

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

NO CK


RECEIVED

Date of Notification (1)		Name of Building Owner/Operator (2) <i>Edward M. O'Brien</i>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code <i>OLDWICK, N.J. 08858</i>							
		Name of Contact <i>Edward M. O'Brien</i>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <i>N/A</i>		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 <i>1,500</i>	# of Floors <i>2</i>						
City (5) <i>OLDWICK N.J. 08858</i>		Bldg. Age <i>50+</i>							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <i>RESIDENTIAL</i>							
Name of Monitoring Firm Hired by Building Owner (8) <i>CA ENVIRONMENTAL</i>		ASCM No.	Name of Abatement Contractor (9) <i>PRECISION SUMMERS</i>						
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) <i>OCT. 3RD 2016</i>	Scheduled Completion Date (11) <i>NOV. 28th, 2016</i>	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<i>CELLAR</i>		<i>X</i>	<i>X</i>	<i>TSI-PIPE LAGGING</i>	<i>60 LF</i>	<i>✓</i>			
				<i>ROOF</i>					
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State			Disposal Date	City, State					
Completed by		Title	Signature			Date			

CK# 25268

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

RECEIVED

Date of Notification (1) <u>9/21/16</u>		Name of Building Owner/Operator (2) <u>ETS</u>		2016 SEP 26 PM 1:43					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>Rosedale Rd.</u> City, State, Zip Code <u>Princeton, NJ 08541</u> Name of Contact <u>Bill Lehman</u> Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Brigham Library</u> Street Address <u>Rosedale Rd.</u> City (5) <u>Princeton, NJ 08541</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet <u>10000</u> # of Floors <u>1</u> Bldg. Age <u>55+/-</u>						
County (6) <u>Mercer</u>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm hired by Building Owner (8) <u>MECS</u> Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>		ASCM No. _____ Telephone No. <u>(609) 298-4070</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u> Street Address <u>PO Box 322</u> City, State, Zip Code <u>Allentown, NJ 08501</u>					
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>		License No. <u>00493</u>					
Start Date (10) <u>10/3/16</u>		Scheduled Completion Date (11) <u>10/31/16</u>		Name of OSHA Monitor <u>MECS</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>5pm to 2 am</u>			Street Address <u>PO Box 341</u> City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> <u>IN Facility</u> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
					Removal	Repair	Encapsulate	Enclosure	
<u>1st Floor</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Fittings</u>	<u>250</u>	<input checked="" type="checkbox"/>				
<u>1st Floor</u>		<input checked="" type="checkbox"/>	<u>VAT</u>	<u>225 sf</u>	<input checked="" type="checkbox"/>				
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>4 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/31/16</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>9/22/16</u>			

CK 125269

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

RECEIVED


2010 SEP 26 PM 1:43

Date of Notification (1) <u>9/21/16</u>		Name of Building Owner/Operator (2) <u>Borders</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code <u>Stockton, NJ 08559</u>	
Name of Contact <u>James Borders</u>		Telephone Number _____	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>2000</u>	
City (5) <u>Stockton, NJ</u>		# of Floors <u>2</u>	Bldg. Age <u>120+/-</u>
County (6) <u>Hunterdon</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 298-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>9/30/16</u>	Scheduled Completion Date (11) <u>10/14/16</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4:pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	

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

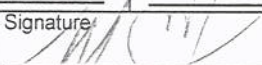
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<u>100 lf</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/14/16</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>9/21/16</u>		

CK# 25267

RECEIVED

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

Date of Notification (1) <u>9/23/16</u>		Name of Building Owner/Operator (2) <u>Leifer</u> <u>2016 SEP 26 PM 1:32</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> <u>ASBESTOS CONTROL</u> <u>& LICENSING</u> City, State, Zip Code <u>Princeton, NJ 08542</u>						
		Name of Contact <u>Franziska Leifer</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>		Square Feet <u>2400</u>						
City (5) <u>Princeton, NJ 08542</u>		# of Floors <u>2</u>	Bldg. Age <u>65+/-</u>					
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>					
Start Date (10) <u>10/13/16</u>	Scheduled Completion Date (11) <u>10/17/16</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>250 lf</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Basement</u>		<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/17/16</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>		Signature 			Date <u>9/23/16</u>		

CH 9208

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

CHECK # 9208 RECEIVED

2016 SEP 26 PM 1:31

ASBESTOS CONTROL
& LICENSING

Date of Notification (1) 9/21/16		Name of Building Owner/Operator (2) JOHN MACIK						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ELIZABETH, N.J. 07201						
		Name of Contact JOHN MACIK	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 2,800	# of Floors 2					
City (5) ELIZABETH		Block, Age +50						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. MAC Contracting Inc.						
Street Address		Street Address 185 Vreeland Ave.						
City, State, Zip Code		City, State, Zip Code Midland Park, NJ						
Project Manager for Monitoring Firm		Telephone No. (201)262-5841	License No. 00156					
Start Date (10) 10/4/16	Scheduled Completion Date (11) 10/30/16	Name of OSHA Monitor Omega Environmental Services						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler St.						
		City, State, Zip Code Hackensack, NJ 07606						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> <23 sf or <23 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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) 350LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
BASEMENT ASSOC CRAWL			PIPE INSULATION		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.				
City, State Newark, NJ		Disposal Date 10/4/16	City, State Bethlehem, PA					
Completed by Joseph Vocaturo		Title Vice President	Signature J. Vocaturo		Date 9/21/16			

CK9207

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

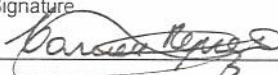
CHECK # 9208

2016 SEP 26 PM 1:31

Date of Notification (1) 9/21/16		Name of Building Owner/Operator (2) Barbara Manson		2016 SEP 26 PM 1:31	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code RUTHERFORD, N.J. 07070 Name of Contact Barbara Manson Telephone Number [REDACTED]	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RESIDENCE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 1,800		
City (5) RUTHERFORD			# of Floors 2		
County (6) Bergen			Bldg. Age 450		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) RESIDENTIAL		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave		City, State, Zip Code Midland Park, NJ	
City, State, Zip Code		Telephone No. (201)262-5841		License No. 00156	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Omega Environmental Services	
Start Date (10) 10/3/16		Scheduled Completion Date (11) 10/30/16		Street Address 280 Huyler St	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Hackensack, NJ 07606			
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Boiler Room		<input checked="" type="checkbox"/>		THOMAS SYSTEMS.	
Boiler Room		<input checked="" type="checkbox"/>		PIPE INSULATION	
				135 SF	
				115 LF	
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 3	
City, State Newark, NJ		Disposal Date 10/3/16		Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Bethlehem, PA		Signature J. Vocaturo		Date 9/21/16	

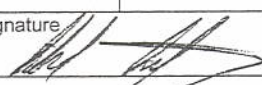
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1)		Name of Building Owner/Operator (2) Realest Corporation		2016 SEP 26 PM 1:30					
Agencies Notified	Type Notification	Street Address 315 Grove Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oradell NJ 07649							
		Name of Contact Doreen Ellis		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Hudson Savings Bank			Type of Facility (4)						
Street Address 161 Harristown 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) Glen Rock NJ 07452			Square Feet 20,000	# of Floors 1	Bldg. Age 61 years				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services INC		ASCM No. 00120	Name of Abatement Contractor (9) All Clean Environmental, LLC						
Street Address 280 Huyler Street			Street Address 106 Vreeland Avenue						
City, State, Zip Code South Hackensack NJ 07606			City, State, Zip Code South Hackensack NJ 07606						
Project Manager for Monitoring Firm Mr. Geiser Fajardo		Telephone No. 201 489-8700	Telephone No. 201 546-2027	License No. 01243					
Start Date (10) September 19, 2016		Scheduled Completion Date (11) November 9, 2016		Name of OSHA Monitor Niche Analysis					
Occupancy Status During Abatement (Check Only One)			Street Address 399 Knolwood						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am to 12:30 am			City, State, Zip Code White Plains, NY 10603						
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
Lower roof		x		flashing /tar on the parapet wall	310sf/150sf	x			
1st Floor various location		x		glue under carpet and mastic	9,450 sf	x			
Upper roof		x		Roofing material	18,700 sf	x			
Upper roof		x		Roof flashing	1,400 sf	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ04509		Cubic Yards of Waste	Name of Registered Landfill IESI				
City, State Newark NJ				Disposal Date	City, State Bentlheim, PA 18015				
Completed by Carmen Repreza		Title Office Manager		Signature 	Date 09/22/2016				

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

RECEIVED
2016 SEP 26 PM 1:30

Date of Notification (1) 9/22/16		Name of Building Owner/Operator (2) Michael Novogroder							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" 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 Teaneck, NJ 07666							
		Name of Contact Michael Novogroder	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 1875	# of Floors 2						
City (5) Teaneck		Bldg. Age 65+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 10/5/16	Scheduled Completion Date (11) 10/10/16	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	350SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2 CU	Name of Registered Landfill IESI Landfill					
City, State Newark, NJ			Disposal Date TBD	City, State Bethlehem, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 9/22/16			

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

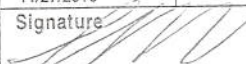
0102740

Date of Notification (1) 09 / 23 / 16		Name of Building Owner / Operator (2) NEW BRUNSWICK PARKING AUTHORITY					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Street Address 106 SOMERSET STREET, 6TH FL City, State, Zip Code NEW BRUNSWICK, NJ 08901 Name of Contact MITCH KARON Telephone Number					
Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		2016 SEP 26 PM 1:57 ASBESTOS CONTROL					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) FERREN DECK COMPLEX		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)					
Street Address ONE PENN PLAZA							
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7)	Square Feet 500,000 # Of Floors 3 Building Age 45+				
		Current Use (Prior if being demolished) PARKING/OFFICE/RETAIL					
Name of Monitoring Firm Hired by Bldg. Owner (8) LOUIS BERGER GROUP		ASCM NO 111	Name of Abatement Contractor (9) Northstar Contracting Group, Inc.				
Street Address 412 MT KEMBLE AVE		Street Address					
City, State, Zip Code MORRISTOWN, NJ 07962		32 Williams Parkway City, State, Zip Code					
Project Mngr. For Monitoring Firm BRUCE LOCKWOOD		East Hanover, NJ 07936					
Telephone Number 201-247-8907							
Scheduled Start Date (10) 10 / 06 / 16	Sched. Completion Date (11) 12 / 16 / 16	Telephone Number 973-772-3660	License Number 00860				
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MON-FRI 7AM - 3:30PM		Name of OSHA Monitor Northstar Contracting Group, Inc. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936					
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type R E M O V A L R E P A I R E N C A P S U L E N C L O S U R			
SEE ATTACHED	YES NO N/A	SEE ATTACHED		<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"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste	Cubic Yards of Waste	Name of Registered Landfill IESI			
City, State NEWARK, NJ		Disposal Date	City, State BETHLAHEM, PA				
Completed by (Print or Type) STEVE STILES		Title PROJECT MANAGER	Signature <i>Steve Stiles</i>		Date 09/23/16		

BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GASKET	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SINK TAR	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASTIC	8,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	9,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	9,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	450 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERIOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAULK	250 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TILE & MASTIC	200 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Check No. **3545**

Date of Notification (1) September 20, 2016		Name of Building Owner/Operator (2) PA of NY & NJ, Newark Liberty International Airport						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Building 125 City, State, Zip Code Newark, NJ 07114 Name of Contact Ralph Campione Telephone Number ---						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport - WO No. 11		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address Building # 57 - Fire Reserve Water Tank		Square Feet 11,000	# of Floors 1					
City (5) Newark		Bldg. Age 50 +/-						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Mechanical Building						
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASC No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.					
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue						
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Ralph Campione	Telephone No. 973-624-6898	Telephone No. 973-478-4681	License No. 00120					
Start Date (10) October 03, 2016	Scheduled Completion Date (11) November 20, 2016	Name of OSHA Monitor McCabe Environmental Services, L.L.C.						
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 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Base of Tank	<input checked="" type="checkbox"/>			Caulking	214 In ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Two Brothers Contracting, Inc.		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State 250 Rutherford Boulevard, Clifton, NJ 07014-1312		Disposal Date 10/04/2016 - 11/27/2016		City, State Penn Argile, PA				
Completed by G. Roger Woodman	Title Project Manager		Signature 			Date 9/20/2016		

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

CK 30340

RECEIVED

Date of Notification (1) September 21, 2016		Name of Building Owner/Operator (2) Valerie Rogoff	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Little Silver, NJ 07739	
		Name of Contact Valerie Rogoff	Telephone Number _____

FACILITY INFORMATION

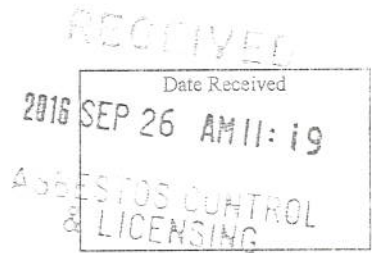
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square feet 2000 sf		
City Little Silver	County (6) Monmouth	County Code (7) (STATE USE ONLY)	# of Floors 2	Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address 1889 Route 9, Unit 61			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Toms River, NJ 08755			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone Number 732-349-9932	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 10/3/16		Scheduled Completion Date (11) 10/4/16		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input 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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement		X		Asbestos pipe insulation	75 lf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 04/14/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature [Signature]	Date 9/21/2016

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

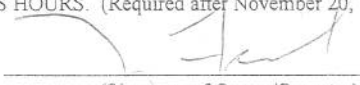
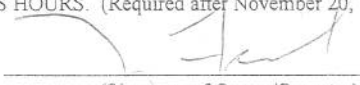
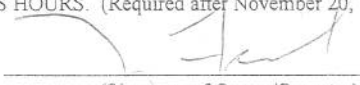
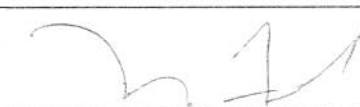
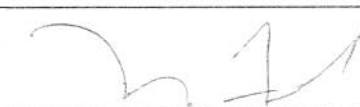
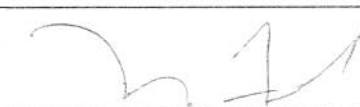
GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O				II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Valerie Rogoff					
Address: [REDACTED]					
City: Little Silver		State: New Jersey		Zip: 07739	
Contact: Valerie Rogoff				Tel: 732-842-2799	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): R					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 52 Woodbine Avenue					
City: Little Silver		State: New Jersey		County: Monmouth	
Site Location: Basement					
Building Size: 2000 sf		# of Floors: 2		Age in Years: 60	
Present Use: Residence			Prior Use: Residence		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
				Cat I Cat II	
Pipes (Linear feet): 75 lf		Asbestos pipe insulation		Basement	
Surface Area (Square feet):					
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/3/16 Complete: 10/4/16					

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED					
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Removal to take place using negative pressure glove-bag method. Prior to removal, work area to be isolated, negative air units to be put in place. All asbestos insulation will be saturated with a surfactant/water mix. All waste to be double bagged, sealed and affixed with appropriate warning labels and placed in closed/locked container for disposal. Encapsulation of all surfaces where removal took place. All materials to be kept wet during the entire operation. Final cleaning will consist of HEPA vacuuming and/or wet wiping of all surfaces.					
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc. Address: 1889 Route 9, Unit 61 City: Toms River State: New Jersey Zip: 08755 Contact Person: Nicholas Fernicola WASTE TRANSPORTER #2 Name: Address: City: State: Zip: Contact Person:					
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road City: Tullytown State: Pennsylvania Zip: 19007 Telephone: 215-943-9732 Permit #: 101494					
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name: Title: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):					
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:					
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER					
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991) <table border="0" style="width: 100%;"> <tr> <td style="width: 40%; text-align: center;"> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </td> <td style="width: 40%; text-align: center;">  (Signature of Owner/Operator) </td> <td style="width: 20%; text-align: center;"> <u>September 21, 2016</u> (Date) </td> </tr> </table>			<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>September 21, 2016</u> (Date)
<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>September 21, 2016</u> (Date)				
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. <table border="0" style="width: 100%;"> <tr> <td style="width: 40%; text-align: center;"> <u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title) </td> <td style="width: 40%; text-align: center;">  (Signature of Owner/Operator) </td> <td style="width: 20%; text-align: center;"> <u>September 21, 2016</u> (Date) </td> </tr> </table>			<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>September 21, 2016</u> (Date)
<u>Nicholas Fernicola / Project Manager</u> (Printed Name/Title)	 (Signature of Owner/Operator)	<u>September 21, 2016</u> (Date)				

NOTIFICATION OF ASBESTOS ABATEMENT

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

CH 30339

Date of Notification (1) September 21, 2016		Name of Building Owner/Operator (2) Thomas Miller	
Agencies Notified	Type of Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification		Clinton, NJ 08809
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #		
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Thomas Miller	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City	County (6)	County Code (7) (STATE USE ONLY)	Square feet 1000 sf # of Floors 1 Bldg. Age 60
Lavallette	Ocean		Current Use (Prior if being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 732-349-9932	License Number 00624
Scheduled Start Date (10) 10/3/16	Scheduled Completion Date (11) 10/4/16	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one)		Street Address 1056 Stelton Road	
<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 Piscataway, New Jersey 08854	
Scope of Work (Check all that apply)		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	500 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 10/5/16	City, State Tullytown, Pennsylvania	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Date 9/21/2016

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

GUARDIAN CONTRACTING, INC.
1889 ROUTE 9
SUITE 61
TOMS RIVER, NEW JERSEY 08755

RECEIVED

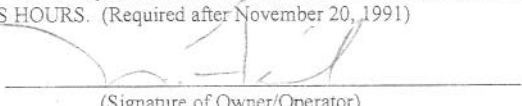
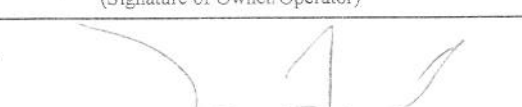
Date Received
2016 SEP 26 AM 11:19

ASBESTOS CONTROL
& LICENSING

DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled):		O		II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Thomas Miller					
Address: [REDACTED]					
City: Clinton		State: New Jersey		Zip: 08809	
Contact: Thomas Miller		Tel: 908-442-4123			
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola		Tel: 732-349-9932			
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:		Tel:			
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Residence					
Address: 17 Vance Avenue					
City: Lavallette		State: New Jersey		County: Ocean	
Site Location: Exterior					
Building Size: 1000 sf		# of Floors: 1		Age in Years: 60	
Present Use: Residence			Prior Use: Residence		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
				Cat I Cat II	
Pipes (Linear feet):					
Surface Area (Square feet): 500 sf		Asbestos siding		Exterior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/3/16 Complete: 10/4/16					

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED			RECEIVED	
	2016 SEP 26 AM 11:19				
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:				
	<p>Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and placed in a locked container for disposal.</p>				
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.				
	Address: 1889 Route 9, Unit 61				
	City: Toms River	State: New Jersey	Zip: 08755		
	Contact Person: Nicholas Femicola				
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:	Zip:		
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.				
	Location: Bordentown Road				
	City: Tullytown	State: Pennsylvania	Zip: 19007		
	Telephone: 215-943-9732		Permit #: 101494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER				
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):		
xv.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:				
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER				
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)				
	Nicholas Femicola / Project Manager (Printed Name/Title)		 (Signature of Owner/Operator)		September 21, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.				
	Nicholas Femicola / Project Manager (Printed Name/Title)		 (Signature of Owner/Operator)		September 21, 2016 (Date)

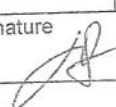
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 09/22/2016		Name of Building Owner/Operator (2) Ross and Kathryn Chapman		2016 SEP 26 AM 10:55	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> [REDACTED] City, State, Zip Code New Providence New Jersey, 07974	
		Name of Contact Ross and Kathryn Chapman		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) N/A			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) New Providence			Square Feet 1400	# of Floors 2	Bldg. Age 54
County (6) Union County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) CPC Environmental		ASCM No.		Name of Abatement Contractor (9) Turningpoint Contracting Corporation	
Street Address 142 North 13th Street		Street Address 51 Berkeley Terrace			
City, State, Zip Code Newark NJ 07107		City, State, Zip Code Irvington, New Jersey 07111			
Project Manager for Monitoring Firm Chika Onwukaife		Telephone No. 973-688-8056		Telephone No. 973-372-2177	License No. 01238
Start Date (10) 10/03/2016		Scheduled Completion Date (11) 10/06/2016		Name of OSHA Monitor JLC Environmental Inc.	
Occupancy Status During Abatement (Check Only One)			Street Address		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Bldg vacated constru. workers remain outside work area			30 West 25th Street		
			City, State, Zip Code New York, NY 10007		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Bed room			X	VAT	SF
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 4506		Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Refacility
City, State Newark NJ 07102		Disposal Date		City, State Tully Town PA	
Completed by Emeka Okeke		Title President		Signature 	Date 09/22/2016

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

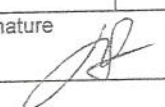
CK 708

Date of Notification (1) 09-18-16		Name of Building Owner/Operator (2) Caravella Demolition							
Agencies Notified	Type Notification	Street Address 40 Deforest Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Hanover NJ 07936							
		Name of Contact Cary Palmer III	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4)							
Street Address 250 W. Westfield Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Roselle Park		Square Feet	# 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) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
			License No. 01206						
Start Date (10) 10-05-16	Scheduled Completion Date (11) 10-10-16	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation / Wrap-Cut	80 LF	X			
1st Floor		X		Joint Compound	4,000 SF	X			
2nd Floor		X		Wall Plaster	2,200 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 10-10-16		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 09-18-16		


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

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

CK 705

Date of Notification (1) 09-18-16		Name of Building Owner/Operator (2) Caravella Demolition		RECEIVED 2016 SEP 26 AM 10:56					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 40 Deforest Ave. City, State, Zip Code East Hanover NJ 07936 Name of Contact Cary Palmer III Telephone Number _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property				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 240 W. Westfield Ave.				Square Feet # of Floors Bldg. Age					
City (5) Roselle Park				Current Use (Prior if being demolished)					
County (6) Union		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		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 201 216-9603 License No. 01206					
Start Date (10) 10-03-16		Scheduled Completion Date (11) 10-07-16		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 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
Roof		X		Roof Flasing	3,400 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 20		Name of Registered Landfill Tullytown Resource Recovery Facility			
City, State Union City, NJ				Disposal Date 10-10-16		City, State Tullytown, PA			
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 09-18-16			

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

Date of Notification (1) 9/21/16		Name of Building Owner/Operator (2) Garden State Episcopal Community Development Corp.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 118 Summit Ave		City, State, Zip Code Jersey City, NJ 07304							
Name of Contact Carlos Morales		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		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 184 Hobart Ave		Square Feet 1,900 +	# of Floors 2+						
City (5) Bayonne		Bldg. Age 50+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Unicorn Contracting Corp.							
Street Address		Street Address 205 Route 46, Suite 7a							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01232						
Start Date (10) 9/29/16	Scheduled Completion Date (11) 10/1/16	Name of OSHA Monitor Envirovision Consultants Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 20-21 Wagaraw Rd, Bldg 35 E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Built-Up Roof Material	5,000 SF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 5+	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 9/21/16			

NO CK

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

RECEIVED

<u>Date of Notification (1)</u> Sept 2, 2016		<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC		2016 SEP 26 AM 11:03	
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		<u>Notification Type</u> () Initial Notification (X) Amended Certification () Cancelled		<u>Street Address</u> 80 Park Plaza	
				<u>City, State, Zip Code</u> Newark, NJ 07102-4109	
		<u>Name of Contact</u> CHRIS COLEMAN		<u>Tel. Number</u>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> NORTH BERGEN SUBSTATION			<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
<u>Street Address</u> 7211 WEST SIDE AVE			<u>Sq. Feet</u> 450 <u># of Floors</u> 1		
<u>City (5)</u> NORTH BERGEN	<u>County (6)</u> BERGEN	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 60 <u>Current Use</u> (prior if being demolished) Electric Generating Station		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>		<u>Name of Contractor (9)</u> Absolut Ace Inc.	
<u>Street Address</u>			<u>Street Address</u> PO BOX 295		
<u>City, State, Zip Code</u>			<u>City State, ZipCode</u> Florham Park, NJ 07932		
<u>Project Manager for Monitoring Firm</u>		<u>Telephone Number</u>		<u>License Number</u>	
<u>Scheduled Start Date (10)</u> Sept 2, 2016		<u>Scheduled Completion Date (11)</u> Oct 15, 2016		<u>Name of OSHA Monitor</u> MECS	
<u>Occupancy Status During Abatement (Check only one)</u> (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe _____ Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage			<u>Street Address</u> 5 Linwood Ct		
			<u>City, State, Zip Code</u> Hamilton, NJ 08690		
<u>Source of Work (Check all that apply)</u> () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Rem. Rep. Encap. Enclose	
ROOF	X	ROOF FLASHING	200 square feet	X	
<u>Name of Reg. Waste Hauler BY OWNER</u>		<u>NJDEP Waste Hauler ID #</u>	<u>Cubic Yards of Waste</u> 5	<u>Name of Reg. Landfill</u>	
<u>City, State</u>			<u>Disp. Date</u>	<u>City, State</u>	
<u>Completed by (Print or Type)</u> ROBERT GROGAN		<u>Title</u> VP	<u>Signature</u>	<u>Date</u> 9/2/16	

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

NO CK


RECEIVED
2016 SEP 26 AM 11:01
DEPT OF ENVIRONMENTAL PROTECTION & LICENSING

Date of Notification (1) 09/20/2016		Name of Building Owner/Operator (2) Franklin Development Group							
Agencies Notified	Type Notification	Street Address 46 Church St							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Joseph Bolowski	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 972-976 Summit Ave		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 972-976 Summit Ave		Square Feet	# of Floors						
City (5) Jersey City		Bldg. Age 25+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) n/a							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6626 Delilah Road							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311	Telephone No. 609-567-1250						
License No. 01172									
Start Date (10) 09/12/16	Scheduled Completion Date (11) 09/30/16	Name of OSHA Monitor Health & Safety Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Vacant</u>		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Piping	435 lf	X			
1st floor/Basement			X	Tile and Mastic	930 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc.		NJDEP Waste Hauler ID No. 0035220	Cubic Yards of Waste 20 cy	Name of Registered Landfill Tullytown Landfill					
City, State 6626 Delilah Road Egg Harbor Township, NJ		Disposal Date 09/30/16		City, State Bristol, PA					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 09/20/2016			

CK 3337

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

RECEIVED

Date of Notification (1) 9 / 20 / 16		Name of Building Owner/Operator (2) Boro of Bellmawr		2016 SEP 26 AM 11:11					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 21 East Browning Road		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Bellmawr, NJ 08099							
			Name of Contact Joshua Tregear	Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bellmawr Police Station			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 21 East Browning Road									
City (5) Bellmawr			Square Feet 20,000	# of Floors 2	Bldg. Age 70				
County (6) Camden		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Police Station						
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 10 / 01 / 16		Scheduled Completion Date (11) 10 / 03 / 16		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Front Door	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior and Interior Caulking	50 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 10/03/2016		City, State Newburg, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 9/20/16			

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

Date of Notification (1) 9/21/2016		Name of Building Owner/Operator (2) NJDEP OFFICE OF RESOURCE DEVELOPMENT							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	P.O. BOX 420							
		City, State, Zip Code TRENTON, NJ 08625							
		Name of Contact AL PAYNE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) ORCHARD HOUSE - MONMOUTH BATTLEFIELD STATE PARK		Type of Facility (4)							
Street Address 18 WEMROCK ROAD		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) FREEHOLD TOWNSHIP		Square Feet	# of Floors						
		Bldg. Age							
County (6) MONMOUTH	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 344 WEST STATE STREET		Street Address 11 VREELAND AVENUE							
City, State, Zip Code TRENTON, NJ 08618		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No. 609-656-8101	License No. 00494						
Start Date (10) 10/4/2016	Scheduled Completion Date (11) 10/11/2016	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT		City, State, Zip Code							
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
Rooms 103,104,104A,104B,105, S2		X		Multi-Layered Floor Tile	460 SF	X			
Room 105		X		Black Condensate Sink Coating	6 SF	X			
Exterior		X		Window Glazing	43 Units	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 15	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 10/11/2016		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 9/21/2016			

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

MO#19730006976

Date of Notification (1) 09 / 21 / 16		Name of Building Owner/Operator (2) Caryn Rosenberg							
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 <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code Millburn, NJ 07041 Name of Contact Caryn Rosenberg							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> City (5) Millburn, NJ 07041		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-638-1777 License No. 01127						
Start Date (10) 09 / 30 / 16	Scheduled Completion Date (11) 10 / 01 / 16	Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM									
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>			Date 09/21/16		

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

Date of Notification (1) 09/19/16		Name of Building Owner/Operator (2) DCH Auto Group		2016 SEP 26 AM 11:05				
Agencies Notified		Type Notification		Street Address				
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		124 Rt. 4				
				City, State, Zip Code Paramus, NJ 07652				
				Name of Contact Thomas Catanzaro	Telephone Number			
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial Building				Type of Facility (4)				
Street Address 11 Mackay Avenue				<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) Paramus		Square Feet 3,000		# of Floors 1	Bldg. Age 50+-			
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial Building				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Stanmark Solutions, LLC				
Street Address		Street Address 28 Edsall Drive						
City, State, Zip Code		City, State, Zip Code Sussex, NJ 07461						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-864-2022	License No. 01137			
Start Date (10) 09/30/16		Scheduled Completion Date (11) 10/05/16		Name of OSHA Monitor AmeriSci				
Occupancy Status During Abatement (Check Only One)				Street Address				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				117 East 30th Street				
				City, State, Zip Code New York, NY 10016				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		x	Flashing & tar	375 S.F.	x			
1st & 2nd Floor		x	floor tiles	1,000 S.F.	x			
1st Floor		x	transite board	100 S.F.	x			
Building Exterior		x	window calking	170 L.F.	x			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 190713		Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.			
City, State Wayne, NJ		Disposal Date on completion		City, State Morrisville, PA				
Completed by Bilyana Stankovic		Title President		Signature <i>Bilyana Stankovic</i>		Date 09/19/16		

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

Date of Notification (1) 09/20/16		Name of Building Owner/Operator (2) Camilo Fraga							
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 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 North Bergen, NJ 07047							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Camilo Fraga		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) North Bergen		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. 201-293-6305	License No. 01223						
Start Date (10) 09/30/16	Scheduled Completion Date (11) 10/10/16	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	75 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 <i>Bryan Parra</i>		Date 09/20/16			

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