

OK # 006164

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

RECEIVED

D&S Proj. #: 2014-

2014 MAY 21 PM 5:04

DEPT. OF ENVIRONMENTAL CONTROL & LICENSING

Date of Notification (1) 05/16/14		Name of Building Owner/Operator (2) BETTY CASABLANCA	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 502 DOREMUS AVENUE	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code GLEN ROCK, NJ 07452	
		Name of Contact BETTY CASABLANCA	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) BETTY CASABLANCA			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 502 DOREMUS AVENUE			Square Feet	# of Floors	Bldg. Age
City (5) GLEN ROCK	County (6) BERGEN	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 06/03/14	Sched. Completion Date (11) 06/26/14	Name of OSHA Monitor D & S Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/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

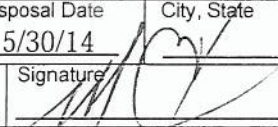
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	255 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT BOILER		<input checked="" type="checkbox"/>		BOILER INSULATION	55 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 5 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 06/04/14	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/16/ 2014

CK # 24519

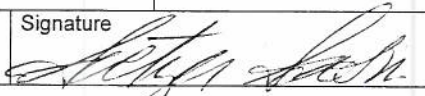
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <u>5/19/14</u>		Name of Building Owner/Operator (2) <u>Desalvo</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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>48 May Street</u>						
			City, State, Zip Code <u>New Brunswick, NJ 08901</u>						
			Name of Contact <u>Angela Tami - Realtor</u>	Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Residential Property</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>48 May Street</u>									
City (5) <u>New Brunswick, NJ</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>						
		Bldg. Age <u>70</u>							
County (6) <u>Middlesex</u>		County Code (7) (STATE USE ONLY)							
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>Lou Laureti</u>		Telephone No. <u>(609) 298-4070</u>							
		Telephone No. <u>(609) 259-9688</u>							
		License No. <u>00493</u>							
Start Date (10) <u>5/29/14</u>		Scheduled Completion Date (11) <u>6/6/14</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 to 4pm</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>150 lf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>2 CU</u>		Name of Registered Landfill <u>T.R.R.F., Inc.</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/30/14</u>		City, State <u>Tullytown, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>5/19/14</u>			

NO CK

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

Date of Notification (1) <u>05</u> / <u>16</u> / <u>14</u>		Name of Building Owner/Operator (2) <b>Monmouth County Prosecutors Office</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCA (NJAC 5:16) <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>5</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>132 Jersey Ville Avenue</b>							
		City, State, Zip Code <b>Freehold NJ 07728</b>							
		Name of Contact <b>Tom Aloia</b>	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Existing Bldg A</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <b>132 Jersey Ville Avenue</b>		Square Feet <b>46,000 Sf.</b>	# of Floors <b>1</b>						
City (5) <b>Freehold NJ 07728</b>		Bldg. Age <b>1960</b>							
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Prosecutor's Office</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No. <b>30</b>	Name of Abatement Contractor (9) <b>APS Contractors Inc.</b>						
Street Address <b>120 North Warren St.</b>		Street Address <b>155-161 Pennsylvania Avenue</b>							
City, State, Zip Code <b>Trenton</b>		City, State, Zip Code <b>Paterson, NJ 07503</b>							
Project Manager for Monitoring Firm <b>Ryan Broadwater</b>		Telephone No. <b>609-392-4200</b>	Telephone No. <b>973-754-1908</b>						
		License No. <b>00875</b>							
Start Date (10) <u>05</u> / <u>19</u> / <u>14</u>	Scheduled Completion Date (11) <u>06</u> / <u>11</u> / <u>14</u>	Name of OSHA Monitor <b>EMSL ANALYTICAL, INC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 SHELTON AVE</b>							
		City, State, Zip Code <b>PISCATAWAY NJ 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Thruout Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	8,448 sf.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thruout Bldg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fiberglass Wall Insul/Cement Brd Panels/Transite	324sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rm1038	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic/Cork Floor Tile	7,940sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC Rms 1040	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cement Piping/Pipe Insulation	22 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Atlantic Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>26085</b>	Cubic Yards of Waste <b>40 Yards</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Wayne, NJ 07470</b>		Disposal Date <b>06/11/2014</b>	City, State <b>Morrisville, PA 19067</b>						
Completed By (Print or Type) <b>Svetozar Savreski</b>	Title <b>President</b>	Signature 				Date <b>5/16/14</b>			

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

# 2329

Date of Notification (1) <b>5-9-14</b>		Name of Building Owner/Operator, (2) <b>ALIBAY / J. RAJABAI / RUCO KARRA</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>66 NO JEFFERSON ST</b>						
	City, State, Zip Code <b>WHIPPANY, NJ</b>		Name of Contact <b>Bill</b>						
		Telephone Number <b>2</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>66 NORTH JEFFERSON</b>		Square Feet <b>1600</b>	# of Floors <b>2</b>						
City (5) <b>WHIPPANY NJ 07981</b>		Bldg. Age <b>65+</b>							
County (6) <b>MORRIS</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Ace Insulation Co., Inc.</b>						
Street Address		Street Address <b>95 Montrose Road</b>							
City, State, Zip Code		City, State, Zip Code <b>Colts Neck, N.J. 07722</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-294-1757</b>	License No. <b>00029</b>						
Start Date (10)	Scheduled Completion Date (11)		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: <b>10AM - 7PM</b>			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASMENT</b>			<input checked="" type="checkbox"/>	<b>PIPECOVERING</b>	<b>100'</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Ace Insulation Co., Inc.</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Colts Neck, New Jersey</b>		Disposal Date		City, State <b>Easton, PA</b>					
Completed by <b>Bree McGuire</b>		Title <b>President</b>		Signature <i>[Signature]</i>		Date <b>5-9-14</b>			

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

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

Check # 0640

Date of Notification (1) 5/16/14		Name of Building Owner/Operator (2) Joyce Taylor								
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 712 Scotch Plains Ave City, State, Zip Code Westfield, NJ 07090 Name of Contact Joyce Taylor			Telephone Number _____				
	<b>FACILITY INFORMATION</b>									
	Name of Facility Where Abatement is Taking Place (3) Residential Street Address 712 Scotch Plains Ave City (5) Westfield County (6) Union			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 2,000 # of Floors 2 Bldg. Age 50+ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) n/a Street Address n/a City, State, Zip Code n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp Street Address 22 Troy Ln City, State, Zip Code Lincoln Park, NJ 07035 Telephone No. 973.706.7950 License No. 01193							
Project Manager for Monitoring Firm n/a Telephone No. n/a		Name of OSHA Monitor Loznica Management Corp								
Start Date (10) 5/26/14		Scheduled Completion Date (11) 5/27/14		Name of OSHA Monitor Loznica Management Corp						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 22 Troy Ln City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
						Removal	Repair	Encapsulate	Enclosure	
Basement				x	9 x 9 VAT	500 SF	x			
1st Floor				x	9 x 9 VAT	60 SF	x			
Name of Registered Waste Hauler Loznica Management Corp		NJDEP Waste Hauler ID No. 033137		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS North					
City, State Lincoln Park, NJ				Disposal Date TBD	City, State Morrisville, PA					
Completed by E. Cirovic			Title Secretary		Signature <i>E. Cirovic</i>			Date 5/16/14		

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

CK 10223

Date of Notification (1) <b>5-16-14</b>		Name of Building Owner/Operator (2) <b>Sam Hyeaman</b>	
Agencies Notified	Type Notification	Street Address <b>289 Claremont Ave.</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Montclair, NJ, 07042</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Sam Hyeaman</b>	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

RECEIVED  
 MAY 21 PM 3:15  
 2014

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>			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 (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>
Street Address		Street Address <b>86 Christopher St.</b>
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>
Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>
		License Number <b>00371</b>

Scheduled Start Date (10) <b>5-25-14</b>	Sched. Completion Date (11) <b>5-27-14</b>	Name of OSHA Monitor <b>N/A</b>
Month Day Year	Month Day Year	
Occupancy Status During Abatement (Check only one)		Street Address
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»		
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»		

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-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
	Yes	No	N/A			R	R	E	E			
Basement			X	Pipe Insulation	35 lf	X						

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5-28-14</b>	City, State <b>Morrisville, PA 19067</b>

Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>C Vivian</i>	Date <b>5-16-14</b>
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APPROVED  
 N.J. Dept of Health & Senior Services  
*How C. Homer*  
 (signature)  
 Date: 5/13/14 Time: 1:50 PM

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26B and 12:10B)

CRITICAL 8444

Date of Notification (1) <u>5/13/14</u>		Name of Building Owner/Operator (2) <u>ROTHWELL ASSOCIATES, L.L.C.</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 of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>20 MYRTLE AVE</u>						
		City, State, Zip Code <u>EDGEWATER, N.J. 07020</u>						
Name of Facility where Abatement is Taking Place (3) <u>RESIDENCE</u>		Name of Contact <u>AMIT SHAH</u>						
Street Address <u>24 MYRTLE AVE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, hotels, etc.)						
City (5) <u>EDGEWATER</u>		Square Feet <u>1,850</u>	# of Floors <u>2</u>					
County (6) <u>BERGEN</u>		Current Use (Prior if being demolished) <u>RESIDENTIAL</u>						
Name of Manufacturing Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) <u>A. MAC Contracting Inc.</u>						
City, State, Zip Code		Street Address <u>105 Lowell Road</u>						
Project Manager for Manufacturing Firm		Telephone No. <u>201-251-5841</u>	License No. <u>00150</u>					
City, State, Zip Code		City, State, Zip Code <u>Glen Rock, NJ 07452</u>						
Start Date (10) <u>5/14/14</u>	Estimated Completion Date (11) <u>5/30/14</u>	Name of OSHA Monitor <u>Omega Environmental Services Inc.</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>280 Hager Street</u>						
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 or more ft <input checked="" type="checkbox"/> ≥150 or 2280 ft		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Cleaning Procedure <input checked="" type="checkbox"/> Non-Exempted (7) and Non-Friable Procedure						
<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"/> Cleaning Procedure <input checked="" type="checkbox"/> Non-Exempted (7) and Non-Friable Procedure						
Location of Asbestos Containing Material (ACM) <u>TO BE ABATED in Facility</u> (13)	Is Location Normally Used Solely by Maintenance/Contract Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, roofing, SPC, or other miscellaneous)	Amount (Specify Sq ft or Lb) <u>1,850 SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>EXTERIOR</u>			<u>TRANSITE</u>					
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. <u>20785</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>ESI PA Pollution Landfill Corp.</u>				
Route Transport City, State, Zip Code <u>Edgewater, NJ 07020</u>		Disposal Date <u>5/14/14</u>		City, State, Zip Code <u>Edgewater, PA 18042</u>				
Completed by <u>Joseph Vaccaro</u>		Title <u>Operations</u>		Signature <u>J. Vaccaro</u>			Date <u>5/13/14</u>	

\*Do not use this form for asbestos removal exempted activities

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

Date of Notification (1) <b>5-16-14</b>		Name of Building Owner/Operator (2) <b>Susan Upchurch</b>	
Agencies Notified [ ] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification [X] Initial Notification	Street Address <b>85 James Street</b>	
	[ ] Amended Notification	City, State, Zip Code <b>Westwood, NJ, 07675</b>	
	[ ] EMERGENCY [ ] Cancellation	Name of Contact <b>Susan Upchurch</b>	Telephone Number <b>[REDACTED]</b>

FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>
Street Address		Street Address <b>86 Christopher St.</b>
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>

Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>5-27-14</b> Month Day Year	Sched. Completion Date (11) <b>5-28-14</b> Month Day Year	Name of OSHA Monitor <b>N/A</b>	

Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» [ ] Other - Describe: «Other Occupancy Descript»	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"/> 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-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 N C L O S U R E
Basement			X	Pipe Insulation	40 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>	Disposal Date <b>5-29-14</b>	City, State <b>Morrisville, PA 19067</b>	

Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>C Vivian</i>	Date <b>5-16-14</b>
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 2014 MAY 21 PM 3:27  
 ASBESTOS CONTROL DIVISION



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

Date of Notification (1) <b>5-16-14</b>		Name of Building Owner/Operator (2) <b>Tenners, LLC.</b>	
Agencies Notified	Type Notification	Street Address <b>316 Madison Street</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Passaic, NJ, 07055</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact	Telephone Number
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	<b>Robert Squires</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

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 ASBESTOS CONTROL UNIT

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Same as above</b>		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 (5)	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
			Square Feet: <b>9000</b> # of Floors: <b>4</b> Bldg. Age: <b>86</b>

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>
Street Address		Street Address <b>86 Christopher St.</b>
City, State, Zip Code		City, State, Zip Code <b>Montclair, NJ 07042</b>

Project Manager for Monitoring Firm	Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>	License Number <b>00371</b>
Scheduled Start Date (10) <b>5-25-14</b>	Sched. Completion Date (11) <b>5-27-14</b>	Name of OSHA Monitor <b>N/A</b>	
Month Day Year	Month Day Year		

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 - Describe: «OffHours Descript»	City, State, Zip Code
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»	

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-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 E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Basement			X	Pipe Insulation	135 lf	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>5-28-14</b>	City, State <b>Morrisville, PA 19067</b>

Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>C Vivian</i>	Date <b>5-16-14</b>
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NO CK

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/15/2014		Name of Building Owner/Operator (2) GLM at Comstock, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1260 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact C/O Patrick Larney	Telephone Number

Name of Facility Where Abatement is Taking Place (3) Vacant Strip Mall			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 350 Comstock Street			Square Feet ~ 15,000	# of Floors 1	Bldg. Age 50 Years
City (5) New Brunswick		County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.			ASCM No.		Name of Abatement Contractor (9) ATC Construction, LLC
Street Address 411 Southgate Court, Suite E			Street Address 6012 Broadway Avenue. Unit 2		
City, State, Zip Code Mickleton, NJ 08056			City, State, Zip Code West New York, NJ 07093		
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856 224-0080		Telephone No. 201 293-2368	License No. 01210
Start Date (10) 05/28/14		Scheduled Completion Date (11) 6/10/14		Name of OSHA Monitor ATC Construction, 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 6012 Broadway Avenue		
			City, State, Zip Code West New York, NJ 07093		

Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input 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					
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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
Awning and Sign Crafters			x	Firedoor	20 SF	x			
Radical Cosmetics			x	Tar Patch Over Drywall	4 SF	x			
Radical Cosmetics			x	Roofing Material	4,280 SF	x			
Furniture Warehouse			x	Parapet Flashing	240 SF	x			

Name of Registered Waste Hauler Rovic Disposal	NJDEP Waste Hauler ID No. NJDEP20785	Cubic Yards of Waste 40 Cubic yards	Name of Registered Landfill Tullytown Resource Recovery
City, State Riverdale, New Jersey		Disposal Date 06/2014	City, State Tullytown, PA
Completed by 	Title PM	Signature Eric Jeter	Date 5-15-14

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


CK# 2326

Date of Notification (1) 5/19/14		Name of Building Owner/Operator (2) Priest Residence								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 75 South Jackson Ave								
		City, State, Zip Code Manasquan NJ 08736								
		Name of Contact Mike	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Priest 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 75 South Jackson Ave		Square Feet 1800	# of Floors 2							
City (5) Manasquan		Current Use (Prior if being demolished) Residence	Bladder Age 21							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Ace Insulation Co., Inc.								
Name of Monitoring Firm Hired by Building Owner (8)		Street Address 95 Montrose Road								
Street Address		City, State, Zip Code Colts Neck, N.J. 07722								
City, State, Zip Code		Telephone No. 732-294-1757	License No. 00029							
Project Manager for Monitoring Firm		Telephone No.								
Start Date (10) 5/28/14	Scheduled Completion Date (11) 6/3/14	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: 7AM-7PM		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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	
Outdoor			X	Siding	1800 SF	X				
				Downspout						
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.						
City, State Colts Neck, New Jersey		Disposal Date 6/3/14		City, State Tullytown, PA						
Completed by Bree McGuire		Title Secretary Treasurer	Signature Bree McGuire			Date 5/19/14				

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

*Check 12902*

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 ASBESTOS CONTROLLING  
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Date of Notification (1) 5/16/14		Name of Building Owner/Operator (2) Mr. & Mrs. Karmel							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 9 Sutton Avenue		City, State, Zip Code Nutley, NJ				
			Name of Contact Rachel Karmel			Telephone Number			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 9 Sutton Avenue		Square Feet 2200	# of Floors 2	Bldg. Age 50					
City (5) Nutley		County (6) Essex		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) ABS Environmental Services, LLC		Street Address 4 E Gate Drive, PO Box 483		City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm		Telephone No. 973-583-8500		License No. 703					
Start Date (10) 5/23/14		Scheduled Completion Date (11) 6/7/14		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: _____			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 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
kitchen			x	pipe insulation	8 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Landfill GROWS				
City, State Freehold NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Scott Higgins		Title President		Signature 		Date 5/16/14			

NO CK

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

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Date of Notification (1) 05-16-14		Name of Building Owner/Operator (2) D.F. Chase, Inc								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3001 Army Drive								
		City, State, Zip Code Nashville TN 37204								
		Name of Contact Tricia Adamo	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Old Dominion Freight Lines Inc.		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 180 Talmadge Avenue		Square Feet	# of Floors							
City (5) Edison		Bldg. Age								
County (6) Middlesex	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 0787								
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206							
Start Date (10) 05-26-14	Scheduled Completion Date (11) 05-29-14	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 08087								
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	
First Floor room A,B,H&C		x		VAT & Mastic	1200 SF	x				
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Union City NJ		Disposal Date 05-30-14		City, State Tullytown, PA						
Completed by Jaime Delgado		Title Proj. Manager.	Signature 				Date 05-16-14			

NO CK

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

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Date of Notification (1) 04/11/14 Month/Day/Year		Name of Building Owner/Operator (2) State of NJ Department of Treasury	
Agency Notified x EPA x DEP DCA x DOH	Type Notification	Street Address	2014 MAY 21 PM 2:26 ASBESTOS CONTROL & LICENSING
	Initial Notification	50 Barrack Street	
	X Amended Notification	City, State, Zip Code	
	Cancellation	Trenton NJ 08608	
		Name of Contact	Telephone Number
		Craig Cody	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Marlboro Psychiatric Hospital			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 546 Newman Springs Road			Square Feet	# of Floors	Bldg. Age
City (5) Marlboro Township	County (6) Monmouth County	County Code (7) (STATE USE ONLY)	0	70+ bldgs	100+
			Current Use (Prior if being demolished) vacant		

Name of Monitoring Firm Hired by Building Owner (8) Applied Accredited Technologies, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 28 North Pennell Road		Street Address 98 laCrue Avenue			
City, State, Zip Code Media, PA 19063		City, State, Zip Code Glen Mills, PA 19342			
Project Manager of Monitoring Firm David Tuotsy		Telephone Number 610-891-0114	Telephone Number 610-364-9622	Licence Number 1103	

Scheduled Start Date (10) 04/28/14 Month/Day/Year	Sched. Completion Date (11) 05/28/15 Month/Day/Year	Name of OSHA Monitor Applied Accredited Technologies, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: ___ 7:00 AM - 5:30 PM Other - Describe: _____		Street Address 28 North Pennell Road			
		City, State, Zip Code Media, PA 19063			

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

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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type						
	Yes	No	N/A			R	R	E	E			
						E	P	N	N			
see attached sheets												

Name of Registered Waste Hauler Horizon Disposal	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3700	Name of Registered Landfill GROWS
City, State Trenton NJ	Disposal Date As needed		City, State Morrisville PA
Completed By (Print or Type) John Heemer	Title Project Manager	Signature 	Date 5/15/14

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

*Check # 10943*

GAC Project # 448-14

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Date of Notification (1) <b>May 16, 2014</b>		Name of Building Owner/Operator (2) <b>AMELIA &amp; LOUISE</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>11 LAURELWOOD DRIVE</b>
			City, State, Zip Code <b>MEDFORD, NJ 08055</b>
			Name of Contact <b>c/o MR. PAT GARRISON - Mgr. Ken's Marine Svc.</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>189 BARTHOLDI AVENUE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>189 BARTHOLDI AVENUE</b>		Sq. Feet: <b>3000 SF</b> # of Floors: <b>2</b> Bldg. Age: <b>~60+ years</b>	
City (5) <b>JERSEY CITY</b>	County (6) <b>HUDSON</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>RESIDENCE</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ENVIROVISION, INC.</b>		ASCM No. <b>00079</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>20-21 WARGARAW ROAD</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>FAIRLAWN, NJ</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>FRED LARSON</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>05/27/14</b>	Scheduled Completion Date (11) <b>05/28/14</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement (NOT SUB 8) <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement <b>Hours 8AM - 4PM</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Source 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 (Cut & Wrap) <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
<b>Basement</b>	<input checked="" type="checkbox"/>	<b>TSI - PIPE INSULATION</b>	<b>20 LF</b>
Abatement Type Remove Repair Encap Enclose		<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>Newark Carting, Inc. Newark, NJ 04509</b>	NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Notes: <b>None</b>		Disposal Date <b>05/28/14</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>May 16, 2014</b>

CK # 1850

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

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2014 MAY 21 PM 2:07

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/13/2014		Name of Building Owner/Operator (2) Luis Araujo	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 85 Adams Street, Apartment 1
	City, State, Zip Code Newark, NJ 07105		Name of Contact Luis Araujo
			Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) 43 Belmont Avenue		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.)		
City (5) North Arlington, NJ 07105		Square Feet 1,440	# of Floors 2	Bldg. Age 1930
County (6) Bergen County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential

Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Incinia Contracting, Inc.	
Street Address 20-21 Wagaraw Road, Building 35E		Street Address 1360 Clifton Avenue, Unit 365		
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Clifton, NJ 07012		
Project Manager for Monitoring Firm Fred Larson		Telephone No. (973) 636-9145	Telephone No. (973) 450-9500	License No. 01036

Start Date (10) 05/24/2014	Scheduled Completion Date (11) 05/24/2014	Name of OSHA Monitor Incinia Contracting, Inc.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1360 Clifton Avenue, Unit 365		
		City, State, Zip Code Clifton, NJ 07012		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	15 LF	X			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ-641	Cubic Yards of Waste	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.	
City, State Wayne, NJ		Disposal Date		City, State Bethlehem, PA	
Completed by Sean Zoric		Title President	Signature 		Date 05/13/2014



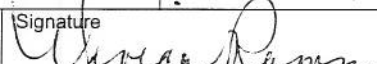
CK # 19021

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

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2014 MAY 21 PM 2:11

ASBESTOS CONTROL  
& LICENSING

Date of Notification (1) 5/16/2014		Name of Building Owner/Operator (2) NJDEP OFFICE OF RESOURCE DEVELOPMENT							
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 P.O. BOX 420		City, State, Zip Code TRENTON, NJ 08625					
		Name of Contact BOB KUNZE		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MELVIN DENHOLTZ PROPERTY -STOKES STATE FOREST			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 LAYTON-HAINSVILLE ROAD			Square Feet	# of Floors	Bldg. Age				
City (5) SANDYSTON		County (6) SUSSEX		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						
Street Address 344 WEST STATE STREET			Street Address 250 RUTHERFORD BLVD.						
City, State, Zip Code TRENTON, NJ 08618			City, State, Zip Code CLIFTON, NJ 07014						
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No. 609-656-8101	Telephone No. 973-956-8700	License No. 00494					
Start Date (10) 5/27/2014	Scheduled Completion Date (11) 6/17/2014		Name of OSHA Monitor SAME AS (9) ABOVE						
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: DEMO			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BARN NO. 1 - ROOF		X		SEALANT & BLACK COATING	3,600 SF	X			
BARN NO. 2 - ROOF		X		SEALANT & BLACK COATING	3,500 SF	X			
GARAGE		X		WINDOW GLAZING		X			
				(3 WINDOWS)					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 40 +/-	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State CLIFTON, NJ		Disposal Date 6/17/2014	City, State MORRISVILLE, PA						
Completed by VIVECA RAMOS		Title SECRETARY	Signature 	Date 5/16/2014					

OK # 18989

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

RECEIVED

2014 MAY 21 PM 3:01

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/12/2014		Name of Building Owner/Operator (2) CONGREGATION B'NAI JESHURUN										
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1025 SOUTH ORANGE AVENUE								
				City, State, Zip Code SHORT HILLS, NJ 07078								
		Name of Contact ALICE LUTWAK		Telephone Number								
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) TEMPLE B'NAI JESHURUN				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 1025 SOUTH ORANGE AVENUE				Square Feet								
City (5) SHORT HILLS				# of Floors								
County (6) ESSEX				Bldg. Age								
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)										
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.			ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING								
Street Address 120 NORTH WARREN STREET			Street Address 250 RUTHERFORD BLVD.									
City, State, Zip Code TRENTON, NJ 08608			City, State, Zip Code CLIFTON, NJ 07014									
Project Manager for Monitoring Firm ROLAND C. JONES		Telephone No. 212-952-7300	Telephone No. 973-956-8700	License No. 00494								
Start Date (10) 5/12/2014		Scheduled Completion Date (11) 5/15/2014		Name of OSHA Monitor SAME AS (9) ABOVE								
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>START 5:00 PM</u>				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"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type				
		Yes	No					N/A	Removal	Repair	Encapsulate	Enclosure
BOILER ROOM			X		PIPE INSULATION		8 LF		X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING			NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 1	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.							
City, State CLIFTON, NJ			Disposal Date 5/15/2014		City, State MORRISVILLE, PA							
Completed by VIVECA RAMOS			Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>			Date 5/12/2014				

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

Date of Notification (1) May 16, 2014		Name of Building Owner/Operator (2) DeLuca Contracting	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 124 Delaware Trail
			City, State, Zip Code Lakewood, NJ 08701
			Name of Contact Lou DeLuca

**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 104 Alhama Drive			Square feet 1000 sf		
City Brick			County (6) Ocean		County Code (7) (STATE USE ONLY)
			# of Floors 1		Bldg. Age 60
			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address		Street Address 1889 Route 9, Unit 61			
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755-1271			
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 5/16/14		Scheduled Completion Date (11) 5/19/14			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor E.M.S.L. Analytical		
			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Glovebag Procedure					
<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	YES	NO	N/A			R E M O V E M E N T	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	1000 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 5/20/14		City, State Tullytown, Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager		Signature			Date 5/16/2014			

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

CHECK #  
3308

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

RECEIVED

Date of Notification (1) <u>5/16/14</u>		Name of Building Owner/Operator (2) <u>GARDEN STATE DREDGING</u>						
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 782 - 8 CLERMONT DR.</u>						
		City, State, Zip Code <u>110 GRANDE MIDENOR 08210</u>						
		Name of Contact <u>JIM NEMINGWAY</u>						
		Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>1309 DELAWARE AVE</u>		Square Feet <u>1000</u>	# of Floors <u>2</u>					
City (5) <u>NORTH WILDBOOD</u>		Bldg Age <u>40+</u>						
County (6) <u>CAMP MICH</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE.</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>5/26/14</u>	Scheduled Completion Date (11) <u>6/12/14</u>	Name of OSHA Monitor <u>JOSEPH KLEMM</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>369 S. SPRUCE AVE.</u>						
		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ ll <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ ll		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED</u> <u>W-Facility</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>800 #</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulation
<u>SIDING</u>			<u>TRANSIT</u>					<input checked="" type="checkbox"/>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJOEP Waste Hauler ID No. <u>17907</u>	Cubic Yards of Waste <u>5</u>	Name of Registered Landfill <u>C.M.C. M.U.A.</u>				
City, State <u>MAPLE SHADE, N.J. 08052</u>		Disposal Date	City, State <u>WOODBINE, N.J.</u>					
Completed By <u>JOSEPH KLEMM</u>	Title <u>OWNER</u>	Signature <u>Joseph Klemm</u>	Date <u>5/16/14</u>					