	I	A	L						
	V	R	P	O						
	A		S	S						
	L		U	U						
			L	R						
Exterior			X		Asbestos siding	200 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 9/30/14	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>Nicholas Fernicola</i>	Date 9/26/2014

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