

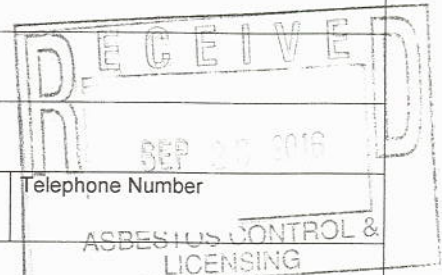
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">9 / 19 / 16</div>		Name of Building Owner/Operator (2) City of Camden		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 21 2016 ASBESTOS CONTROL & Telephone Number </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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address PO Box 95120			
		City, State, Zip Code Camden, NJ 08101				Name of Contact John Bond			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) WILLIAMS STREET RESIDENCE				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Camden				Square Feet varies	# of Floors varies				
				Bldg. Age 50+					
County (6) CAMDEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE					
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117		Name of Abatement Contractor (9) Controlled Environmental Systems					
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. C 609-839-2432		Telephone No. 215 542 7000	License No. 00847				
Start Date (10) <div style="text-align: center;">9 / 20 / 16</div>		Scheduled Completion Date (11) <div style="text-align: center;">12 / 31 / 16</div>		Name of OSHA Monitor CES					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM / ____ PM- ____ AM				Street Address 1121 N Bethlehem Pike -Suite 60					
				City, State, Zip Code Spring House, PA 19477					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	200 YD per res	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS				
City, State Fairless Hills, PA				Disposal Date 12/31/16	City, State Tullytown PA				
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>			Date 9/19/16		

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

Check # 10924

Date of Notification (1) 9 / 19 / 16		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 95120							
		City, State, Zip Code Camden, NJ 08101							
		Name of Contact John Bond	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) CEDAR RESIDENCES		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]		Square Feet varies	# of Floors varies						
City (5) Camden		Bldg. Age 50+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address PO Box 365		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. C 609-839-2432	Telephone No. 215 542 7000						
		License No. 00847							
Start Date (10) 9 / 20 / 16	Scheduled Completion Date (11) 12 / 31 / 16	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM / ____ PM - ____ AM		Street Address 1121 N Bethlehem Pike -Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	200 YD per res	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residenc	Name of Registered Landfill GROWS					
City, State Fairless Hills, PA		Disposal Date 12/31/16		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>			Date 9/19/16		



CK 3832

RECEIVED

SEP 20 2016

ASBESTOS CONTROL

Telephone Number

ASB-41 (R-06-08)

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

B & G proj. #: 2016-136

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

Check # 8011

Date of Notification (1) 10/19/16		Name of Building Owner/Operator (2) Thomas Nakagami	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Short Hills, NJ 07078	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Thomas Nakagami	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Thomas Nakagami			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Short Hills, NJ 07078	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]		Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm	Phone Number	Telephone Number (973)696-6869	License Number 00378	
Scheduled Start Date (10) 09/27/2016	Sched. Completion Date (11) 09/28/2016	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road		
		City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
storage / laundry room area			<input checked="" type="checkbox"/>	pipe insulation	40 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
main room			<input checked="" type="checkbox"/>	pipe insulation	43 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	pipe insulation	12 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/28/2016	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 09/16/2016

B & G proj. #: 2016-138

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

Check # 8012

Date of Notification (1) 10/19/16/11/16/		Name of Building Owner/Operator (2) Suzanne Cerminara	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Somerville, NJ 08876	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Suzanne Cerminara	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Suzanne Cerminara			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Somerville, NJ 08876			County (6) Somerset		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			ASCM No. n/a		
Street Address [REDACTED]			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code [REDACTED]			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm [REDACTED]			Telephone Number (973)696-6869		License Number 00378
Sched. Start Date (10) 09/28/2016			Sched. Completion Date (11) 09/29/2016		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure		
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure		
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair
basement	Yes No N/A	pipe insulation	100 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"/>
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center		
City, State Lincoln Park, NJ	Disposal Date 09/29/2016	City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna			Date 09/16/2016

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

B & G proj. #: 2016-137

Check # 8013

Date of Notification (1) 09/16/16		Name of Building Owner/Operator (2) Township of Livingston	
Agencies Notified	Type Notification	Street Address 357 South Livingston Avenue	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Livingston, NJ 07039	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Joe Greco	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number ASBESTOS CONTROL &	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Livingston WWTP (Sub chapter 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 81 Naylon Avenue			Square Feet # of Floors Bldg. Age		
City (5) Livingston	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Waste water treatment plant		
Name of Monitoring Firm Hired by Bldg. Owner (8) Matrix New World Engineering		ASCM No. 00121	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 26 Columbia Turnpike, 2nd Floor		Street Address 105 Ryerson Road			
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Patrick Li		Phone Number 973-240-1800	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/03/2016		Sched. Completion Date (11) 10/24/2016			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code LincolnPark, NJ 07035					

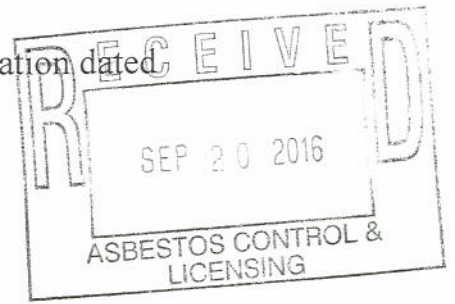
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Existing Blower room area			<input checked="" type="checkbox"/>	elbows/fittings (3 locations)	quantity: 30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing Blower room area			<input checked="" type="checkbox"/>	pipe insulation (2 locations)	20 lf & 45 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East pipe gallery			<input checked="" type="checkbox"/>	elbow/fittings (5 locations)	quantity: 9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Room # 1			<input checked="" type="checkbox"/>	elbow/fittings	quantity: 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEE ADDITIONAL SHEET			<input checked="" type="checkbox"/>	SEE ADDITIONAL SHEET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5-10	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 10/03/16-10/24/16	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 09/16/2016

Re: One page attachment to 14 day initial notification dated
09/16/2016 for asbestos removal at:
81 Naylon Avenue, Livingston, NJ 07039
Start date: 10/03/2016




The following materials shall be abated:

Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
Storage # 2 (Boiler room)	NO	Elbows/fittings	Quantity: 30	X	
Storage # 2 (Boiler room)	NO	Pipe insulation	55 lf	X	
Storage # 2 (Boiler room)	NO	White block stack insulation	27 sf	X	
Storage # 2 (Boiler room)	NO	Rope gasket	20 lf	X	
Storage # 2 (Boiler room)	NO	Boiler insulation	120 sf	X	
Storage # 2 (Boiler room)	NO	Heat exchanger insulation	124 sf	X	

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

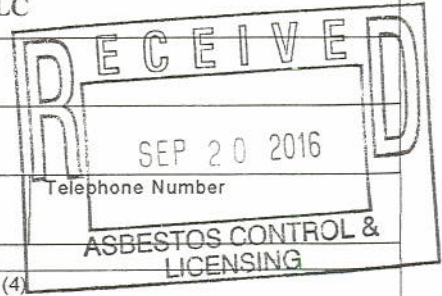
CK 25480

Date of Notification (1) 09 / 16 / 16		Name of Building Owner/Operator (2) Satnam Enterprises, Inc d/b/a Satnam Inc.							
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 2620 Broadway							
		City, State, Zip Code New York, NY							
		Name of Contact Jeet Gulati							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Hightstown		Square Feet 6,000	# of Floors 3						
County (6) Mercer		Bldg. Age 90+							
County Code (7) (STATE USE ONLY) 00030		Current Use (Prior if being demolished) Multi-family Residential							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) Superior Abatement Inc							
Street Address 120 North Warren St		Street Address 2 Henderson Drive							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Dominic Dercole		Telephone No. (609) 392-4200	License No. 00411						
Start Date (10) 09 / 26 / 16	Scheduled Completion Date (11) 09 / 28 / 16	Name of OSHA Monitor Superior Abatement Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 2 Henderson Drive							
		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean up Boiler and Debris	140 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 Service Transport Group Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 3	Name of Registered Landfill Minerva Enterprises				
City, State New Castle, DE		Disposal Date 9/28/16		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 9/16/16			

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

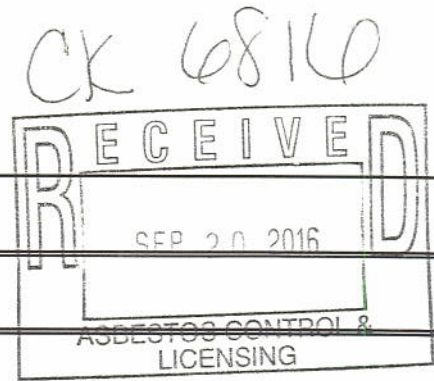
OK 100003549

Date of Notification (1) 9/16/16		Name of Building Owner/Operator (2) Transcontinental Gas Pipe Line Company, LLC							
Agencies Notified	Type Notification	Street Address 2800 Post Oak Blvd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Houston, Tx 77056							
		Name of Contact David Martinkewiz							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandon House		Type of Facility (4)							
Street Address 26 Bordentown – Chesterfield Rd		<input 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.)							
City (5) Bordentown, NJ		Square Feet 1500	# of Floors 2						
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Bldg. Age 60yrs						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) Abandon home for demolition							
Street Address		Name of Abatement Contractor (9) New States Contracting, LLC							
City, State, Zip Code		Street Address 2400 Main Street Extension, Suite 10							
Project Manager for Monitoring Firm		Telephone No. 732-525-0100	License No. 00749						
Start Date (10) 10/3/16	Scheduled Completion Date (11) 10/14/16	Name of OSHA Monitor Tiger Environmental							
Occupancy Status During Abatement (Check Only One)		Show Desktop.scf Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		234 20 th Ave							
Scope of Work (Check All That Apply)		City, State, Zip Code Brick, NJ 08724							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Detached Shed		X		Transite and roof shingle	420 SF	X			
Main House		X		Window caulk and Glazing	1000 LF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill Cumberland County Land Fill					
City, State Freehold, NJ		Disposal Date 10/14/16		City, State Newburg, PA					
Completed by Michael Migliore		Title Sr. Account Manager	Signature <i>Michael Migliore</i>			Date 9/16/16			



D&S Proj. #: 16-279

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



Date of Notification (1) 10/19/14/16		Name of Building Owner/Operator (2) kelly shannon	
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 [REDACTED]	
		City, State, Zip Code NORTH BERGEN, NJ 07047	
		Name of Contact kelly shannon	Telephone Number

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 09/26/16	Sched. Completion Date (11) 10/15/16		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	120 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BASEMENT		<input checked="" type="checkbox"/>		BOILER INSULATION (fire box)	30 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/26/16	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 09/14/2016

* Do not use this form for asbestos licensure exempted activities


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

CK 1707

Date of Notification (1) 09 / 14 / 16		Name of Building Owner/Operator (2) Division of Property Management & Construction							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera							
FACILITY INFORMATION		ASBESTOS CONTROL & LICENSING							
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Linden, NJ		# of Floors							
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-928-4888							
Start Date (10) 09 / 19 / 16		License No. 1188							
Scheduled Completion Date (11) 10 / 31 / 16		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 27 Outwater Lane							
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		City, State, Zip Code Garfield, NJ 07026							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT, Mastic	27 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor, 2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT, Mastic	610 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black glue dots to paneling	3,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed		Name of Registered Landfill IESI Bethlehem Landfill			
City, State Elizabeth, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 9/14/16			

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

CK 1707

Date of Notification (1) <div style="text-align: center;">09 / 14 / 16</div>		Name of Building Owner/Operator (2) Division of Property Management & Construction							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Linden, NJ		Current Use (Prior if being demolished)							
County (6) Union		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-928-4888							
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 09 / 19 / 16		Scheduled Completion Date (11) 10 / 31 / 16							
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 27 Outwater Lane							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input 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		City, State, Zip Code Garfield, NJ 07026							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mudded Fitting Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Window	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulking	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed		Name of Registered Landfill IESI Bethlehem Landfill			
City, State Elizabeth, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 9/14/16			

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

CK 1707

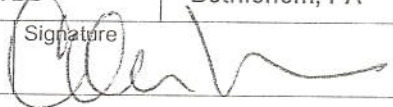
Date of Notification (1) 09 / 14 / 16		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 20 2016 ASBESTOS CONTROL & LICENSING </div>						
FACILITY INFORMATION		Telephone Number							
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Linden, NJ		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 09 / 19 / 16	Scheduled Completion Date (11) 10 / 31 / 16	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Shingles under Siding	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Vibration Joint Cloth	2 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 Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Elizabeth, NJ		Disposal Date TBD	City, State Bethlehem, PA						
Completed By (Print or Type) Allen Monchik		Title Project Manager	Signature 			Date 9/14/16			

CK 1707

RECEIVED
SEP 20 2016
Telephone Number
ASBESTOS CONTROL & LICENSING

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

CK 1707

Date of Notification (1) 09 / 14 / 16		Name of Building Owner/Operator (2) Division of Property Management & Construction		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 20 2016 NEW JERSEY DEPARTMENT OF ENVIRONMENTAL CONTROL & SING </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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 20 W. State Street, 3rd Flr.			
		City, State, Zip Code Trenton, NJ 08608				Name of Contact Rick Ferrera			
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Linden, NJ				Square Feet	# of Floors				
County (6) Union				County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions				ASCM No.					
Street Address P.O. Box 1224				Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
City, State, Zip Code Union, NJ				Street Address 27 Outwater Lane					
Project Manager for Monitoring Firm Rick Eustaquio				Telephone No. 973-494-3762	License No. 1188				
Start Date (10) 09 / 19 / 16		Scheduled Completion Date (11) 10 / 31 / 16		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 27 Outwater Lane					
				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT, Mastic	120 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 Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill				
City, State Elizabeth, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 9/14/16			

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

CK 1707

Date of Notification (1) <div style="text-align: center;">09 / 14 / 16</div>		Name of Building Owner/Operator (2) Division of Property Management & Construction	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.	
		City, State, Zip Code Trenton, NJ 08608	
		Name of Contact Rick Ferrera	
		Telephone Number _____	

RECEIVED

SEP 20 2016

CONTROL & LICENSING

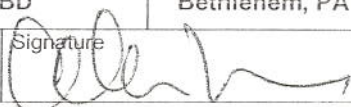
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Linden, NJ		Square Feet	# of Floors
		Bldg. Age	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888
		License No. 1188	
Start Date (10) <div style="text-align: center;">09 / 19 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 16</div>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulking	110 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 Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill	
City, State Elizabeth, NJ		Disposal Date TBD		City, State Bethlehem, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 		Date 9/14/16	

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

CK 1707

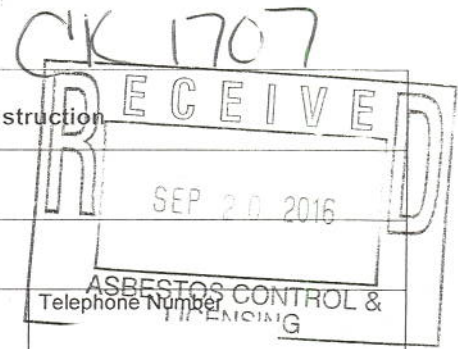
Date of Notification (1) 09 / 14 / 16		Name of Building Owner/Operator (2) Division of Property Management & Construction		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 24 2016 ASBESTOS CONTROL & </div>					
Agencies Notified <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Linden, NJ				Square Feet	# of Floors				
County (6) Union				County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions				ASCM No.					
Street Address P.O. Box 1224				Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
City, State, Zip Code Union, NJ				Street Address 27 Outwater Lane					
Project Manager for Monitoring Firm Rick Eustaquio				Telephone No. 973-494-3762	License No. 1188				
Start Date (10) 09 / 19 / 16		Scheduled Completion Date (11) 10 / 31 / 16		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 27 Outwater Lane					
				City, State, Zip Code Garfield, NJ 07026					
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
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White textured finish (top coat)	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black shingle roof	2,000 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 Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill				
City, State Elizabeth, NJ				Disposal Date TBD	City, State Bethlehem, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 9/14/16			

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

CK 1707

Date of Notification (1) 09 / 14 / 16		Name of Building Owner/Operator (2) Division of Property Management & Construction							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Linden, NJ		Current Use (Prior if being demolished)							
County (6) Union	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 09 / 19 / 16	Scheduled Completion Date (11) 10 / 31 / 16		Name of OSHA Monitor ALL PRO MANAGEMENT LLC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM - _____ AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
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"/> 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
Sidewalk Seam	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar	40 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 Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 9/14/16			

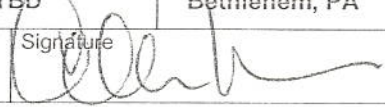
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">09 / 14 / 16</div>		Name of Building Owner/Operator (2) Division of Property Management & Construction							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Linden, NJ		Square Feet	# of Floors						
		Bldg. Age							
County (6) Union		County Code (7) (STATE USE ONLY)							
		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
		License No. 1188							
Start Date (10) <div style="text-align: center;">09 / 19 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 16</div>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Black Rain Leader Pipe	101 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 Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 9/14/16			

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

CK 1707

Date of Notification (1) 09 / 14 / 16		Name of Building Owner/Operator (2) Division of Property Management & Construction							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Linden, NJ		# of Floors							
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 09 / 19 / 16	Scheduled Completion Date (11) 10 / 31 / 16	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
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		City, State, Zip Code Garfield, NJ 07026							
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- Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room- Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	30 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 Century Waste Services LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill				
City, State Elizabeth, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 9/14/16			

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

GAC Project # 060-16

Date of Notification (1) August 29, 2016		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address COLLEGE AVENUE CAMPUS		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854	
City (5) NEW BRUNSWICK		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY Telephone Number SEP 20 2016	
County (6) MIDDLESEX		ASBESTOS CONTROL & LICENSING	
County Code (7) (State Use Only)		FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) 77 HAMILTON AVENUE, BLDG# 3015		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years	
Current Use (prior if being demolished): ACADEMIC			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
ASCM No. 0098			
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 973-492-0477	
Telephone Number 609-386-8800		License Number 00840	
Scheduled Start Date (10) 09/16/16		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Scheduled Completion Date (11) 09/19/16		Street Address 20-21 WARGARAW ROAD	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 4PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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 / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Rooms 100, 101B	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 300 SF Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 5 CY		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 09/19/2016 City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 29, 2016

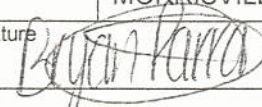
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 09/16/16		Name of Building Owner/Operator (2) Auchter Industries	
Agencies Notified	Type Notification	Street Address 1200 State Street	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Perth Amboy, NJ 08861	
		Name of Contact _____	

MO 24051281387
RECEIVED
 SEP 20 2016
 ASBESTOS CONTROL & LICENSING

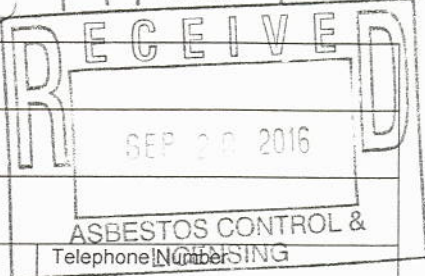
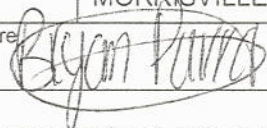
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Auchter Industries		Type of Facility (4)	
Street Address 1200 State Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Perth Amboy		Square Feet	# of Floors
		Bldg. Age	
County (6) Middlesex County	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) Pro Abatement
Street Address		Street Address 1009 87th Street Suite A4	
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-293-6305
			License No. 01223
Start Date (10) 09/26/16	Scheduled Completion Date (11) 11/26/16	Name of OSHA Monitor HILMAMM CONSULTING LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 1600 ROUTE EAST SUITE 107	
<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 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 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
Other				TSI	60 LF	x			
Other				TSI	120 LF				

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.
City, State HILLSIDE, NJ		Disposal Date	City, State MORRISVILLE PA	
Completed by Bryan Parra	Title Project Manager	Signature 	Date 09/16/16	

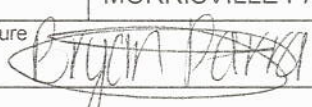
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

MO 19723074838

Date of Notification (1) 09/14/16		Name of Building Owner/Operator (2) Ikay Henry							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code City of Orange, NJ							
		Name of Contact [REDACTED]							
<div style="text-align: right;">  </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ikay Henry		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) City of Orange		Square Feet	# of Floors						
		Bldg. Age							
County (6) Essex County	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) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 09/15/16	Scheduled Completion Date (11) 09/25/16	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Basement				Other	30 LF	x			
1st Floor				Other	10 LF	x			
2nd Floor				Other	10 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 	Date 09/14/16					

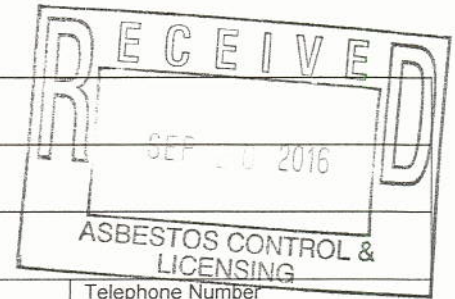
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

DNO 19723674816

Date of Notification (1) 09/12/16		Name of Building Owner/Operator (2) Joan Stein							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Rutherford, NJ							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact	Telephone Number						
		ASBESTOS CONTROL & LICENSING							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joan Stein		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) East Rutherford		Square Feet	# of Floors						
		Bldg. Age							
County (6) Bergen County	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) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-293-6305	01223						
Start Date (10) 09/16/16	Scheduled Completion Date (11) 09/26/16	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Basement				TSI	222 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 	Date 09/12/16					

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

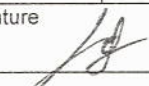
MO 19723074805

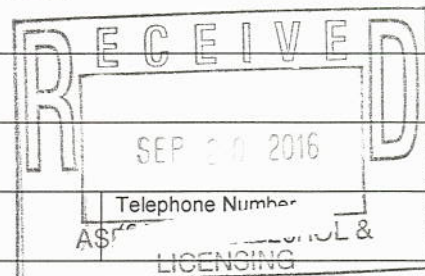


Date of Notification (1) 09/14/16		Name of Building Owner/Operator (2) Yan Julia Li							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Secaucus, NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Yan Julia Li		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						
City (5) Secaucus		Bldg. Age							
County (6) Hudson County	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) Pro Abatement						
Street Address		Street Address 1009 87th Street Suite A4							
City, State, Zip Code		City, State, Zip Code North Bergen, NJ 07047							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-293-6305	License No. 01223						
Start Date (10) 09/19/16	Scheduled Completion Date (11) 09/29/16	Name of OSHA Monitor HILMAMM CONSULTING LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1600 ROUTE EAST SUITE 107							
		City, State, Zip Code UNION NJ 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement				TSI	250 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Project Manager	Signature 	Date 09/14/16					

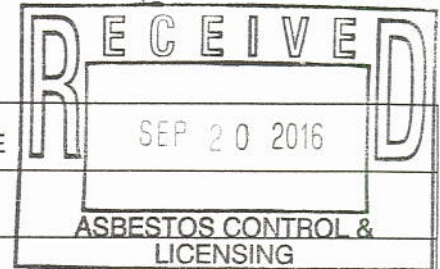
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 0006940

Date of Notification (1) 09-12-16		Name of Building Owner/Operator (2) Michael Jozsa Jr.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Michael Jozsa Jr.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age 							
City (5) Short Hills		Current Use (Prior if being demolished) 							
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Name of Abatement Contractor (9) Delfa Contracting LLC.		Street Address 522 7th St. City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. 201 216-9603							
Start Date (10) 09-14-16		Scheduled Completion Date (11) 09-15-16							
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 Delfa Contracting LLC Street Address 522 7th St. City, State, Zip Code Union City NJ 07087							
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
1st Floor / Kitchen		X		Linoleum	750 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 09-16-16	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 09-12-16		



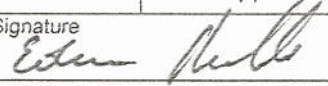
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/2/2016		Name of Building Owner/Operator (2) Sleepy Hallow Fleet Developers URE							
Agencies Notified	Type Notification	Street Address 80 S Jeffesron Rd Suite 202							
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Whippany NJ 07981							
		Name of Contact Dave Clark	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		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) Plainfield NJ		Square Feet 4000	# of Floors 1						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age +50						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address N/A		Street Address 339 Lafayette Street							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07105							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01240						
Start Date (10) 9/12/2016	Scheduled Completion Date (11) 10/10/2016	Name of OSHA Monitor J&S Environmental Corp							
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 07803							
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 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
Boiler			x	pipe insulation	6LF	x			
1st floor bathroom			x	beige floor tile and mastic	341SF	x			
back warehouse			x	sheetrock joint compound	700SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill				
City, State Po Box 5670				Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA				
Completed by Edwin Precilla		Title Project Manager		Signature <i>Edwin Precilla</i>		Date 9/2/2016			

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

NOCK

Date of Notification (1) 9/2/2016		Name of Building Owner/Operator (2) Sleepy Hollow Fleet Developers URE		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 20 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 80 S Jeffesron Rd Suite 202							
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Whippany NJ 07981 Name of Contact Dave Clark							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Private Property				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) Plainfield NJ				Square Feet 800	# of Floors 1				
County (6) Union				County Code (7) (STATE USE ONLY) _____	Bldg. Age +50				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) Dinago Environment LLC					
Street Address N/A				Street Address 339 Lafayette Street					
City, State, Zip Code N/A				City, State, Zip Code Newark NJ 07105					
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 973-491-0877	License No. 01240				
Start Date (10) 9/12/2016		Scheduled Completion Date (11) 10/10/2016		Name of OSHA Monitor J&S Environmental Corp					
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 07803					
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
Windows			x	window caulking	96LF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill				
City, State Po Box 5670				Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA				
Completed by Edwin Precilla		Title Project Manager		Signature 		Date 9/2/2016			

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

NOCK

Date of Notification (1) 9/2/2016		Name of Building Owner/Operator (2) Sleepy Hollow Fleet Developers URE	
Agencies Notified	Type Notification	Street Address 80 S Jeffeson Rd Suite 202	
<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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Whippany NJ 07981	
		Name of Contact Dave Clark	Telephone Number

RECEIVED
SEP 20 2016
ASBESTOS CONTROL & LICENSING

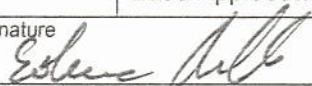
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Plainfield NJ	Square Feet 4800	# of Floors 1	Bldg. Age +50
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		ASCM No. N/A	Name of Abatement Contractor (9) Dinago Environment LLC
Street Address N/A		Street Address 339 Lafayette Street	
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07105	
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01240
Start Date (10) 9/12/2016	Scheduled Completion Date (11) 10/10/2016	Name of OSHA Monitor J&S Environmental Corp	
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 07803	
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) In Facility (13) <u>TO BE ABATED</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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Front of the bldg floor			x	Floor tile and mastic	900SF	x			
near side door office 2 layers			x	beige and red floor tile and mastic	50SF	x			
Boiler room			x	all duct seam tape	10LF	x			
Roof			x	black tar/flashing	4050SF	x			

Name of Registered Waste Hauler Newark Carting Inc	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill
City, State Po Box 5670		Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA
Completed by Edwin Precilla	Title Project Manager	Signature <i>Edwin Precilla</i>	Date 9/2/2016

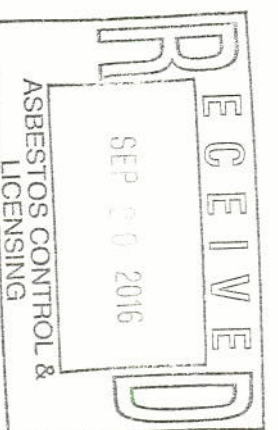
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

NOCK

Date of Notification (1) 9/2/2016		Name of Building Owner/Operator (2) Sleepy Hallow Fleet Developers URE		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 20 2016 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address			
<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				80 S Jeffesron Rd Suite 202			
						City, State, Zip Code Whippany NJ 07981			
				Name of Contact Dave Clark		Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property					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) Plainfield NJ					Square Feet 4800	# of Floors 2	Bldg. Age +50		
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			ASCM No. N/A		Name of Abatement Contractor (9) Dinago Environment LLC				
Street Address N/A					Street Address 339 Lafayette Street				
City, State, Zip Code N/A					City, State, Zip Code Newark NJ 07105				
Project Manager for Monitoring Firm N/A			Telephone No. N/A		Telephone No. 973-491-0877		License No. 01240		
Start Date (10) 9/12/2016		Scheduled Completion Date (11) 10/10/2016		Name of OSHA Monitor J&S Environmental Corp					
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 07803				
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) <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
			X	See Athacment		X			
Name of Registered Waste Hauler Newark Carting Inc			NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill ISES Bethlehem Rd Landfill		
City, State Po Box 5670			Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA				
Completed by Edwin Precilla			Title Project Manager		Signature 		Date 9/2/2016		

SUMMARY of ACM

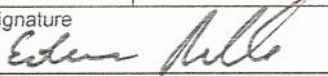
1358 South Avenue
Plainfield, New Jersey 07062
Block: 625; Lot: 20



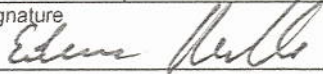
Location	Type of Material	Approximate Quantity	Fraility (Y/N)	Condition	Recommendation
DRY CLEANER	Pipe Insulation	40' L.F.	Y	4	Abate
BARBER SHOP	Floor Tile	410 sq. ft.	N	4	Abate
BACK ROOM 1ST FLOOR	Floor Tile	425 sq. ft.	N	4	Abate
B/W ROOM	Floor Tile	700 sq. ft.	N	4	Abate
[beneath] B/W ROOM	Floor Tile		N	4	Abate
DRY CLEANER	Floor Tile	350 sq. ft.	N	4	Abate
B/W ROOM	Joint Compound	500 L.F.	N	4	Abate
2ND FLOOR	Window Caulking	560 L.F.	N	4	Abate
FRONT STAIR 1ST FLOOR	Textured Coating	300 sq. ft.	N	4	Abate
ROOF OVERHANG	Black Tar Flashing	4,800 sq. ft.	N	4	Abate

- 1 - Good
- 2 - Good to Slightly Damaged
- 3 - Good to Damaged
- 4 - Damaged
- 5 - Covered with Rug

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

Date of Notification (1) 9/2/2016		Name of Building Owner/Operator (2) Sleepy Hallow Fleet Developers URE							
Agencies Notified	Type Notification	Street Address 80 S Jeffesron Rd Suite 202							
<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 Whippany NJ 07981							
		Name of Contact Dave Clark							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		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) Plainfield NJ		Square Feet 1000	# of Floors 2						
County (6) Union		Bldg. Age +50							
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. N/A	Name of Abatement Contractor (9) Dinago Environment LLC						
Street Address N/A		Street Address 339 Lafayette Street							
City, State, Zip Code N/A		City, State, Zip Code Newark NJ 07105							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01240						
Start Date (10) 9/12/2016	Scheduled Completion Date (11) 10/10/2016	Name of OSHA Monitor J&S Environmental Corp							
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 07803							
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor kitchen			x	floor tile	120 SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Edwin Precilla		Title Project Manager	Signature 			Date 9/2/2016			

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

Date of Notification (1) 9/2/2016		Name of Building Owner/Operator (2) Sleepy Hollow Fleet Developers URE							
Agencies Notified	Type Notification	Street Address 80 S Jefferson Rd Suite 202							
<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 Whippany NJ 07981							
		Name of Contact Dave Clark							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		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) Plainfield NJ		Square Feet 1000	# of Floors 2						
		Bldg. Age +50							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
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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							
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	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement near crawl space			x	pipe insulation	30LF	x			
Basement Stairwell			x	floor tile and mastic	30SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Edwin Precilla		Title Project Manager	Signature 			Date 9/2/2016			