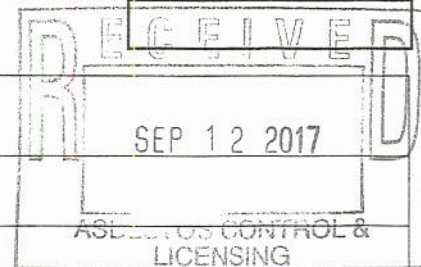


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

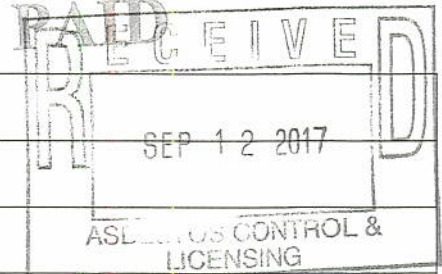
PAID



Check#2868

Date of Notification (1) 09 / 06 / 17		Name of Building Owner/Operator (2) John Winzinger							
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 [REDACTED]		City, State, Zip Code Bordentown, NJ 08505							
Name of Contact John Winzinger		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Bordentown, NJ 08505		Square Feet	# of Floors Bldg. Age						
County (6) Burlington	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.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 09 / 15 / 17	Scheduled Completion Date (11) 09 / 16 / 17	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input 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) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	170 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>			Date 09/06/17		

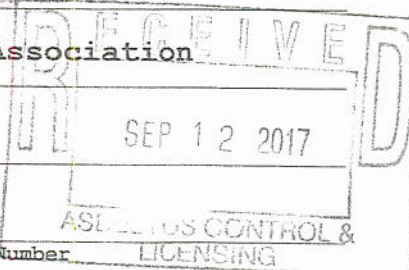
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
PAL JOB#17-1523



Date of Notification (1) 09/05/2017		Name of Building Owner/Operator (2) CBRE, Inc. S&P Global							
Agencies Notified	Type Notification	Street Address 148 Princeton-Hightstown Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Windsor, NJ 08520							
		Name of Contact Francisco Linton							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 148 Princeton-Hightstown 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 Windsor, NJ 08520		Square Feet 10,000	# of Floors 3						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Ambient Group, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 470 Seventh Avenue		Street Address 11-02 Queens Plaza South							
City, State, Zip Code New York, NY 10018		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm William Loch		Telephone No. 212-944-4615	License No. 28675						
Start Date (10) 09/18/2017	Scheduled Completion Date (11) 12/18/2017	Name of OSHA Monitor Martin McRea							
Occupancy Status During Abatement (Check Only One)		Street Address 714 Kennedy Blvd.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Bayonne, NJ 07002							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input checked="" type="checkbox"/>	X		Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 30 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 09/20/2017	City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin	Signature			Date 09/05/2017			

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

PAID



Date of Notification (1) 8/31/2017		Name of Building Owner/Operator (2) Park Professional Condominium Association	
Agencies Notified	Type Notification	Street Address 1024 Park Avenue	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	City, State, Zip Code Plainfield, NJ, 07060	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification	Name of Contact V. Collucci	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Park Professional Condominium Association			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 1024 Park Avenue Suite 1			Square Feet # of Floors Bldg. Age		
City (5) Plainfield	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 09 01 2017 Month Day Year		Sched. Completion Date (11) 09 09 2017 Month Day Year		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

☒ Renovation
☐ Demolition

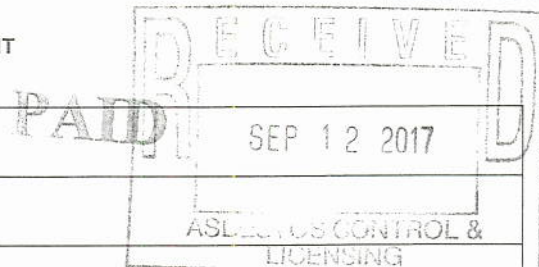
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove-bag Procedure
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
Basement			X	VAT	700 SF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 4.5	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 09/11/17	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 8/31/2017		

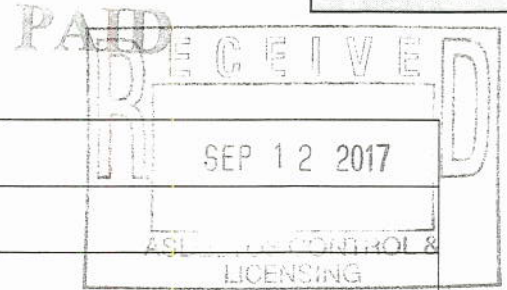
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK # 3057



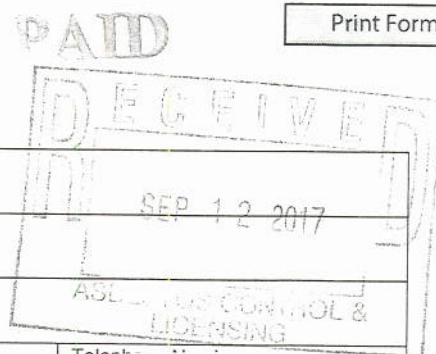
Date of Notification (1) 9/5/2017 Check#3057		Name of Building Owner/Operator (2) St Leo School							
Agencies Notified	Type Notification	Street Address 300 Market Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elmwood Park, NJ 07407							
		Name of Contact Glen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Leo School basement		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 300 Market Street		Square Feet 20,000	# of Floors 2						
City (5) Elmwood Park		Bldg. Age 50+							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 9/16/2017	Scheduled Completion Date (11) 9/18/17	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							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	x			Pipe Insulation	6 LF	x			
				Valves	3	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc					
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager	Signature 			Date 9/5/2017			

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



Date of Notification (1) 09/02/2017		Name of Building Owner/Operator (2) Sisters of St. Joseph of Peace							
Agencies Notified	Type Notification	Street Address 399 Hudson Terrace							
<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 # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood Cliffs, NJ 07632							
		Name of Contact Pat Conte							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 399 Hudson Terrace		Square Feet N/A	# of Floors N/A						
City (5) Englewood Cliffs		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Chrch							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 09/06/2017	Scheduled Completion Date (11) 10/20/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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 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
2nd floor		X		Pipe Insulation	450 LF	X			
3rd floor		X		Pipe Insulation	400 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totow, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager	Signature 	Date 09/02/2017					

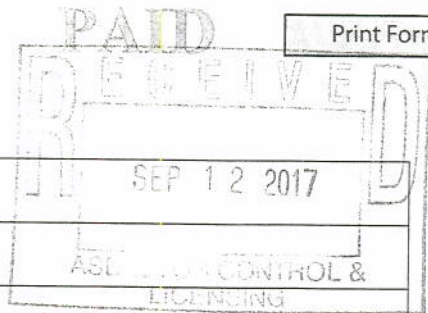
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/5/17		Name of Building Owner/Operator (2) MULBERRY MANAGEMENT							
Agencies Notified	Type Notification	Street Address 170 OBERLIN AVE, SUITE # 6							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LAKEWOOD, NJ 08701							
		Name of Contact ZACK							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) MOUNT HOLLY		Current Use (Prior if being demolished)							
County (6) BURLINGTON		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 9/15/17	Scheduled Completion Date (11) 9/19/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
INTERIOR- Kitchen				Flooring	150SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 9/19/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			


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

OK# 05889

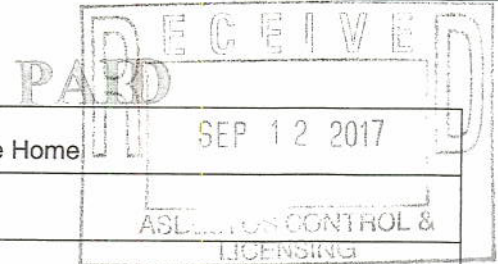


Date of Notification (1) 9/5/17		Name of Building Owner/Operator (2) ATLANTIC MANAGEMENT							
Agencies Notified	Type Notification	Street Address 1271 PATERSON PLANK RD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 SECAUCUS, NJ 07094							
		Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 [REDACTED]		Square Feet _____ # of Floors _____ Bldg. Age _____							
City (5) JERSEY CITY		Current Use (Prior if being demolished) _____							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address _____		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. 732-668-9078 License No. 1200						
Start Date (10) 9/15/17	Scheduled Completion Date (11) 9/18/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Pipe Insulation	200LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 9/18/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature _____			Date _____		

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

Date of Notification (1) 9/6/17		Name of Building Owner/Operator (2) Chris Sicher Private Home		<div style="border: 1px solid black; padding: 5px; text-align: center;"> PAID RECEIVED SEP 12 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Egg Harbor NJ 08087		Name of Contact Chris					
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Chris Sicher Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 1000+					
City (5) Little Egg Harbor NJ 08087				# of Floors 1					
County (6) Ocean				Bldg. Age 35+					
County Code (7) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800					
Start Date (10) 9/15/17		Scheduled Completion Date (11) 9/22/17		License No. 00727					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Name of OSHA Monitor Same					
				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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) 1200 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 9/22/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 9/6/17			

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

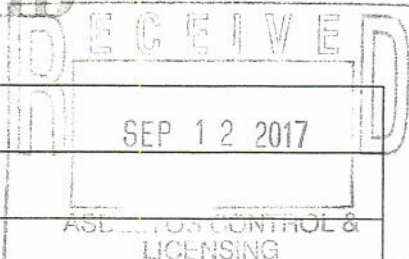


OK # 6333

Date of Notification (1) 9/6/17		Name of Building Owner/Operator (2) Richard & Elizabeth Bosc Private Home		Street Address [REDACTED]	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Long Beach Twp NJ 08008	
		Name of Contact Richard		Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Richard & Elizabeth Bosc Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet 1000+	
City (5) Long Beach Twp NJ 08008				# of Floors 2	
County (6) Ocean				Bldg. Age 35+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address _____		Street Address PO Box 329			
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091			
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. 856-753-9800	
Start Date (10) 9/18/17		Scheduled Completion Date (11) 9/22/17		License No. 00727	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Name of OSHA Monitor Same	
				Street Address _____	
				City, State, Zip Code _____	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
exterior siding			x	exterior siding	1300 SF
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	
City, State Elm NJ		Disposal Date 9/22/27		Name of Registered Landfill G.R.O.W.S.	
City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 	
				Date 9/6/17	

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

PAID



CK #6334

Date of Notification (1) 9/6/17		Name of Building Owner/Operator (2) Jerry Kolton Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Lanoka Harbor NJ 08734							
		Name of Contact Jerry							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jerry Kolton Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Lanoka Harbor NJ 08734		Square Feet 1000+	# of Floors 1						
		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/20/17	Scheduled Completion Date (11) 9/26/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	1300 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/26/27		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 9/6/17			

CK 4 4306

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

Date of Notification (1) <u>9-1-17</u>		Name of Building Owner/Operator (2) <u>MEW & MACHINES</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>225 FREMONT AVE</u>							
		City, State, Zip Code <u>WOODBINE N.J. 08270</u>							
		Name of Contact <u>LIZIA</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>2</u>						
City (5) <u>SEA ISLE CITY</u>		Bldg. Age <u>50+</u>							
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEWCO INC</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>9-18-17</u>	Scheduled Completion Date (11) <u>9-25-17</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1500 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.D.A</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>						
Completed By <u>MICHAEL KLEWCO</u>	Title <u>Sup.</u>	Signature <u>[Signature]</u>	Date <u>9-1-17</u>						

CK# 4306

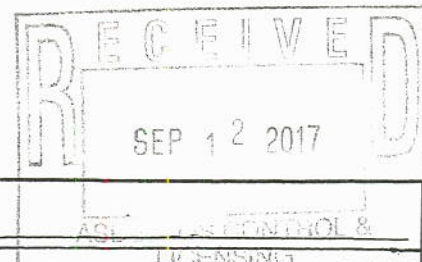
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
SEP 12 2017

Date of Notification (1) 9-1-17		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 RT 50							
		City, State, Zip Code GREENFIELD N.J. 08230							
		Name of Contact BRUCE	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 [REDACTED]									
City (5) OCEAN CITY		Square Feet 2000	# of Floors 2						
		Bldg. Age 50+							
County (6) CAPE MAY	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMCO INC							
Street Address _____		Street Address 369 S SPRUCE AVE							
City, State, Zip Code _____		City, State, Zip Code MAPLE SHADE N.J. 08052							
Project Manager for Monitoring Firm _____		Telephone No. 856-779-0472	License No. 00444						
Start Date (10) 9-12-17	Scheduled Completion Date (11) 9-19-17	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
		City, State, Zip Code _____							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 3500 SF	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste _____	Name of Registered Landfill C.M.C.M.U.A					
City, State MAPLE SHADE N.J.		Disposal Date _____		City, State WOODBINE					
Completed By MICHAEL KLOMM		Title SUP.	Signature <i>[Signature]</i>			Date 9-1-17			

CK 4306

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

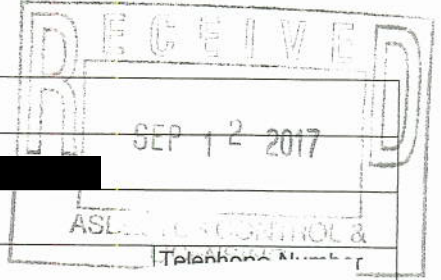


Date of Notification (1) <u>9-1-17</u>		Name of Building Owner/Operator (2) <u>BOB MOOSE</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 322</u>							
		City, State, Zip Code <u>BRIGANTINE N.J 08203</u>							
		Name of Contact <u>BOB</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>BRIGANTINE</u>	Square Feet <u>1000</u>	# of Floors <u>2</u>	Bldg. Age <u>50+</u>						
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>400444</u>						
Start Date (10) <u>9-11-17</u>	Scheduled Completion Date (11) <u>9-18-17</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1500 SF</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>		<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>ACUA</u>					
City, State <u>MAPLE SHADE N.J</u>				Disposal Date	City, State <u>PLEASANTVILLE</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>PRES</u>	Signature <u>MICHAEL KLEMM</u>			Date <u>9-1-17</u>				

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

PAID

CR# 2731



Date of Notification (1) 09-01-2017		Name of Building Owner / Operator (2) Estate of Mary Lou Lunin	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended(Start Date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address [REDACTED]		
	City, State & Zip Code Westfield, NJ 07090		
		Name of Contact Jeff Lunin	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Basement			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 [REDACTED]			Square Feet 2,200		
City (5) Westfield, NJ 07090		County (6) Union	County Code (7)	# of Floors 2	Bldg. Age 107
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services			ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address P.O. Box 365			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 9-18-2017		Scheduled Completion Date (11) 9-25-2017		Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:30am – 6:00pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

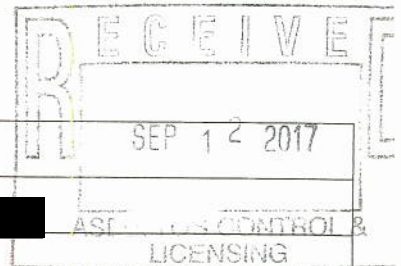
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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	Encapsulat	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 09-01-2017

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



Date of Notification (1) 08-30-2017		Name of Building Owner / Operator (2) Estate of Mary Lou Lunin	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State & Zip Code Westfield, NJ 07090	
Name of Contact Jeff Lunin			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Basement		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 [REDACTED]		Square Feet 2,200	
City (5) Westfield, NJ 07090	County (6) Union	County Code (7)	# of Floors 2
		Bldg. Age 107	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	
Street Address P.O. Box 365		Name of Abatement Contractor (9) Resource Management Group, LLC	
City, State & Zip Code Berlin, NJ 08009		Street Address 2115 Hamilton Ave, Suite 202	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 9-12-2017	Scheduled Completion Date (11) 9-20-2017	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:30am – 6:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glove Bag Procedures	
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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	Encapsulat	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 08-30-2017

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

Name of Building Owner/Operator (2)
THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY
Street Address
CASTLE POINT ON HUDSON
City, State, Zip Code
HOBOKEN, NEW JERSEY 07030
Name of Contact
DAVID FERNANDEZ
Telephone Number



Date of Notification (1)
7 / 7 / 17

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA
Type Notification
☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Facility Where Abatement is Taking Place (3)
STEVENS INSTITUTE OF TECHNOLOGY - LIEB BUILDING

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
11,249
of Floors
3
Bldg. Age
100

Street Address
531 HUDSON STREET

City (5)
HOBOKEN

County (6)
HUDSON

County Code (7)
(STATE USE ONLY)

ASCM No.
99

Current Use (Prior if being demolished) Pharm. Lab.
COLLEGE/UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)
LANGAN ENGINEERING

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
300 KIMBALL DRIVE
City, State, Zip Code

Street Address
313 SPOOK ROCK ROAD
City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500
License Number
1101

Project Manager for Monitoring Firm
VIJAY PATEL

Telephone Number
201-398-4544

Expected State Date (10)
7 / 24 / 17
Month Day Year

Sched. Completion Date (11)
7 / 15 / 18
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTL

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9

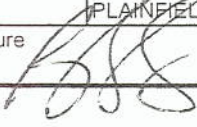
City, State, Zip Code
WAPPINGERS FALLS, NY 12590

☒ Full Containment with Negative Pressure
☐ Mini-Encl.
☒ Glovebag Procedure
☒ Non-Friable Procedure
☐ Wrap and Cut

Scope of Work (Check all that apply)
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR ROOM 120 & 122 HALL			X	PIPE INSULATION	45 LF	X			
1ST FLOOR ROOM 103, 122, 120			X	PIPE FITTINGS	50 LF	X			
1 ST FL ACTIVE SENSING LAB & HALL			X	VAT	730 SF	X			
1ST FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
1ST FLOOR ROOM 122			X	CHALK BOARD GLUE	60 SF	X			
1ST FLOOR THROUGHOUT CC C			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
3RD FLOOR THROUGHOUT			X	VAT	4,800 SF	X			
3RD FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	250 LF	X			
3RD FLOOR BATHROOMS			X	MIRROR GLUE	20 LF	X			
EXTERIOR - 1ST FLOOR			X	WINDOW CAULK	50 SF	X			
EXTERIOR - 2ND FLOOR			X	WINDOW CAULK	57 SF	X			
EXTERIOR -3RD FLOOR			X	WINDOW CAULK	57 SF	X			

EXTERIOR ROOF		<input type="checkbox"/>	<input checked="" type="checkbox"/>	BUILT UP ROOFING	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
NEWARK CARTING		913		160	GRAND CENTRAL SANITARY LANDFILL				
369 RAYMOND BLVD									
City, State				Disposal Date	City, State				
NEWARK, NEW JERSEY 07105				7/24/17-7/15/18	PLAINFIELD TOWNSHIP PA				
Completed by (Print or Type)		Title		Signature			Date		
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS					7/7/17		

NO CK

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

Date of Notification (1)

7 / 21 / 17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #1
☐ Cancellation
☒ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY

Street Address

CASTLE POINT ON HUDSON

City, State, Zip Code

HOBOKEN, NEW JERSEY 07030

Name of Contact

DAVID FERNANDEZ

Telephone Number

201-398-4544

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

STEVENS INSTITUTE OF TECHNOLOGY - LIEB BUILDING

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet

11,249

of Floors

3

Bldg. Age

100

Street Address

531 HUDSON STREET

City (5)

HOBOKEN

County (6)

HUDSON

County Code (7)
(STATE USE ONLY)ASCM No.
99Name of Monitoring Firm Hired by Building Owner (8)
LANGAN ENGINEERING

Street Address

300 KIMBALL DRIVE

City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Project Manager for Monitoring Firm

VIJAY PATEL

Telephone Number
201-398-4544

Expected State Date (10)

7 / 24 / 17
Month Day Year

Sched. Completion Date (11)

7 / 15 / 18
Month Day YearCurrent Use (Prior if being demolished) Pharm. Lab.
COLLEGE/UNIVERSITY

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor
QUALITY ENVIRONMENTLStreet Address
1376 ROUTE 9City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

☒ Full Containment with Negative Pressure
☐ Mini-Encl.
☒ Glovebag Procedure
☒ Non-Friable Procedure
☐ Wrap and Cut

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR ROOM 120 & 122 HALL			X	PIPE INSULATION	45 LF	X			
1ST FLOOR ROOM 103, 122, 120			X	PIPE FITTINGS	50 LF	X			
1 ST FL ACTIVE SENSING LAB & HALL			X	VAT	730 SF	X			
1ST FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
1ST FLOOR ROOM 122			X	CHALK BOARD GLUE	60 SF	X			
1ST FLOOR THROUGHOUT CCC			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
3RD FLOOR THROUGHOUT			X	VAT	4,800 SF	X			
3RD FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	250 LF	X			
3RD FLOOR BATHROOMS			X	MIRROR GLUE	20 LF	X			
EXTERIOR - 1ST FLOOR			X	WINDOW CAULK	50 SF	X			
EXTERIOR - 2ND FLOOR			X	WINDOW CAULK	57 SF	X			
EXTERIOR -3RD FLOOR			X	WINDOW CAULK	57 SF	X			

EXTERIOR ROOF		<input checked="" type="checkbox"/>	BUILT UP ROOFING	6,000 SF	<input checked="" type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 160	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Disposal Date 7/24/17-7/15/18	Signature <i>[Signature]</i>	Date 7/2/17





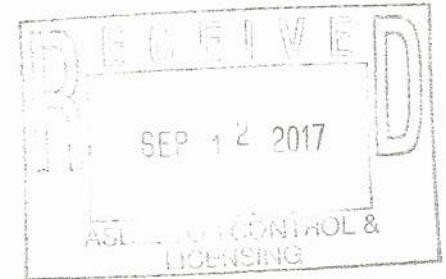
Date of Notification (1) 8 / 21 /17		Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address CASTLE POINT ON HUDSON City, State, Zip Code HOBOKEN, NEW JERSEY 07030	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact DAVID FERNANDEZ Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY - LIEB 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 (ie. private & commcl. bldgs., homes, etc.)		
Street Address 531 HUDSON STREET			Square Feet 11,249	# of Floors 3	Bldg. Age 100
City (5) HOBOKEN	County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COLLEGE/UNIVERSITY		
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING			ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 300 KIMBALL DRIVE			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm VIJAY PATEL			Telephone Number 201-398-4544	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 8 / 22 /17 Month Day Year		Sched. Completion Date (11) 7 / 15 /18 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM			Street Address 1376 ROUTE 9		
			City, State, Zip Code WAPPINGERS FALLS, NY 12590		
Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure <input type="checkbox"/> Wrap and Cut	

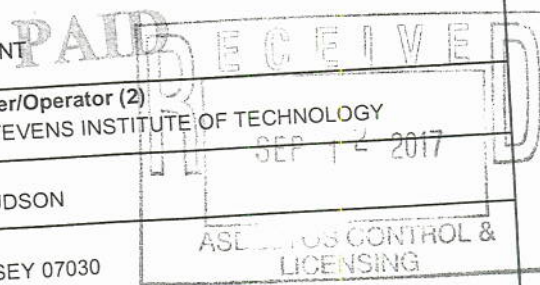
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR ROOM 120 & 122 HALL			X	PIPE INSULATION	45 LF	X			
1ST FLOOR ROOM 103, 122, 120			X	PIPE FITTINGS	50 LF	X			
1 ST FL ACTIVE SENSING LAB & HALL			X	VAT	730 SF	X			
1ST FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
1ST FLOOR ROOM 122			X	CHALK BOARD GLUE	60 SF	X			
1ST FLOOR THROUGHOUT CCC			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
3RD FLOOR THROUGHOUT			X	VAT	4,800 SF	X			
3RD FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	250 LF	X			
3RD FLOOR BATHROOMS			X	MIRROR GLUE	20 LF	X			
EXTERIOR - 1ST FLOOR			X	WINDOW CAULK	50 SF	X			
EXTERIOR - 2ND FLOOR			X	WINDOW CAULK	57 SF	X			
EXTERIOR -3RD FLOOR			X	WINDOW CAULK	57 SF	X			

EXTERIOR ROOF		<input type="checkbox"/>	<input checked="" type="checkbox"/>	BUILT UP ROOFING	6,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 160	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY 07105		Disposal Date 7/24/17-7/15/18		City, State PLAINFIELD TOWNSHIP PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature <i>[Signature]</i>		Date 8/21/17			



OK # 31246

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



Date of Notification (1)
9 / 5 /17

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 type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification #3
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY

Street Address
CASTLE POINT ON HUDSON

City, State, Zip Code
HOBOKEN, NEW JERSEY 07030

Name of Contact
DAVID FERNANDEZ

Name of Facility Where Abatement is Taking Place (3)
STEVENS INSTITUTE OF TECHNOLOGY - LIEB 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 (ie. private & commcl. bldgs., homes, etc.)

Street Address
531 HUDSON STREET

City (5)
HOBOKEN

County (6)
HUDSON

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
LANGAN ENGINEERING

Street Address
300 KIMBALL DRIVE

City, State, Zip Code
PARSIPPANY, NEW JERSEY 07054

Square Feet
11,249

of Floors
3

Bldg. Age
100

Current Use (Prior if being demolished) Pharm. Lab.
COLLEGE/UNIVERSITY

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Project Manager for Monitoring Firm
VIJAY PATEL

Expected State Date (10)
8 / 22 /17

Sched. Completion Date (11)
7 / 15 /18

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/>	Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Scope of Work (Check all that apply)

<input type="checkbox"/>	Demolition
<input type="checkbox"/>	>3SF OR LF
<input checked="" type="checkbox"/>	>160 SF OR 260 LF

☒ Renovation

☒ Full Containment with Negative Pressure

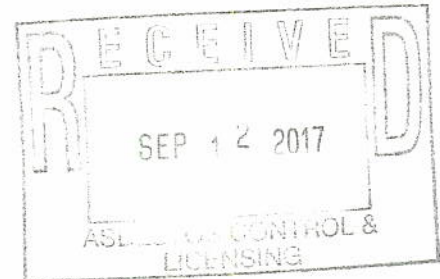
☐ Mini-Encl. ☐ Wrap and Cut

☒ Glovebag Procedure

☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR ROOM 120 & 122 HALL			X	PIPE INSULATION	45 LF	X			
1ST FLOOR ROOM 103, 122, 120			X	PIPE FITTINGS	50 LF	X			
1 ST FL ACTIVE SENSING LAB & HALL			X	VAT	730 SF	X			
1ST FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
1ST FLOOR ROOM 122			X	CHALK BOARD GLUE	60 SF	X			
1ST FLOOR THROUGHOUT CC C			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	550 LF	X			
2ND FLOOR BATHROOMS			X	MIRROR GLUE	20 SF	X			
3RD FLOOR THROUGHOUT			X	VAT	4,800 SF	X			
3RD FLOOR THROUGHOUT CONCEALED			X	PIPE INSULATION/ FITTINGS	250 LF	X			
3RD FLOOR BATHROOMS			X	MIRROR GLUE	20 LF	X			
EXTERIOR - 1ST FLOOR			X	WINDOW CAULK	50 SF	X			
EXTERIOR - 2ND FLOOR			X	WINDOW CAULK	57 SF	X			
EXTERIOR -3RD FLOOR			X	WINDOW CAULK	57 SF	X			

EXTERIOR ROOF		X	BUILT UP ROOFING	6,000 SF	X			
1st FLOOR -ENTIRE		X	VAT	2,600 SF	x			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY 07105	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 200	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL					
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Disposal Date 7/24/17-7/15/18	City, State PLAINFIELD TOWNSHIP PA	Date 9/5/17				
		Signature <i>BSS</i>						





CR# 3234

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

RECEIVED

SEP 12 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/5/17		Name of Building Owner/Operator (2) Grote Residence	
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 [REDACTED]	
		City, State, Zip Code Ocean Grove, New Jersey	
		Name of Contact Paul	
		[REDACTED]	

Name of Facility Where Abatement is Taking Place (3) Grote 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 [REDACTED]		Square Feet 1800	
City (5) Ocean Grove		# of Floors 2	
County (6) Monmouth		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Ace Insulation Co, Inc	
City, State, Zip Code		Street Address 95 Montrose Rd	
Project Manager for Monitoring Firm		City, State, Zip Code Columbia Neck, New Jersey 07722	
Telephone No.		Telephone No. 732-294-1757	
Start Date (10) 9/16/17		License No. 00029	
Scheduled Completion Date (11) 9/25/17		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM - 7PM		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input 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

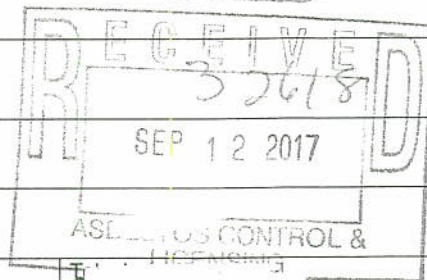
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
(Siding) exterior			X	Siding	3000 lf	X			

Name of Registered Waste Hauler Ace Insulation Co, Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 5		Name of Registered Landfill Chriss	
City, State Columbia Neck, New Jersey		Disposal Date 9/25/17		City, State Eaton, PA			
Completed by Bree McGee		Title Secretary/Treasurer		Signature [Signature]		Date 9/5/17	

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

CR # 32618

PAID



Date of Notification (1) 09 / 06 / 17		Name of Building Owner/Operator (2) Jacobs Demolition	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 9	
		City, State, Zip Code Manasquan, NJ 08736	
		Name of Contact Linda	

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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Manasquan	Square Feet 1500 sf	# of Floors 1	Bldg. Age 65
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		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	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 09 / 18 / 17	Scheduled Completion Date (11) 09 / 20 / 17	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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton	
		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 (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1400 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 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 09/21/17		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 9/6/17	

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

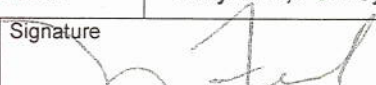
PAID

OK # 32599

Date of Notification (1) 09 / 06 / 17		Name of Building Owner/Operator (2) Four Star Developers		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED 32599 SEP 12 2017 ASBESTOS CONTROL & REMEDIATION DIVISION </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 1301 Route 33 #3E City, State, Zip Code Neptune, NJ 07753 Name of Contact Mr. Green			
						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 and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Lavallette		Square Feet 1000	# of Floors 1	Bldg. Age 65					
County (6) Ocean		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							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932	License No. 00624				
Start Date (10) 09 / 18 / 17		Scheduled Completion Date (11) 09 / 19 / 17		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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	950 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 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 09/20/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/6/17			

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

PAID

Date of Notification (1) <div style="text-align: center;">09 / 06 / 17</div>		Name of Building Owner/Operator (2) Dakan Homes							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 1001							
		City, State, Zip Code Toms River, NJ 08753							
		Name of Contact Rob Shino	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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Lavallette		Square Feet 1200 sf	# of Floors 1						
		Bldg. Age 65							
County (6) Ocean	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							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) <div style="text-align: center;">09 / 18 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">09 / 19 / 17</div>	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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton							
		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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1250 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 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 09/20/17	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 9/6/17				

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



CK # 4674

Date of Notification (1) 08/31/2017		Name of Building Owner/Operator (2) County of Atlantic - Division of Facilities							
Agencies Notified	Type Notification	Street Address 1227 Drexel Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlantic City, NJ 08401							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Leslie A. MacDonnell	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Second Street Jail		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 5909 Main Street		Square Feet 13,000 +	# of Floors 3						
City (5) Mays Landing		Bldg. Age 25+							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Dorm Rooms							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety and Health, Inc.		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address 140 South Village Avenue Suite 130		Street Address 6626 Delilah Road							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm Daniel M. Bruun		Telephone No. 610-524-5525	Telephone No. 609-567-1250						
Start Date (10) 09/18/2017		Scheduled Completion Date (11) 10/20/2017	License No. 01172						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant		Name of OSHA Monitor 1 Source Safety and Health, Inc.							
		Street Address 140 South Village Avenue, Suite 130							
		City, State, Zip Code Exton, PA 19341							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Listing									
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 40 cy	Name of Registered Landfill ACUA					
City, State 6626 Delilah Road Egg Harbor Township, NJ		Disposal Date 10/20/2017		City, State EHT, NJ					
Completed by Eric Keys		Title OM	Signature 			Date 08/31/2017			

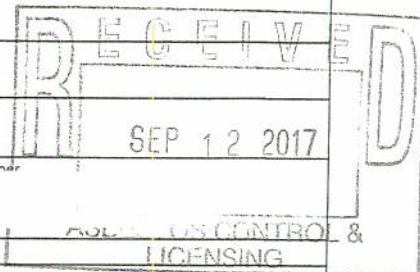
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID

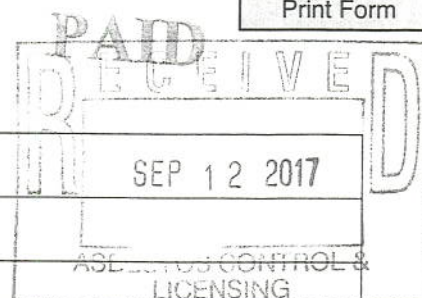
CK#1024



Date of Notification (1) September 04, 2017		Name of Building Owner/Operator (2) Belmont Construction Corp.							
Agencies Notified		Street Address							
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	240 W. Passaic Street, Suite 11							
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code							
<input checked="" type="checkbox"/> DOL	Amendment # _____	Maywood, NJ 07607							
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact							
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Frank Belgiovine							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oak Tree School		Type of Facility (4)							
Street Address 45 Wilus Way		<input checked="" type="checkbox"/> School (K-12) Non-Subchapter 8							
City (5) Iselin		<input type="checkbox"/> Subchapter 8 (Other than K-12)							
County (6) Middlesex County		<input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No. 00118	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 464 Valley Brook Avenue, #3A		Street Address 32 Willow Way							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm John H. Chiaviello/Jarred Panecki		Telephone No. 201-438-4839	License No. 01331						
Start Date (10) September 14, 2017		Scheduled Completion Date (11) September 26, 2017							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Envirovision Consultants, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code							
<input checked="" type="checkbox"/> Other - Describe: 07:00am to 3:30pm		Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure							
		<input checked="" type="checkbox"/> Mini-Enclosure							
		<input checked="" type="checkbox"/> Glovebag Procedure							
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Various First Floor Locations (in 7 different locations) - Wrap & Cut		X		Asbestos Pipe Insulation	70 LF	X			
Under First Floor Bathroom - Wrap & Cut		X		Asbestos Pipe Insulation	25 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 3+		Name of Registered Landfill Fairless Hills Landfill			
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 09/04/2017			

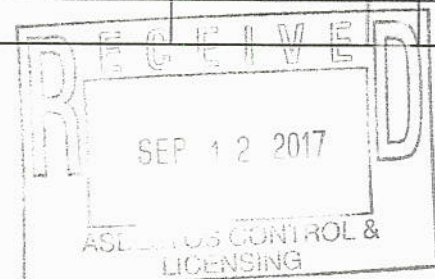
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

OK #4675



Date of Notification (1) 08/31/2017		Name of Building Owner/Operator (2) County of Atlantic - Division of Facilities							
Agencies Notified	Type Notification	Street Address 1227 Drexel Avenue							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlantic City, NJ 08401							
		Name of Contact Leslie A. MacDonnell							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Second Street Jail		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 5909 Main Street		Square Feet 13,000 +	# of Floors 3						
City (5) Mays Landing		Bldg. Age 25+							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Dorm Rooms							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety and Health, Inc.		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address 140 South Village Avenue Suite 130		Street Address 6626 Delilah Road							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm Daniel M. Bruun		Telephone No. 610-524-5525	Telephone No. 609-567-1250						
Start Date (10) 09/18/2017		Scheduled Completion Date (11) 10/20/2017	License No. 01172						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant		Name of OSHA Monitor 1 Source Safety and Health, Inc.							
		Street Address 140 South Village Avenue, Suite 130							
		City, State, Zip Code Exton, PA 19341							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Listing									
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 40 cy	Name of Registered Landfill ACUA					
City, State 6626 Delilah Road Egg Harbor Township, NJ			Disposal Date 10/20/2017	City, State EHT, NJ					
Completed by Eric Keys		Title OM	Signature 			Date 08/31/2017			

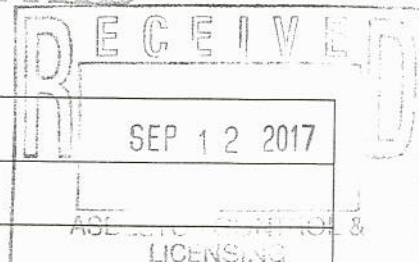
Basement and First Floor Work Area

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PAID

Print Form

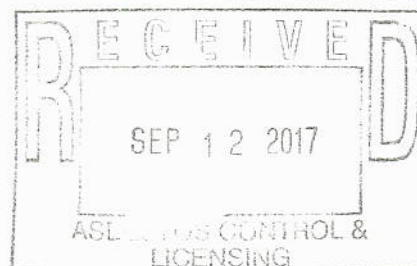
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

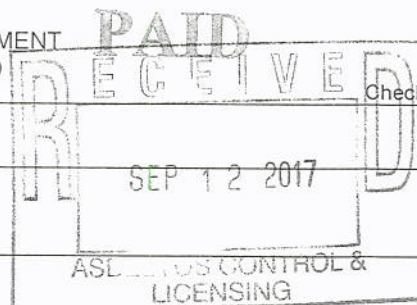


OK # 4676

Date of Notification (1) 08/31/2017		Name of Building Owner/Operator (2) County of Atlantic - Division of Facilities							
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 1227 Drexel Avenue		City, State, Zip Code Atlantic City, NJ 08401							
Name of Contact Leslie A. MacDonnell		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Second Street Jail		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 5909 Main Street		Square Feet 13,000 +							
City (5) Mays Landing		# of Floors 3							
County (6) Atlantic		Bldg. Age 25+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Dorm Rooms							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety and Health, Inc.		ASCM No.							
Street Address 140 South Village Avenue Suite 130		Name of Abatement Contractor (9) Site Enterprises, Inc.							
City, State, Zip Code Exton, PA 19341		Street Address 6626 Delilah Road							
Project Manager for Monitoring Firm Daniel M. Bruun		City, State, Zip Code Egg Harbor Township, NJ 08234							
Telephone No. 610-524-5525		Telephone No. 609-567-1250							
License No. 01172									
Start Date (10) 09/18/2017		Scheduled Completion Date (11) 10/20/2017							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Vacant</u>		Name of OSHA Monitor 1 Source Safety and Health, Inc.							
Street Address 140 South Village Avenue, Suite 130		City, State, Zip Code Exton, PA 19341							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
See Attached Listing									
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220		Cubic Yards of Waste 40 cy		Name of Registered Landfill ACUA			
City, State 6626 Delilah Road Egg Harbor Township, NJ		Disposal Date 10/20/2017		City, State EHT, NJ					
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 08/31/2017			

Second and Third Floor Work Area

[illegible]

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

Date of Notification (1) 9/5/17		Name of Building Owner/Operator (2) Kean University	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	1000 Morris Ave.	Union, NJ 07083
		Name of Contact	Telephone Number
		Suzanne Kupiec	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kean University – Dougall Hall			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1000 Morris Ave.			Square Feet 20000	# of Floors 2	Bldg. Age ~80
City (5) Union	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) dormitory		
Name of Monitoring Firm Hired by Building Owner TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 9 East Stow Road			Street Address 323 Changebridge Road, Suite 100		
City, State, Zip Code Marlton, NJ 08053			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Jim Guilardi		Telephone Number 856-985-8800	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 9/14/17	Sched. Completion Date (11) 9/30/17	Name of OSHA Monitor Iris Environmental Laboratories, LLC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacated</u>		Street Address 2333 Route 22 West			
		City, State, Zip Code Union, NJ 07083			

Scope of Work (Check all that apply)

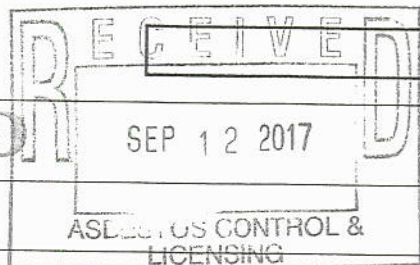
- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input checked="" type="checkbox"/> Non – Friable Procedure |

Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Second floor		X		VAT	5 SF	x			
1 st & 2 floors		x		TSI	10 LF	X			

Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Alliance Landfill
City, State Pine Brook, NJ	Disposal Date 9/27/17	City, State Taylor, PA	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 9/5/17

Check#2866

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



PAID

Date of Notification (1) 09 / 05 / 17		Name of Building Owner/Operator (2) John Dittmer	
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 [REDACTED] City, State, Zip Code Union, NJ 07083 Name of Contact John Dittmer Telephone Number 	

FACILITY INFORMATION

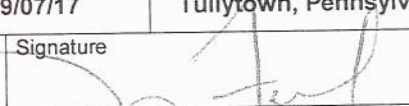
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Union, NJ 07083 County (6) Union		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127	
Start Date (10) 09 / 14 / 17 Scheduled Completion Date (11) 09 / 15 / 17		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>		Date 09/05/17	

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

Date of Notification (1) 09 / 05 / 17		Name of Building Owner/Operator (2) Five Star Services		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> PAID REC-ELVE 32595 SEP 12 2017 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 2 Coles Way		City, State, Zip Code Lakewood, NJ 08701							
Name of Contact Yehuda Braun		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 and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Jersey City		Square Feet 2000 sf	# of Floors 2	Bldg. Age 65					
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address 1889 Route 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932		License No. 00624					
Start Date (10) 09 / 06 / 17		Scheduled Completion Date (11) 09 / 07 / 17		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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 1056 Stelton					
				City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos boiler insulation	40 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 09/07/17	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 9/5/17			

OK# 39572

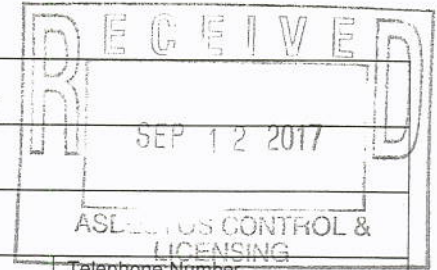
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Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification 0 9 0 5 1 7		Name of Building Owner/Operator ATLANTIC HEALTHCARE SYSTEMS	
Agencies Notified X USEPA X DEP X DOL X DOH X DCA		Type of Notification X Initial Amended Amendment #1 Emergency Cancellation	
Street Address 99 BEAUVIOR AVENUE		City, State, Zip Code SUMMIT, NJ 07901	
Name of Contact MARTIN MANFREDO		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place OVERLOOK HOSPITAL		Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.)	
Street Address 99 BEAUVOIR AVENUE		SF of Bldg. 1000000	# Floor 13
City SUMMIT, NJ	County UNION	County Code State use Only	Age of Bldg.
Name of Monitoring Firm Hired by Building Owner Partner Engineering and Science		ASCM No.	Name of Abatment Contractor ACM CONSULTING CORP.
Street Address 611 Industrial Way West		Street Address 2150 STANLEY TERRACE	
City, State, Zip Code Eatontown, NJ 07724		City, State, Zip Code UNION, NJ 07083	
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	Telephone Number 908-687-1008
License Number 00575		Name of OSHA Monitor EMSL ANALYTICAL	
Scheduled Start Date 9 19 2017		Scheduled Completion Date 9 30 2017	
Month Day Year		Month Day Year	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours Describe: 7:30PM TO 3:30AM X Other - Describe:		Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NY 10118	
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation		Abatement Method Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure	
Location of ACM Facility		Is Location Normally Used by Custodial Staff Yes NO N/A	Description of ACM to be Removed PIPE INSULATION
2nd Floor Mechanical Room Chase			Amount to be Removed (Specify SF/LF) 750LF
			Abatement Type Rem. Rep. X
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896	Cubic Yds waste TBD
City, State BRONX, NY		Disposal Date TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC
Completed By (Print or Type) Anita Smolar		Title GENERAL MANAGER	Signature Anita Smolar
			Date 9/5/2017

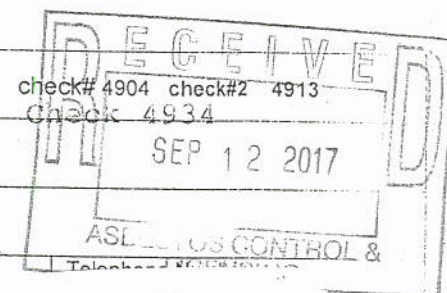
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09/05/2017		Name of Building Owner/Operator (2) Mercer County Improvement Authority							
Agencies Notified	Type Notification	Street Address 80 Hamilton Avenue							
<input checked="" type="checkbox"/> EPA <input 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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08611							
		Name of Contact Al Collins							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mercer County Courthouse (Old Courthouse)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 209 South Broad Street		Square Feet ~ 40,000	# of Floors 4						
City (5) Trenton		Bldg. Age 70+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Courthouse and Offices							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No. 00102	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Thomas Adams		Telephone No. 856 656-2912	Telephone No. 610 933-4332						
Start Date (10) 08/21/2017		Scheduled Completion Date (11) 09/08/2017	License No. 00836						
Name of OSHA Monitor Neuber Environmental Services, Inc.									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Construction Personnel Only		Street Address 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground FI Electric/Storage Room			X	Floor Tile and Mastic	235 SF	X			
Ground FI Electric/Storage Room			X	Plaster Ceiling	455 SF	X			
Ground FI Electric/Storage Room			X	Pipe Insulation	75 LF	X			
Ground FI Electric/Storage Room			X	Drywall Partition Wall	122 SF	X			
Name of Registered Waste Hauler Horizon Disposal		NJDEP Waste Hauler ID No. 10416		Cubic Yards of Waste ~ 2	Name of Registered Landfill GROWS/Tullytown Landfill				
City, State Trenton, NJ				Disposal Date 08/2017	City, State Morrisville, PA				
Completed by Patrick Larney		Title Project Manager		Signature 	Date 09/05/2017				

PAID

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



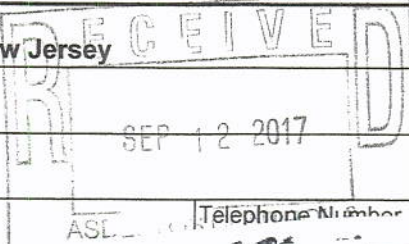
Date of Notification (1) 09/05/2017		Name of Building Owner/Operator (2) Montclair State University		check# 4904 check#2 4913 Check 4934	
Agencies Notified	Type Notification	Street Address 1 Normal Ave		City, State, Zip Code Montclair, NJ 07043	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> 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 # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Erick Fernandez			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) College Hall-Main Hall			Type of Facility (4)		
Street Address 1 Normal 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) Montclair			Square Feet	# of Floors	Bldg. Age
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 300 Grand Ave		Street Address 606 McBride Ave			
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, New Jersey			
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 09-05-2017	Scheduled Completion Date (11) 03/05/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>start 7 am</u>			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <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)	
		Yes No N/A		Amount (Specify SF or LF)	
Exterior				240 lf	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey		Disposal Date	City, State Morrisville, PA		
Completed by Momo Glavatovic		Title Project manager	Signature 	Date 09/05/17	

PAID

check# 4904 check#2 4913
SEP 12 2017
ASL... CONTROL &
LICENSING
Telephone Number

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

PAID *ck 2028*

Date of Notification 8/2/17		Name of Building Owner / Operator (2) The Port Authority of New York and New Jersey	
Agencies Notified	Type of Notification	Street Address	
EPA	Emergency Notification	1310 Corbin Street	
DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code Elizabeth, NJ 07201	
<input checked="" type="checkbox"/> DOL	Amended Notification	Name of Contact Jim Leach	
<input checked="" type="checkbox"/> DOH	Cancellation	Telephone Number	
DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Trailer			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 212 Route 15			Square Feet 50,000	# of Floors 1	Bldg. Age 80+
City (5) Wharton	County (6) Morris	County Code (7)	Current Use (Prior if being demolished) Dairy Production		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road			
City, State & Zip Code Matawan, NJ 07716		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 9/12/17	Scheduled Completion Date (11) 9/15/17		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address 443 Schoolhouse Road		
			City, State & Zip Code Monroe Township, NJ 08831		

Scope of Work (Check all that apply)	
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Large Project <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM	<input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Other: Non-friable

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Office Trailer Roof	N/A	Roofing	3,600 SF	Removal

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 30	Name of Registered Landfill Cumberland County	
City, State Freehold, NJ			Disposal Date 9/16/17	City, State Newburg, PA	
Completed By (Print or Type) Dominick Tringali		Title Manager	Signature <i>Dominick Tringali</i>		Date 9/2/17

09/01/2017 09:40 2012620321

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PAGE 02/03

Check # 9592

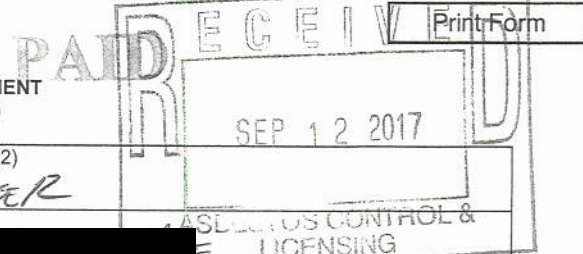
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

UC # 9592

Date of Notification (1) 9/6/17		Name of Building Owner/Operator (2) GLOWING GARDENS		DOL - 10 DAY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCN <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 156 FOREST AVE City, State, Zip Code PALMUS, N.J. 07652	
		Name of Contact CHARLES GEORGE		Telephone Number 908-262-5841	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SCHOOL			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 156 FOREST AVE			Square Feet 6500		
City (5) PALMUS			# of Floors 1		
County (6) BERGEN			Bldg. Age 150		
County Code (7) (STATE USE ONLY)			Current Use (Prior to being demolished) SCHOOL		
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES INC.		ASCM No. 00012		Name of Abatement Contractor (9) AMAC Contracting Inc.	
Street Address 300 GRAND AVE		Street Address 185 Vreeland Ave		City, State, Zip Code Midland Park, NJ 07432	
City, State, Zip Code ENGLEWOOD N.J.		City, State, Zip Code Midland Park, NJ 07432		License No. 00156	
Project Manager for Monitoring Firm STEPHEN JARACZEWSKI		Telephone No. 201-569-6708		Telephone No. (201)262-5841	
Start Date (10) 9/01/17		Scheduled Completion Date (11) 9/04/17		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 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"/> 25 sf or 25 lf <input type="checkbox"/> >150 sf or >200 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-Flexible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Hallway 1st floor		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE INSULATION	
				Amount (Specify -SF or LF) 15 LF	
				Abatement Type Remed. Repair Encapsulate Enclosure ✓ ✓	
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 21	
City, State Newark, NJ 07105		Disposal Date 9/01/17 On		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Pen Argyl, PA 08702		Signature Joseph Vocaturo		Date 9/6/17	
Completed by Joseph Vocaturo		Title Vice President			

CK# 576

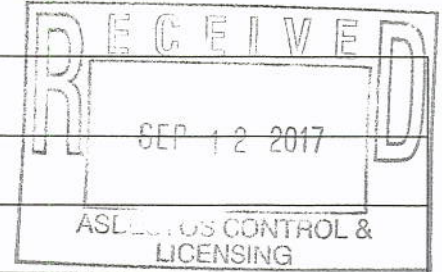
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09/05/17		Name of Building Owner/Operator (2) STEVE LASPER						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code EWING NJ 08638						
		Name of Contact	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) STEVE LASPER		Type of Facility (4)						
Street Address [REDACTED]		<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) EWING NJ 08638		Square Feet 2,200	# of Floors Bldg. Age					
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) NJ Abatement Services, LLC		ASCM No. ?	Name of Abatement Contractor (9) NJ Abatement Services LLC					
Street Address 41 Wyckoff Avenue		Street Address 41 Wyckoff Ave						
City, State, Zip Code Wyckoff New Jersey 07481		City, State, Zip Code Wyckoff New Jersey 07481						
Project Manager for Monitoring Firm Nicole Intriago		Telephone No. 201-962-6500	License No. 01290					
Start Date (10) 09/07/17	Scheduled Completion Date (11) 09/08/17	Name of OSHA Monitor Iris Environmental Laboratories						
Occupancy Status During Abatement (Check Only One)		Street Address 2333 route 22 west						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union Nj 07083						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
SIDING				2,200	<input checked="" type="checkbox"/>			
			X					
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste .5	Name of Registered Landfill IESI BETHLEHEM LANDFILL				
City, State 369 RAYMOND BLVD, NEWARK NJ 07105			Disposal Date 04/27	City, State BETHLEHEM, PA 18015				
Completed by NICOLE INTRIAGO		Title SUPERVISOR	Signature Nicole Intriago	Date 09/05/17				

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

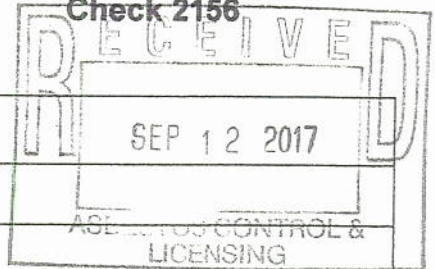


Date of Notification (1) 9 / 6 / 17		Name of Building Owner/Operator (2) United States Postal Service							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 26 City Hall Plaza City, State, Zip Code East Orange, NJ 07017 Name of Contact Sandra Chong Ham Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) USPS East Orange Main Post Office		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 City Hall Plaza		Square Feet 5,500	# of Floors 1 Bldg. Age 75						
City (5) East Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Post Office						
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 104 East 25 th Street, 8 th Floor		Street Address 623 Cutler Avenue							
City, State, Zip Code New York, NY 10010		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Francis Pierre		Telephone No. 646-772-1160	License No. 00842						
Start Date (10) 09 / 19 / 17	Scheduled Completion Date (11) 10 / 06 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	612 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	2,310 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 90	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 10/06/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 9/6/17			

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

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Date of Notification (1) 9/1/2017		Name of Building Owner / Operator (2) Jean Dezinord	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification		
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address [REDACTED]		
	City, State & Zip Code Trenton NJ		
		Name of Contact Jean Dezinord	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 [REDACTED]			Square Feet 1200		
City (5) Trenton			# of Floors 2		Bldg. Age 50+
County (6) Mercer			Current Use (Prior if being demolished) Residential		
County Code (7)			Name of Abatement Contractor (9) Alpha Environmental Services		
Name of Monitoring Firm Hired by Building Owner (8)			Street Address 2129 Route 33		
Street Address			City, State & Zip Code Hamilton, NJ 08610		
City, State & Zip Code			Telephone Number 609-847-2956		
Project Manager for Monitoring Firm			License Number 01222		
Scheduled Start Date (10) 9/14/2017		Scheduled Completion Date (11) 9/16/2017		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 Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

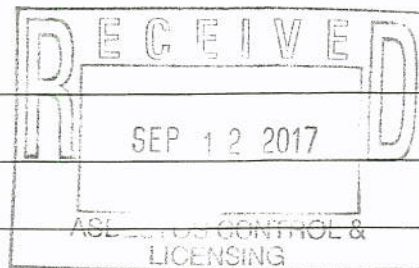
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler	30sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330		Cubic Yards of Waste 1	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date Various		City, State Morrisville, PA		
Completed By (Print or Type) Rod Richardson		Title Project Manager		Signature <i>Rod Richardson</i>		Date 9/1/2017

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



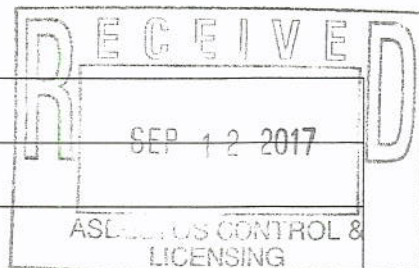
OK #1491

Date of Notification (1) 9-6-17		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified	Type Notification	Street Address 520 Market Street							
<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 Camden, NJ 08102							
		Name of Contact Andrew Ricco							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant 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 Northeast Corner of Federal Street and River Avenue		Square Feet	# of Floors						
City (5) Camden		Bldg. Age							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant Building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp						
Street Address		Street Address 282 Creek Road							
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031							
Project Manager for Monitoring Firm		Telephone No.	License No. 01339						
Start Date (10) 9-16-17	Scheduled Completion Date (11) 10-31-17	Name of OSHA Monitor Andrew Ricco							
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 282 Creek Road							
		City, State, Zip Code Bellmawr, NJ 08031							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Interior			X	Green Floor Tile	4,200 SF	X			
Exterior			X	Gray Roof Flashing	200 LF	X			
Exterior			X	Roof Sealer Flashing	800 SF	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste TBD	Name of Registered Landfill Salem County					
City, State Bellmawr, NJ		Disposal Date TBD		City, State Alloway, NJ					
Completed by Andrew Ricco		Title President	Signature 			Date 9-6-17			

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Print Form

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

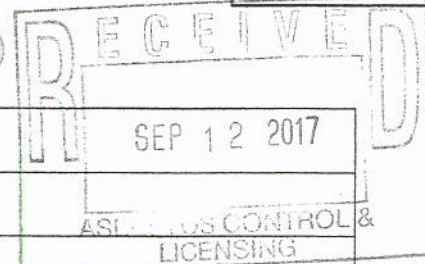


OK #6337

Date of Notification (1) 9/7/17		Name of Building Owner/Operator (2) William Wurtz Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Long Beach Twp. NJ 08008							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact William	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William Wurtz Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Long Beach Twp. NJ 08008		Square Feet 1000+	# of Floors 2 Bldg. Age 35+						
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Pernaco Inc							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/17/17	Scheduled Completion Date (11) 9/23/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1900 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/23/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 9/7/17			

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

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Date of Notification (1) 9/7/17		Name of Building Owner/Operator (2) Ken Mitchell Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Little Egg Harbor NJ 08087							
Name of Contact Ken		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ken Mitchell Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+							
City (5) Little Egg Harbor NJ 08087		# of Floors 1							
County (6) Ocean		Bldg. Age 35+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Pernaco Inc							
City, State, Zip Code		Street Address PO Box 329							
Project Manager for Monitoring Firm		City, State, Zip Code West Berlin NJ 08091							
Telephone No.		Telephone No. 856-753-9800							
Start Date (10) 9/17/17		License No. 00727							
Scheduled Completion Date (11) 9/23/17		Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1200 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S.			
City, State Elm NJ		Disposal Date 9/23/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 9/7/17			

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


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SEP 12 2017

ASBESTOS CONTROL & LICENSING

OK #6338

Date of Notification (1) 9/7/17		Name of Building Owner/Operator (2) John Barbagallo Private Home							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Manahawkin NJ 08050							
		Name of Contact John							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) John Barbagallo Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address		Square Feet	# of Floors						
		1000+	1						
City (5) Manahawkin NJ 08050		Bldg. Age	35+						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		856-753-9800	00727						
Start Date (10) 9/18/17	Scheduled Completion Date (11) 9/22/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	900 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/22/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 9/22/17			