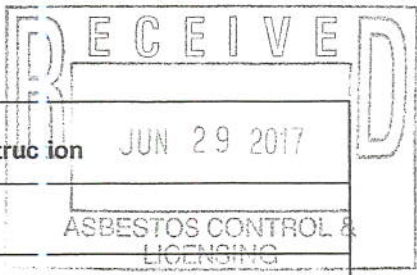


**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>06</u> / <u>02</u> / <u>17</u>		Name of Building Owner/Operator (2) Division of Property Management and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3 <sup>rd</sup> Floor	
		City, State, Zip Code Trenton, NJ 08608	
		Name of Contact Rick Ferrera	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Commercial		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 152 Fostertown Road		Square Feet	# of Floors
City (5) Lumberton, NJ		Bldg. Age	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224	Street Address 27 Outwater Lane	City, State, Zip Code Garfield, NJ 07026	
City, State, Zip Code Union, NJ	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188

Project Manager for Monitoring Firm Rick Estaquio	Start Date (10) <u>06</u> / <u>12</u> / <u>17</u>	Scheduled Completion Date (11) <u>07</u> / <u>12</u> / <u>17</u>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

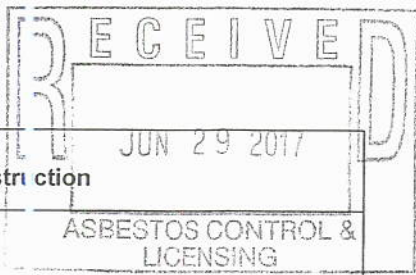
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding, Shingles	6 CY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farm House- Bldg. 13- Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panel	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building 9	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar paper and debris	2 000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buildings 9,11,12,13	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulking	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler All Pro Management, LLC	NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill
City, State Garfield, NJ	Disposal Date TBD	City, State Bethlehem, PA	
Completed By (Print or Type) Zvonko Veskov	Title President	Signature 	Date 6/2/17

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



Date of Notification (1) 06 / 26 / 17		Name of Building Owner/Operator (2) Division of Property Management and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Floor	
		City, State, Zip Code Trenton, NJ 08608	
		Name of Contact Rick Ferrera	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial		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 152 Fostertown Road- Building 13		Square Feet	# of Floors
City (5) Lumberton, NJ		Bldg. Age	
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC
Street Address P.O. Box 1224		Street Address 27 Outwater Lane
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026
Project Manager for Monitoring Firm Rick Estaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888
		License No. 1188

Start Date (10) 06 / 12 / 17	Scheduled Completion Date (11) 08 / 12 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT LLC
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 27 Outwater Lane
		City, State, Zip Code Garfield, NJ 07026

Scope of Work (Check all that apply)

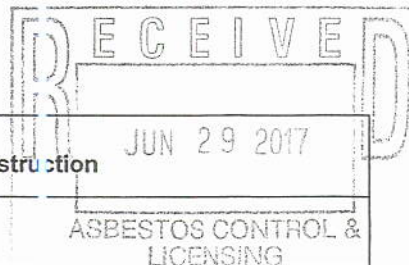
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulking	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panel	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler All Pro Management, LLC	NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill
City, State Garfield, NJ	Disposal Date TBD	City, State Bethlehem, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 	Date 6/26/17

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

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



CH2096

Date of Notification (1) <u>06</u> / <u>26</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Division of Property Management and Construction</b>	
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 <b>20 W. State Street, 3<sup>rd</sup> Floor</b>	
		City, State, Zip Code <b>Trenton, NJ 08608</b>	
		Name of Contact <b>Rick Ferrera</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Commercial</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 and commercial buildings, homes, etc.)	
Street Address <b>152 Fostertown Road- Building 9</b>		Square Feet	Bldg. Age
City (5) <b>Lumberton, NJ</b>		# of Floors	
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>	ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>	
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>	
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Project Manager for Monitoring Firm <b>Rick Estaquio</b>	Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>

Start Date (10) <u>06</u> / <u>28</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>28</u> / <u>17</u>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>	
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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>27 Outwater Lane</b>
	City, State, Zip Code <b>Garfield, NJ 07026</b>

Scope of Work (Check all that apply)

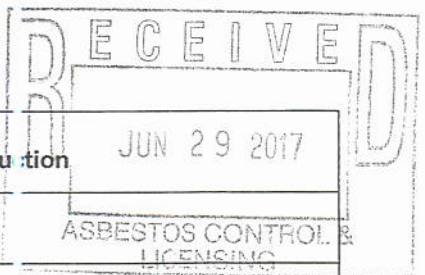
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RACM		<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 <b>All Pro Management, LLC</b>	NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Bethlehem Landfill</b>
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>

Completed By (Print or Type) <b>Allen Monchik</b>	Title <b>Project Manager</b>	Signature 	Date <b>6/26/17</b>
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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

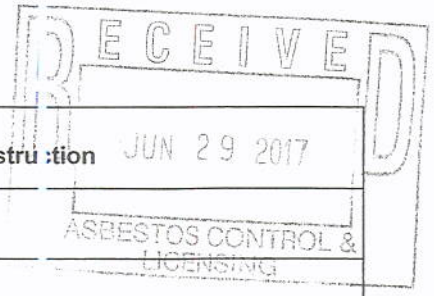


Date of Notification (1) <u>06</u> / <u>26</u> / <u>17</u>		Name of Building Owner/Operator (2) Division of Property Management and Construction								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 W. State Street, 3<sup>rd</sup> Floor</b>								
		City, State, Zip Code <b>Trenton, NJ 08608</b>								
		Name of Contact <b>Rick Ferrera</b>	Telephone Number							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</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 and commercial buildings, homes, etc.)								
Street Address <b>152 Fostertown Road- Building 12</b>		Square Feet	# of Floors							
City (5) <b>Lumberton, NJ</b>		Bldg. Age								
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>	ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>								
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>								
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>								
Project Manager for Monitoring Firm <b>Rick Estaquio</b>	Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>							
Start Date (10) <u>06</u> / <u>28</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>28</u> / <u>17</u>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</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>27 Outwater Lane</b>								
		City, State, Zip Code <b>Garfield, NJ 07026</b>								
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulking	60 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 <b>All Pro Management, LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Bethlehem Landfill</b>						
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>						
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature 			Date <b>6/26/17</b>			

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

Ch 2096

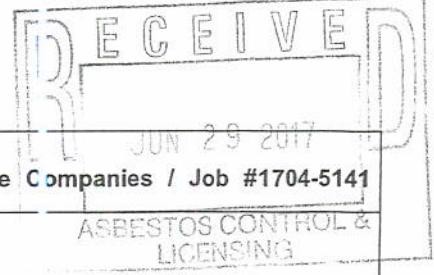
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>06</u> / <u>26</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Division of Property Management and Construction</b>								
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 <b>20 W. State Street, 3rd Floor</b>								
		City, State, Zip Code <b>Trenton, NJ 08608</b>								
		Name of Contact <b>Rick Ferrera</b>	Telephone Number _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</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 and commercial buildings, homes, etc.)								
Street Address <b>152 Fostertown Road- Building 11</b>		Square Feet	# of Floors							
City (5) <b>Lumberton, NJ</b>		Bldg. Age								
County (6) <b>Burlington</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished)								
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>							
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>								
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>								
Project Manager for Monitoring Firm <b>Rick Estaquio</b>		Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>							
			License No. <b>1188</b>							
Start Date (10) <u>06</u> / <u>28</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>28</u> / <u>17</u>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</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>27 Outwater Lane</b>								
		City, State, Zip Code <b>Garfield, NJ 07026</b>								
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"/> 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"/> Renovation <input checked="" type="checkbox"/> Demolition										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulking	60 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 <b>All Pro Management, LLC</b>		NJDEP Waste Hauler ID No. <b>0034860</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Bethlehem Landfill</b>						
City, State <b>Garfield, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>							
Completed By (Print or Type) <b>Allen Monchik</b>	Title <b>Project Manager</b>	Signature 		Date <b>6/26/17</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 5:16)**



Date of Notification (1) <u>6</u> / <u>23</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>HPF VIII 700 Union LLC c/o Hampshire Companies / Job #1704-5141</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Check # <u>PG 1 of 2</u>	
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>22 Maple Avenue</b>	
		City, State, Zip Code <b>Morristown, NJ 07960</b>	
		Name of Contact <b>Hoon Lee</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Former Pharmaceutical Building</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 and commercial buildings, homes, etc.)	
Street Address <b>700 Union Blvd.</b>		Square Feet	# of Floors
City (5) <b>Totowa, NJ 07512</b>		Bldg. Age	
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <b>Private Building</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Detail Associates, Inc.</b>	ASCM No. <b>16-0085</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>300 Grand Avenue</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Englewood, NJ 07631</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Stephen Jaraczewski</b>	Telephone No. <b>201-569-6708</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>

Start Date (10) <u>6</u> / <u>19</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor <b>EMSL Analytical</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>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

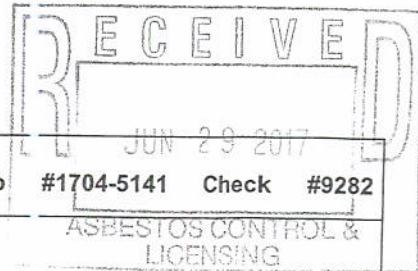
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows	1 000 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atrium Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single Layer Floor tile & Mastic	2,810 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Floor tile & Mastic	2,875 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>7/31/17</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 	Date <b>6/23/17</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 5:16)**



Date of Notification (1) <u>6</u> / <u>23</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>HPF VIII 700 Union LLC/ Job #1704-5141 Check #9282</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>22 Maple Ave.</b>	
		City, State, Zip Code <b>Morristown, NJ 07960</b>	
		Name of Contact <b>Hoon Lee</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Former Pharmaceutical Building</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 and commercial buildings, homes, etc.)	
Street Address <b>700 Union Blvd.</b>		Square Feet	Bldg. Age
City (5) <b>Totowa, NJ 07512</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished) <b>Private Building</b>	
County (6) <b>Passaic</b>	Name of Monitoring Firm Hired by Building Owner (8) <b>Detail Associates, Inc.</b>		

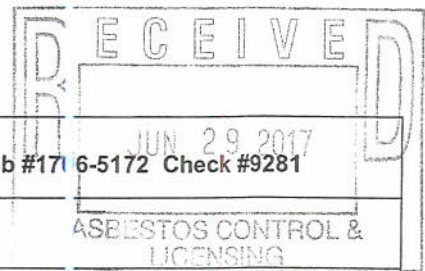
Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
Street Address <b>300 Grand Avenue</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
City, State, Zip Code <b>Englewood, NJ 07631</b>		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Project Manager for Monitoring Firm <b>Stephen Jaraczewski</b>	Telephone No. <b>201-569-6708</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	

Start Date (10) <u>6</u> / <u>19</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>17</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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	
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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) IN Facility (13)	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
Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	900 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Insulation	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office attached to Atrium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster Ceiling	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>7/31/17</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 	Date <b>6/23/17</b>

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



Date of Notification (1) <b>6 / 22 / 17</b>		Name of Building Owner/Operator (2) <b>Robert Wood Johnson Hospital / Job #1716-5172 Check #9281</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>One Robert Wood Johnson Place</b>	
		City, State, Zip Code <b>New Brunswick, NJ 08901</b>	
		Name of Contact <b>Mark Lambdin</b>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital- Penthouse</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 and commercial buildings, homes, etc.)	
Street Address <b>One Robert Wood Johnson Place</b>		Square Feet	# of Floors
City (5) <b>New Brunswick</b>		Bldg. Age	
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>280 Huyler Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>	Telephone No. <b>201-489-8700</b>	Telephone No. <b>609-265-2107</b>	License No. <b>10529</b>

Start Date (10) <b>6 / 24 / 17</b>	Scheduled Completion Date (11) <b>6 / 24 / 17</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
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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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM <i>Saturday</i>	Street Address <b>200 Route 130 North</b>
	City, State, Zip Code <b>Cinnaminson, NJ 08077</b>

Scope of Work (Check all that apply)

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

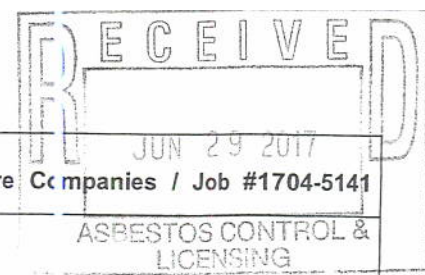
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>10<sup>th</sup> Floor Mechanical Space</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vibration Collars</b>	<b>60 SF</b>	<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 <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/24/17</b>	City, State <b>Tullytown, PA</b>

Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature <i>G. Trumbetti</i>	Date <b>6/22/17</b>
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>6</u> / <u>22</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>HPF VIII 700 Union LLC c/o Hampshire Companies / Job #1704-5141</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Check # <u>PG 1 of 2</u>	
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>22 Maple Avenue</b>	
		City, State, Zip Code <b>Morristown, NJ 07960</b>	
		Name of Contact <b>Hoon Lee</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Former Pharmaceutical Building</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 and commercial buildings, homes, etc.)	
Street Address <b>700 Union Blvd.</b>		Square Feet	# of Floors
City (5) <b>Totowa, NJ 07512</b>		Bldg. Age	
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Private Building</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Detail Associates, Inc.</b>	ASCM No. <b>16-0085</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>300 Grand Avenue</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Englewood, NJ 07631</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Stephen Jaraczewski</b>	Telephone No. <b>201-569-6708</b>	Telephone No. <b>609-265-2107</b>	License No. <b>01529</b>

Start Date (10) <u>6</u> / <u>19</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor <b>EMSL Analytical</b>	
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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>200 Route 130 North</b>
	City, State, Zip Code <b>Cinnaminson, NJ 08077</b>

Scope of Work (Check all that apply)

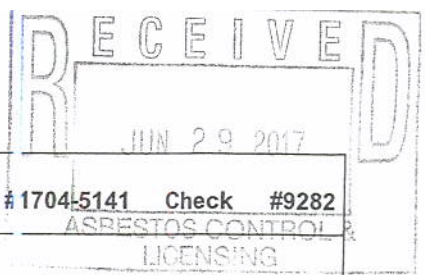
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows	1,000 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atrium Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	5,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single Layer Floor tile & Mastic	7,810 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Floor tile & Mastic	7,875 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Land fill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>7/31/17</b>	City, State <b>Tullytown, PA</b>	

Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature <i>G Trumbetti</i>	Date <b>6/22/17</b>
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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>6</u> / <u>22</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>HPF VIII 700 Union LLC/ Job #1704-5141 Check #9282</b> <b>PG 2 of 2</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>22 Maple Ave.</b>	City, State, Zip Code <b>Morristown, NJ 07960</b>
		Name of Contact <b>Hoon Lee</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Former Pharmaceutical Building</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 and commercial buildings, homes, etc.)	
Street Address <b>700 Union Blvd.</b>		Square Feet	# of Floors
City (5) <b>Totowa, NJ 07512</b>		Bldg. Age	
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Private Building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Detail Associates, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>300 Grand Avenue</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Englewood, NJ 07631</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Stephen Jaraczewski</b>	Telephone No. <b>201-569-6708</b>	Telephone No. <b>609-265-2107</b>	License No. <b>10529</b>
Start Date (10) <u>6</u> / <u>19</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>17</u>	Name of OSHA Monitor <b>EMSL Analytical</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>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

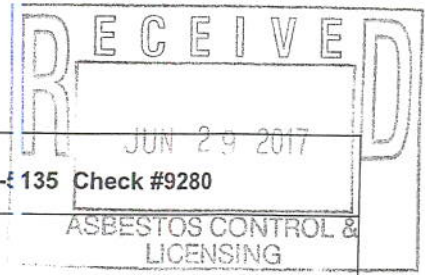
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	900 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Insulation	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office attached to Atrium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster Ceiling	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>7/31/17</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 	Date <b>6/22/17</b>		

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



Date of Notification (1) <u>6</u> / <u>22</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Verizon Communications</b> / Job #1704-135 Check #9280	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>100 Greenwood Avenue</b>	
		City, State, Zip Code <b>Jenkintown, PA 19046</b>	
		Name of Contact <b>Alex Baylor</b>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Verizon Spotswood CO</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 and commercial buildings, homes, etc.)	
Street Address <b>461 Main Street</b>		Square Feet	# of Floors
City (5) <b>Spotswood, NJ</b>		Bldg. Age	
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished) <b>Offices</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>1253 North Church Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Harold Baldwin</b>	Telephone No. <b>908-812-6742</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>

Start Date (10) <u>6</u> / <u>23</u> / <u>17</u>	Scheduled Completion Date (11) <u>6</u> / <u>24</u> / <u>17</u>	Name of OSHA Monitor <b>EMSL Analytical</b>	
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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 - Describe Time of Abatement: _____AM-_____PM/ <b>5PM-1:30AM</b>	Street Address <b>200 Route 130 North</b>
	City, State, Zip Code <b>Cinnaminson, NJ 08077</b>

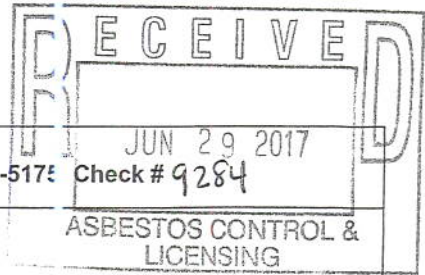
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Elbow/Fittings	16 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration Dampler Insulation	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/24/17</b>	City, State <b>Tullytown, PA</b>
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature <i>Gmt</i>	Date <b>6/22/17</b>

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



Date of Notification (1) <u>6</u> / <u>27</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Millburn Twp. Public Schools / Job #1706-5175</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>434 Millburn Ave.</b>	
		City, State, Zip Code <b>Millburn, NJ 07041</b>	
		Name of Contact <b>Jerry Russano</b>	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Wyoming School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>55 Myrtle Ave.</b>		Square Feet	# of Floors
City (5) <b>Millburn, NJ 07041</b>		Bldg. Age	
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior to being demolished) <b>School</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman Companies</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Kevin Lovely</b>	Telephone No. <b>732-390-5858</b>	Telephone No. <b>609-265-2107</b>	License No. <b>10529</b>

Start Date (10) <u>7</u> / <u>7</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>10</u> / <u>17</u>	Name of OSHA Monitor <b>EMSL Analytical</b>
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address <b>200 Route 130 North</b>
	City, State, Zip Code <b>Cinnaminson, NJ 08077</b>

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify S <sup>2</sup> or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Nurse's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>8</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>
City, State <b>Lumberton, NJ</b>		Disposal Date <b>7/10/17</b>	City, State <b>Tullytown, PA</b>
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature <i>Gwendolyn Trumbetti</i>	Date <b>6/27/17</b>

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



CK 2740

Date of Notification (1) 6/23/17 Name of Building Owner/Operator (2) Sai Loretha

Agencies Notified:  EPA,  DEP,  DOL,  DOH,  DCA

Type Notification:  Initial,  Amended,  Amendment #,  Emergency (including justification),  Cancellation

Street Address: [Redacted]

City, State, Zip Code: Freehold, NJ 07728

Name of Contact: Eric Plackis Telephone Number: \_\_\_\_\_

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3): \_\_\_\_\_

Street Address: [Redacted]

City (5): Freehold

County (6): Monmouth

County Code (7) (STATE USE ONLY): \_\_\_\_\_

Type of Facility (4):  School (K-12),  Subchapter 8 (Other than K-12),  Other (i.e. private & commercial buildings, homes, etc.)

Square Feet: 1734 # of Floors: 2 Bldg. Age: 54

Current Use (Prior if being demolished): Home

Name of Monitoring Firm Hired by Building Owner (8): \_\_\_\_\_ ASCM No. \_\_\_\_\_

Name of Abatement Contractor (9): Brick Industries Inc.

Street Address: P.O. Box 915

City, State, Zip Code: Brick, New Jersey 08723

Project Manager for Monitoring Firm: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Telephone No.: (732)899-7499 License No.: 01196

Start Date (10): 6/24/17 Scheduled Completion Date (11): 6/30/17

Name of OSHA Monitor: \_\_\_\_\_

Occupancy Status During Abatement (Check Only One):  Facility Closed/Vacated During Entire Period of Abatement,  Abatement Performed Outside of Normal Facility Hours,  Other - Describe: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Scope of Work (Check All That Apply):  ≥3 sf or ≥3 lf,  ≥160 sf or ≥260 lf,  Renovation,  Demolition

Full Containment with Negative Pressure,  Mini-Enclosure,  Glovebag Procedure,  Non-Exempted (\*) and Non-Friable Procedure

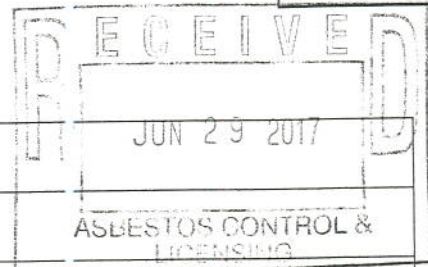
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				<u>Floor tile</u>	<u>150 SF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler: Brick Industries Inc. NJDEP Waste Hauler ID No.: 21602 Cubic Yards of Waste: 4 Name of Registered Landfill: GROWS Inc.

City, State: Brick, New Jersey Disposal Date: 6/30/17 City, State: PA

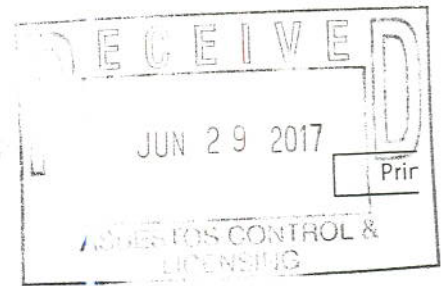
Completed by: Eric Plackis Title: President Signature: [Signature] Date: 6/23/17

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



CK 2294

Date of Notification (1) 6-25-2017		Name of Building Owner/Operator (2) Gardner Gibson						
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 4161 East 7th Avenue					
			City, State, Zip Code Tampa, Florida 33606					
		Name of Contact Gerald Eglentowicz	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Commercial Facility		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 80 Jacobus Avenue		Square Feet 80,000+	Bldg. Age 60+					
City (5) Kearny, NJ 07032		Current Use (Prior if being demolished)						
County (6) Hudson		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC					
Street Address		Street Address 235 Virginia Avenue						
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304						
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174					
Start Date (10) 7-6-2017	Scheduled Completion Date (11) 8-11-2017	Name of OSHA Monitor Same as above						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Facility Empty for Demolition.		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Main Building		X	Roofing material	42500 SF	x			
Main Building		x	Window Caulking-Glazing 1st Flr	2000SF	x			
Main Building		x	Window Glazing-Glazing 2nd Flr	2000SF	x			
Main Building		x	Transite Panels 1st Flr.	3000SF	x			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 150	Name of Registered Landfill G.R.O.W.S North Landfill				
City, State Jersey City, NJ		Disposal Date 8-11-2017		City, State Morrisville P.A.				
Completed by Liliana Serrano		Title Office Manager	Signature 		Date 6-25-2017			



CK 2292

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

Date of Notification (1) 6-9-2017		Name of Building Owner/Operator (2) BRW Limited Holdings, 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. Box 1987
			City, State, Zip Code Hoboken, NJ 07030
			Name of Contact Matt Dolinsky
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Residential		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 2204	# of Floors 4
City (5) Hoboken, NJ 07030		Bldg. Age 80+	
County (6) Hudson	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) Green Environmental Services, LLC	
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-333-8855	License No. 01174

Start Date (10) 6-19-2017	Scheduled Completion Date (11) 6-21-2017	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

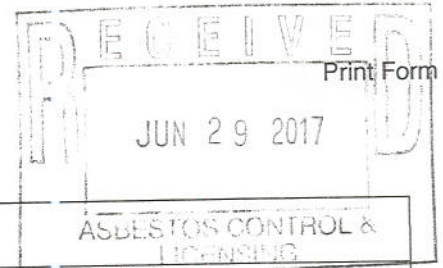
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/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
Basement - Over furnace		X		White Joint Compound	300 SF	X		
1st floor, Apt 1 - Entry		X		Brown Linoleum	100 SF	XX		
1st floor, Apt 1 - Kitchen		X		Brown Linoleum	96 SF	X		
Roof		X		Roofing material	1625 SF	X		

Name of Registered Waste Hauler Green Environmental Services	NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S. North Landfill
City, State Jersey City, NJ	Disposal Date 6-21-2017	City, State Morrisville, PA	
Title		Signature	
Date		Date	

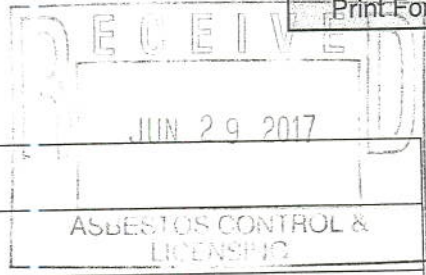
CK 1148

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



Date of Notification (1) 06/23/17		Name of Building Owner/Operator (2) SBS PROPERTIES		ASBESTOS CONTROL & LICENSING					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	P.O. BOX 8246		City, State, Zip Code					
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	HALEDON NJ 07538		Name of Contact					
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	PAUL LENHART		Telephone No.					
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)								
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation								
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BLOCK 478 LOT 6			Type of Facility (4)						
Street Address 1456 RINGWOOD AVE			<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter B (Other than K-12)					
City (5) WAQNAQUE			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
County (6) PASSAIC		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	Square Feet 2300/900	# of Floors 1				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ARIAI						
Street Address		Street Address 144 Mill St							
City, State, Zip Code		City, State, Zip Code Paterson NJ 07501							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-653-9652	License No. 1257					
Start Date (10) 07/04/17		Scheduled Completion Date (11) 07/11/17		Name of OSHA Monitor Goran Igev					
Occupancy Status During Abatement (Check Only One)			Street Address 144 Mill St						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Paterson NJ 07501						
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	v			Cement Board Siding TAM	1400SF	v			
First Floor	v			VAT	760	v			
Name of Registered Waste Hauler INDIAN ARROW INDUSTRIES		NJDEP Waste Hauler ID No. 36031		Cubic Yards of Waste TBD	Name of Registered Landfill FARFIS HILLS				
City, State PATERSON NJ		Disposal Date TBD		City, State MOORISVILLE PA					
Completed by GORAN IGEV		Title CEO		Signature 		Date 06/23/17			





Ch 6175

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

Date of Notification (1) 6/26/17		Name of Building Owner/Operator (2) Doane Academy	
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 350 Riverbank rd.
	City, State, Zip Code Burlington NJ 08016		Telephone Number
Name of Contact Audry Winzinger			

Name of Facility Where Abatement is Taking Place (3) Doane Academy		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 350 Riverbank rd.		Square Feet 10000+	# of Floors 1+
City (5) Burlington NJ 08016		Bldg. Age	
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (For if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No. 117	Name of Abatement Contractor (9) Pernaco Inc.	
Street Address PO Box 365		Street Address PO Box 329	
City, State, Zip Code Berlin NJ 08009		City, State, Zip Code West Berlin NJ 03091	
Project Manager for Monitoring Firm James J Proctor	Telephone No. 856-452-1311	Telephone No. 856-753-9800	License No. 00727

Start Date (10) 7/10/17	Scheduled Completion Date (11) 7/18/17	Name of OSHA Monitor Same
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address
		City, State, Zip Code

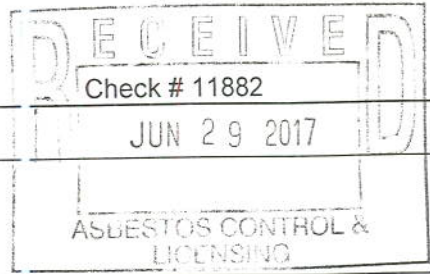
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" 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 type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room			x	Boiler packing	10 SF	x			

Name of Registered Waste Hauler United Roll Off	NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.F.O.W.S.
City, State Elm NJ		Disposal Date 7/18/17	City, State Morrisville PA 19067
Completed by Anthony T Perna	Title President	Signature 	Date 6/26/17

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



Date of Notification (1) <b>June 26, 2017</b>		Name of Building Owner / Operator (2) <b>Melody Jilson</b>	
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"/> Cancellation	Street Address [REDACTED]	
		City, State & Zip Code <b>Pitman, NJ 08071</b>	
		Name of Contact <b>Melody Jilson</b>	Telephone Number

**FACILITY INFORMATION**

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, home, etc.)	
Street Address [REDACTED]		Square Feet <b>1,790</b>	# of Floors <b>1</b>
City (5) <b>Pitman</b>		Bldg. Age <b>62 years</b>	
County (6) <b>Gloucester</b>		Current Use (Prior if being demolished) <b>Residence</b>	
County Code (7) <b>USE ONLY</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Name of Monitoring Firm (8) <b>N/A</b>		Street Address <b>829 Radio Road</b>	
ASCN No.		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Street Address		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
City, State & Zip Code		Name of OSHA Monitor <b>Synatech, Inc.</b>	
Project Manager for Monitoring Firm	Telephone Number	Street Address <b>829 Radio Road</b>	
Scheduled Start Date (10) <b>July 6, 2017</b>	Scheduled Completion Date (11) <b>August 7, 2017</b>	City, State & Zip Code <b>Little Egg Harbor, NJ 08087</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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			

Scope of Work (Check all that apply)

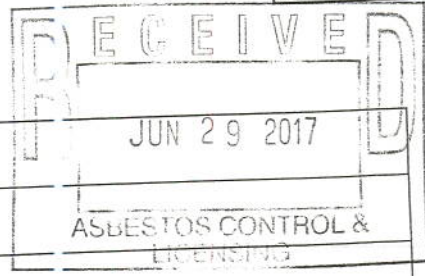
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower Level		X		Floor Tile and Mastic	420 SF	X			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>Fairless Hill:</b>
City, State <b>Little Egg Harbor, NJ</b>	Disposal Date <b>August 8, 2017</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>June 26, 2017</b>

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

NO 06



Date of Notification (1) 6/26/17		Name of Building Owner/Operator (2) Doane Academy	
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 350 Riverbank rd.	
		City, State, Zip Code Burlington NJ 08016	
		Name of Contact Audry Winzinger	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Doane Academy		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 350 Riverbank rd.		Square Feet 10000+	# of Floors 1+
City (5) Burlington NJ 08016		Bldg. Age	
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Pernaco Inc.
Street Address PO Box 365		Street Address PO Box 329	
City, State, Zip Code Berlin NJ 08009		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm James J Proctor		Telephone No. 856-452-1311	Telephone No. 856-753-9800
		License No. 00727	
Start Date (10) 7/10/17	Scheduled Completion Date (11) 7/18/17	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

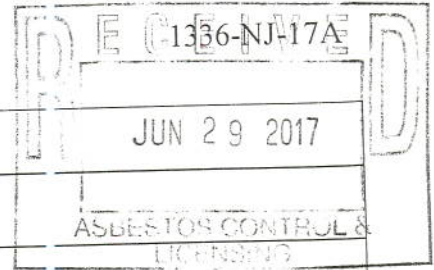
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" 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 type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room			x	Boiler packing	10 SF	x			

Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 7/18/17	City, State Morrisville PA 19067		
Completed by Anthony T Perna		Title President	Signature 		Date 6/26/17

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



Date of Notification (1) 06/21/2017		Name of Building Owner/Operator (2) Redefined Homes Development LLC	
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	Notification Type  <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 118 Forest Road	
		City, State, Zip Code Glen Rock NJ 07452	
		Name of Contact Marc Flusche	
		Tel. Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 118 Forest Road		Square Feet	# of Floors
City (5) Glen Rock NJ		Bldg. Age	
County (6) Bergen County	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC	
Street Address		Street Address 365 River Drive		
City, State, Zip Code		City State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973)685-9791	License Number 01191 "A"	
Scheduled Start Date (10) 07/05/2017	Scheduled Completion Date (11) 08/05/2017	Name of OSHA Monitor Testor Tech		

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 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	

Source of Work (Check all that apply)

$\geq 3$  sf or  $\geq 3$  lf  
  $\geq 160$  sf or  $\geq 260$  lf

Renovation  
 Demolition

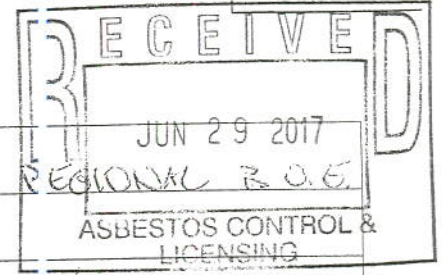
Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glove bag Procedure  
 Non-Exempted (\*) and Non-Friable Procedure

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	1050 SF	X			
Basement			X	VAT & Mastic	210 SF	X			

Name of Reg. Waste Hauler Cid Construction Services, LLC		NJDEP Waste Hauler ID # 32905	Cubic Yards of Waste TBD	Name of Reg. Landfill 110 Sand Landfill	
City, State Garfield, NJ		Disposal Date TBD	City, State Melville, NY		
Completed by Roque G Schipilliti	Title Project Manager	Signature 		Date 06/21/2017	

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

CK 4751



Date of Notification (1) 06/22/2017		Name of Building Owner/Operator (2) EASTERN CAMDEN COUNTY REGIONAL B.O.E.	
Agencies Notified	Type Notification	Street Address	Telephone Number
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	LAUREL OAK RD. City, State, Zip Code MOOREHEAD, NJ 08043	
		Name of Contact	
		DIANA SCHIRALDI	

Name of Facility Where Abatement is Taking Place (3) EASTERN CAMDEN COUNTY REGIONAL H.S.		Type of Facility (4)	
Street Address 1401 LAUREL OAK RD		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) MOOREHEAD	Square Feet	# of Floors	Bldg. Age
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School	

Name of Monitoring Firm Hired by Building Owner (8) AMERA CONSULTANTS INC	ASCM No. 0057	Name of Abatement Contractor (9) VMC Company Inc	
Street Address PO BOX 385		Street Address 208 Piaget Avenue	
City, State, Zip Code CREANVILLE, NJ 08231		City, State, Zip Code Clifton NJ 07011	
Project Manager for Monitoring Firm DOMENIC NERRICO	Telephone No. 609-652-1833	Telephone No. 973-253-8828	License No. 00704

Start Date (10) 06/27/2017	Scheduled Completion Date (11) 06/28/2017	Name of OSHA Monitor VMC Company Inc	
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:		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 type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

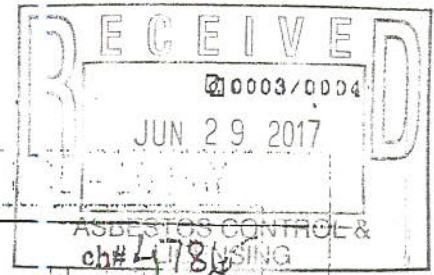
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
CLASSROOM 503		X		SILOK UNDERCOATING	16 SF	X			
CLASSROOM 505		X		SILOK UNDERCOATING	16 SF	X			

Name of Registered Waste Hauler Newark Carting Inc	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill GROWS
City, State Newark NJ	Disposal Date	City, State Morrisville PA	
Completed by Voytek Roszkowski	Title President	Signature J. Post...	Date 06/27/17

06/22/2017 12:11 FAX

CK 4780

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



Date of Notification (1) 06/22/2017		Name of Building Owner/Operator (2) Montclair Public Schools	
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including Justification) <input checked="" type="checkbox"/> Cancellation	Street Address 22 Valley Road City, State, Zip Code Montclair, NJ 07042 Name of Contact Lenny Saponara	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Hillside School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 54 Orange Road		Square Feet	# of Floors
City (5) Montclair		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 300 Grand Ave		Street Address 606 McBride Ave	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-225-8400
Start Date (10) 06-23-2017		Scheduled Completion Date (11) 06-23-2017	License No. 01104
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Start 3:30 pm		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

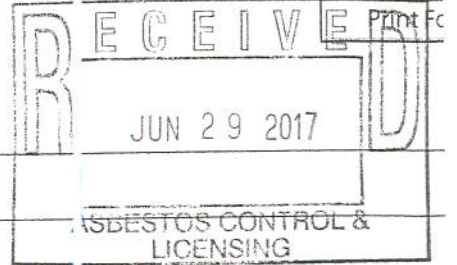
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 150$ sf or $\geq 250$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> 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 (F or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
print shop		X		pipe insulation	8 LF	X		

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill
City, State Woodland Park, New Jersey		Disposal Date	City, State Morrisville, PA	
Completed by Adriana Olejarova		Title president	Signature 	Date 06/22/2017

CK 2291

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



Date of Notification (1) 6-23-2017		Name of Building Owner/Operator (2) William Ortega	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Jersey City, NJ 07305	
		Name of Contact William Ortega	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential		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 1199	# of Floors 2
City (5) Jersey City, NJ 07305		Bldg. Age 77+	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior or if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC
Street Address		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-333-8855	License No. 01174
Start Date (10) 6-24-2017	Scheduled Completion Date (11) 6-24-2017	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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) 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	30 lf	X			

Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill G.R.C.W.S. North Landfill	
City, State Jersey City, NJ		Disposal Date 6-24-2017	City, State Morrisville, PA		
Completed by Liliana Serrano	Title Office Manager	Signature <i>Liliana Serrano</i>	Date 6-23-2017		

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