

PAID

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

RECEIVED

Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction		APR - 1 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera					
				Telephone Number 609-292-1717					
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 and commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) Pompton Lakes			Square Feet	# of Floors	Bldg. Age				
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 04 / 03 / 19		Scheduled Completion Date (11) 06 / 30 / 19		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM			Street Address 27 Outwater Lane						
			City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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- Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar flashing associated with chimney	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	168 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Electrical Conduit/Meter Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grey Sealant	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 3/26/19			

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

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Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction		APR - 1 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera		Telephone Number 609-292-1717					
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 and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Pompton Lakes				Square Feet	# of Floors				
				Bldg. Age					
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCN No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 04 / 03 / 19		Scheduled Completion Date (11) 06 / 30 / 19		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address 27 Outwater Lane					
				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement- Mechanical/Storage Rm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor- Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black mastic associated with parquet flooring	494 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulking	48 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 3/26/19			

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

OK 1/6/15

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Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 20 W. State Street, 3rd Flr.		City, State, Zip Code Trenton, NJ 08608							
Name of Contact Rick Ferrera		Telephone Number 609-292-1717							
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Pompton Lakes		# of Floors							
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCN No.							
Street Address 87 Main Street, Suite A		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Lincoln Park, NJ 07035		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Mark Jovic		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-650-0932		Telephone No. 973-928-4888							
Start Date (10) 04 / 03 / 19		License No. 1188							
Scheduled Completion Date (11) 06 / 30 / 19		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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- Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar flashing associated with chimney	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	84 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cementitious Siding (Transite)	1,725 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cementitious Siding (Transite)	660 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 3/26/19			

CK1619

PAID

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

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Date of Notification (1) 03 / 27 / 19		Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC		APR - 1 2019					
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 # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street, Suite 400		City, State, Zip Code Bloomfield, NJ 07003					
		Name of Contact Warren Sprake	Telephone Number 908-670-5711						
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 1200 Randolph Road- Building 1			Square Feet	# of Floors	Bldg. Age				
City (5) Plainfield									
County (6) Union		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188					
Start Date (10) 07 / 19 / 18	Scheduled Completion Date (11) 01 / 31 / 20		Name of OSHA Monitor ALL PRO MANAGEMENT LLC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 27 Outwater Lane						
			City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Elevator Lobbies/Floor 6 to Basement/Patient Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	37,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Cavities- Floor 6 to Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	7,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- Electrical & Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbow Insulation	75 Elbows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill / Grand Central Sanitary Landfill					
City, State Newark, NJ			Disposal Date TBD	City, State Bethlehem, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager	Signature <i>Allen Monchik</i>			Date 3/27/19			

RECEIVED
APR - 1 2019

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 3/27/19
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State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 19-56

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APR - 1 2019

Date of Notification (1) 10/3/12/5/1/19		Name of Building Owner/Operator (2) barbara brown	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code newark, nj 07106	
		Name of Contact barbara brown	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) barbara brown			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) newark, nj 07106			County (6) essex		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 03/27/19			License Number 01169		
Sched. Completion Date (11) 04/18/19			Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	25 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 03/28/19	City, State TULLYTOWN, PA	
Completed by (Print or Type) [REDACTED]	Title PRESIDENT	Signature	Date 03/25/19

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

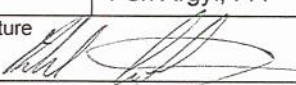
Check #2344

Date of Notification (1) 03/27/2019		Name of Building Owner/Operator (2) Westwood Regional School District							
Agencies Notified	Type Notification	Street Address 710 Ridgewood Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Township of Washington, NJ 07676							
		Name of Contact Mario Cofini	Telephone Number 551-245-4873						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Westwood Regional Middle 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 23 Third Avenue		Square Feet 40000SF+	# of Floors Crawl space						
City (5) Westwood, NJ 07675-3331		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Crawl space							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 127	Name of Abatement Contractor (9) GL Group Inc.						
Street Address 1248 Wrights Lane West Chester		Street Address 140 Hamburg Turnpike							
City, State, Zip Code Pennsylvania 19380		City, State, Zip Code Bloomingdale, NJ 07403							
Project Manager for Monitoring Firm Matthew Abraham		Telephone No. 610-431-7545	Telephone No. 201-710-9725						
Start Date (10) 04/15/2019		Scheduled Completion Date (11) 04/19/2019	License No. 01084						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor GL Group Inc.							
		Street Address 140 Hamburg Turnpike							
		City, State, Zip Code Bloomingdale, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl Space under Art & Music Rm	X			Pipe TSI Runs & Elbows	162LF	X			
Crawl Space under Art & Music Rm	X			Floor Debris	650SF	X			
Name of Registered Waste Hauler GL Group Inc.		NJDEP Waste Hauler ID No. 0033034	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Waynesburgh, OH					
Completed by Elena Solakov		Title President		Signature <i>Elena Solakov</i>			Date 03/27/2019		

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

RECEIVED

APR - 1 2019

Date of Notification (1) 3/28/19		Name of Building Owner/Operator (2) Robert Foley							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hawthorne, NJ 07506							
		Name of Contact Robert Foley	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2700	# of Floors 3						
City (5) Hawthorne		Bldg. Age 65 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 4/3/19	Scheduled Completion Date (11) 4/8/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	786 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 	Date 3/28/19					


CK 2030

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

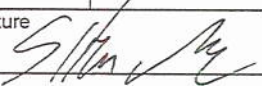
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APR - 1 2019

Date of Notification (1) 3/28/19		Name of Building Owner/Operator (2) Bergen Pines							
Agencies Notified	Type Notification	Street Address 230 E. Ridgewood Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Bryan Heinsman	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mental Health Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 230 E. Ridgewood Ave.		Square Feet 3900	# of Floors 3						
City (5) Paramus		Bldg. Age 65 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 4/1/19	Scheduled Completion Date (11) 4/4/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Wrap	81 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 3/28/19			

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

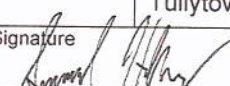
OK 125210 PAID

Date of Notification (1) 03/28/19		Name of Building Owner/Operator (2) Residences at Fort Monmouth		APR - 1 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 77 Park Street City, State, Zip Code Montclair, NJ 07042 Name of Contact Fred Werner Telephone Number (215) 350-9686					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building 259			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 259 Lockwood Avenue			Square Feet # of Floors Bldg. Age						
City (5) oceanport			Square Feet # of Floors Bldg. Age						
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) class rooms/offices at fort					
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.		Name of Abatement Contractor (9) Pow/R/Save Inc					
Street Address 655 West Shore Trail		Street Address 15 Somerset Place							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. (973) 729-5649		Telephone No. (973) 470-0200 License No. 357					
Start Date (10) 03/25/2019		Scheduled Completion Date (11) 04/09/2019		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
throughout			x	mastic	4503	x			
boiler room			x	transite boards walls & ceiling	245	x			
Name of Registered Waste Hauler ProGreen		NJDEP Waste Hauler ID No. 22051		Cubic Yards of Waste		Name of Registered Landfill Grows north/fairless			
City, State East Brunswick, NJ				Disposal Date		City, State Morrisville, PA			
Completed by Sharon Hendee		Title President		Signature 		Date 3/28/19			

OK 403661 PAID

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

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Date of Notification (1) March 29, 2019		Name of Building Owner/Operator (2) NJDOT		APR - 1 2019					
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 1035 Parkway Ave; P.O. Box 600 City, State, Zip Code Trenton, NJ 08625 Name of Contact Karl Bevans Telephone Number 609-530-3513					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJDOT - Route 7 Wittpenn Bridge - Contract 4			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 Route 7			Square Feet N/A						
City (5) Kearny			# of Floors Bldg. Age						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Utilities					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) George Harms Construction Co., Inc.					
Street Address		Street Address 62 Yellowbrook Road		City, State, Zip Code Howell, NJ 07731					
City, State, Zip Code		Telephone No. 732-751-2089		License No. 01055					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) April 8, 2019		Scheduled Completion Date (11) June 30, 2019		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Utility Installation					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gas Mains			X	Mastic on Gas Main	100 LF	X			
Name of Registered Waste Hauler George Harms Construction Co., Inc.		NJDEP Waste Hauler ID No. 05885		Cubic Yards of Waste TBD		Name of Registered Landfill Waste Management			
City, State Howell, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Sam Hahn		Title Project Engineer		Signature 		Date			

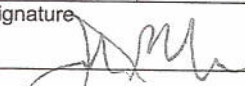
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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APR - 1 2019

Date of Notification (1) 3/26/19		Name of Building Owner/Operator (2) Bergen County Parks							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address One Bergen Plaza-4th Floor							
		City, State, Zip Code Hackensack, NJ 07601-7076							
		Name of Contact Jeffrey Luna	Telephone Number 201-336-6448						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Overpeck County Park former Maintenance garage		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 40 Fort Lee Rd.		Square Feet 1,400	# of Floors 1						
City (5) Leonia, NJ		Bldg. Age 40+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former Maintenance Garage							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Rd							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
			License No. 01228						
Start Date (10) 4/9/19	Scheduled Completion Date (11) 4/10/19	Name of OSHA Monitor Yannuzzi Group, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF	x			Roofing	2,680 SF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40	Name of Registered Landfill GROWS/Fairless					
City, State Kinnelon, NJ		Disposal Date 4/12/19		City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer	Signature 			Date 3/26/19			


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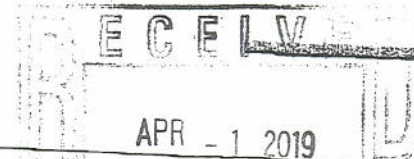
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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APR = 1 2019

Date of Notification (1) 3/26/19		Name of Building Owner/Operator (2) Bergen County Parks							
Agencies Notified	Type Notification	Street Address One Bergen Plaza-4th Floor							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601-7076							
		Name of Contact Jeffrey Luna	Telephone Number 201-336-6448						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Overpeck County Park former Restroom Building		Type of Facility (4)							
Street Address 40 Fort Lee Rd.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Leonia, NJ		Square Feet 1,400	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 40+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Rd							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 4/11/19		Scheduled Completion Date (11) 4/12/19	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Group, Inc.							
<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 135 Kinnelon Rd							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF	x			Roofing	1,605 SF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40	Name of Registered Landfill GROWS/Fairless					
City, State Kinnelon, NJ		Disposal Date 4/12/19		City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 3/26/19			



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

CK 000230 PAID

Date of Notification (1)
 02/12/2019

Name of Building Owner/Operator (2)
 192 Paterson Plank LLC C/O Wilson Associates

Street Address
 20 Murray Hill Pkwy, Suite 1290

City, State, Zip Code
 East Rutherford, NJ 07013

Name of Contact
 Lee Miller

Telephone Number
 201-410-2783

Agencies Notified
☐ EPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☐ Initial
☒ Amended
 Amendment #1
☐ Emergency (including justification)
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)
 Former Bank of America

Street Address
 192 Paterson Plank Rd.

City (5)
 Carlstadt

County (6)
 Bergen

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
 0

of Floors
 0

Bldg. Age
 0

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)
 N/A

ASCM No.

Name of Abatement Contractor (9)
 Hazmat Diagnostic LLC

Street Address
 16 Glenwild Ave

City, State, Zip Code
 Bloomingdale, NJ 07403

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
 973-928-3995

License No.
 01181

Start Date (10)
 02/18/2019

Scheduled Completion Date (11)
 02/25/2019

Name of OSHA Monitor
 Hazmat Diagnostic LLC

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours
 Other - Describe: exterior work of excavated transite pipe

Street Address
 16 Glenwild Ave

City, State, Zip Code
 Bloomingdale, NJ 07403

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
Exterior transite pipe staged onsite			X	Transite pipe	150 LF	X			

Name of Registered Waste Hauler
 Newark Carting

NJDEP Waste Hauler ID No.
 4509

Cubic Yards of Waste
 30 C.Y.

Name of Registered Landfill
 Fairless Landfill

City, State
 Newark, NJ

Disposal Date
 TBD

City, State
 Morrisville, PA

Completed by
 Tatiana Rotaru

Title
 COO

Signature

Date
 02/12/2019

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



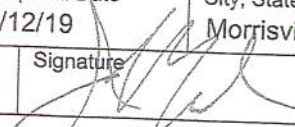
Date of Notification (1) 12/22/2018		Name of Building Owner/Operator (2) South Orange Maplewood Board of Education							
Agencies Notified	Type Notification	Street Address 525 Academy Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood NJ 07040							
		Name of Contact Peter Romain	Telephone Number 732 873 2400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maplewood Middle School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 7 Burnet Street		Square Feet 10,000	# of Floors 50+						
City (5) Maplewood		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Business-shops, offices, ed. facilities							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc		ASCM No. 00057	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address P.O. Box 385		Street Address 16 Glenwild Ave							
City, State, Zip Code Oceanville NJ 08231		City, State, Zip Code Bloomington NJ 07403							
Project Manager for Monitoring Firm Michael Sorgenti		Telephone No. 609 652 1833	License No. 01181						
Start Date (10) 12/21/2018	Scheduled Completion Date (11) 12/31/2018	Name of OSHA Monitor Hazmat Diagnostic LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 16 Glenwild Ave							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gudiance Suite-Hallway Office		X		VAT, Mastic & Leveler	1,140 SF	X			
137 & Entrance Waiting Area &		X							
Conference Room, 135, 135A&B,		X							
137A, 139		X							
Name of Registered Waste Hauler Hazmat Diagnostic LLC/Newark Carting, Inc		NJDEP Waste Hauler ID No. 0035440/4509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Bloomington, NJ / Newark NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Tatiana Rotaru		Title COO	Signature <i>Rotaru</i>	Date 12/22/2018					

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

FORM 1001

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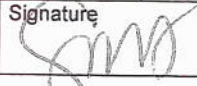
APR - 1 2019

Date of Notification (1) 3/26/19		Name of Building Owner/Operator (2) Donald Sterling							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Caldwell, NJ 07801							
		Name of Contact Donald Sterling	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark, NJ		Square Feet 2,500	# of Floors 2						
County (6) Essex		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) abandoned							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code KINNELON, nj 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 4/5/19		Scheduled Completion Date (11) 4/8/19	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Group, Inc.							
<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 135 Kinnelon Rd.							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Flashing	260 lf	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 5	Name of Registered Landfill GROWS/Fairless					
City, State Kinnelon, NJ 07405		Disposal Date 4/12/19		City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer		Signature 		Date 3/26/19			

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

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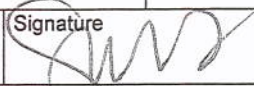
OK 11085 PAID

Date of Notification (1) 3 / 27 / 19		Name of Building Owner/Operator (2) Kessler Institute for Rehabilitation / Job #1901-5431 Check#11085							
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 1199 Pleasant Valley Way City, State, Zip Code West Orange, NJ 07052 Name of Contact Gary Formisano							
		Telephone Number 973-414-4799							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kessler Institute for Rehabilitation- Unit 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 199 Pleasant Valley Way		Square Feet 1,200							
City (5) West Orange		# of Floors 							
County (6) Essex		Bldg. Age 							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Rehabilitation Facility							
Name of Monitoring Firm Hired by Building Owner (8) Partner Engineering Science, Inc.		ASCN No. 							
Street Address 611 Industrial Way West		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Eatontown, NJ 07724		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Brian Nemetz		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 732-904-9565		Telephone No. 609-265-2107							
Start Date (10) 4 / 29 / 19		License No. 00529							
Scheduled Completion Date (11) 5 / 17 / 19		Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 Mechanical Room L072	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fittings	75 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Room I070	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fittings	75 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	20 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 25	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 5/17/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 3-27-19			

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

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Date of Notification (1) 3 / 26 / 19		Name of Building Owner/Operator (2) Hazlet Township Board of Education / Job #1903-5457 Check #11165							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" 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 421 Middle Road City, State, Zip Code Hazlet, NJ 07730 Name of Contact Charles Hildner							
		Telephone Number 732-264-8401							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Beers Street Elementary 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 and commercial buildings, homes, etc.)							
Street Address 610 Beers Street		Square Feet 46,000	# of Floors 1						
City (5) Hazlet		Bldg. Age 60							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 North Warren Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jordan Reed	Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 4 / 17 / 19	Scheduled Completion Date (11) 4 / 26 / 19	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rib Packing Insulation	960 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 4/26/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 3-26-19		

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

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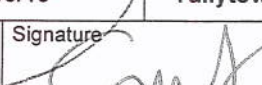
APR - 1 2019

Date of Notification (1) 3 / 26 / 19		Name of Building Owner/Operator (2) SJ Gas / Job #1903-5456 Check #11164							
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 1 South Jersey Plaza							
		City, State, Zip Code Folsom, NJ 08037							
		Name of Contact Joe Naselli	Telephone Number 518-775-0537						
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Glassboro, NJ		Square Feet	# of Floors						
		Bldg. Age							
County (6) Gloucester	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 4 / 10 / 19	Scheduled Completion Date (11) 4 / 19 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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"/>	Transite pipe	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 4/19/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature 			Date 3-26-19			

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

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Date of Notification (1) <div style="text-align: center;">3 / 25 / 19</div>		Name of Building Owner/Operator (2) State of NJ Department of Treasury / Job #1810-5404 Check							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 Barrack Street City, State, Zip Code Trenton, NJ 08608 Name of Contact Mike Wilson Telephone Number 609-512-2345							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Executive State House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 125 West State Street		Square Feet							
City (5) Trenton, NJ		# of Floors							
County (6) Mercer		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No.							
Street Address 300 Kimball Drive		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Parsippany, NJ 07054		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Vijay Patel		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 973-560-4900		Telephone No. 609-265-2107							
Start Date (10) 11 / 12 / 18		License No. 00529							
Scheduled Completion Date (11) 4 / 5 / 19		Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 4/5/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 3-25-19			

Scope of Work Cont.

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<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Governor's Office	NO	Plaster	1,250 SF	Removal
Governor's Office	NO	Duct Insulation	50 SF	Removal
Governor's Office	NO	Vapor Barrier	150 SF	Removal
2 nd Floor	NO	Plaster	2,100 SF	Removal
2 nd Floor	NO	Duct Insulation	150 SF	Removal
2 nd Floor	NO	Vapor Barrier	150 SF	Removal
Building Entrance	NO	Plaster	1,900 SF	Removal
Exterior	NO	Roofing Material	600 SF	Removal
Throughout	NO	Window Caulk	200 LF	Removal
Executive Offices	NO	Ceiling Plaster	120 SF	Removal
Executive Offices	NO	Pipe Insulation	15 LF	Removal
Executive Offices	NO	Black Mastic	320 SF	Removal

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

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Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera	Telephone Number 609-292-1717						
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) New Milford		Square Feet	# of Floors Bldg. Age						
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	Telephone No. 973-928-4888 License No. 1188						
Start Date (10) 03 / 27 / 19	Scheduled Completion Date (11) 05 / 31 / 19	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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior- Foundation Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Vapor Barrier	426 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black/Grey caulk at interface of copper flashing/brick	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>			Date 3/26/19		

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

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Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction		APR - 1 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera		Telephone Number 609-292-1717					
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 and commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) New Milford			Square Feet	# of Floors	Bldg. Age				
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCN No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 03 / 27 / 19		Scheduled Completion Date (11) 05 / 31 / 19		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
Exterior- Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Caulk/Sealant	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	212 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"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ / Newark, NJ				Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 3/26/19			

CK1615

PAID

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

RECEIVED

APR - 1 2019

Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera	Telephone Number 609-292-1717						
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) New Milford		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCN No.							
Street Address 87 Main Street, Suite A		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Lincoln Park, NJ 07035		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	License No. 1188						
Start Date (10) 03 / 27 / 19	Scheduled Completion Date (11) 05 / 31 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior- Foundation Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Vapor Barrier	330 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	246 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"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ / Newark, NJ			Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager	Signature <i>Allen Monchik</i>			Date 3/26/19			

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

RECEIVED

CK1015 PAID

APR - 1 2019

Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera	Telephone Number 609-292-1717						
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) New Milford		Square Feet	# of Floors Bldg. Age						
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic	Telephone No. 973-650-0392	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 03 / 27 / 19	Scheduled Completion Date (11) 05 / 31 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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- Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Flashing	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	256 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"/>
Name of Registered Waste Hauler Century Waste / Newark Carting	NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill						
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA						
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature Allen Monchik				Date 3/26/19			

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

CK 1015 PAID

RECEIVED

Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction APR - 1 2019							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number 609-292-1717							
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) New Milford		Square Feet	# of Floors Bldg. Age						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	Telephone No. 973-928-4888 License No. 1188						
Start Date (10) 03 / 27 / 19	Scheduled Completion Date (11) 05 / 31 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior- Center Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar flashing at interface of metal flashing/brick	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Fireplace Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar flashing at interface of roof shingle/brick	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ / Newark, NJ			Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager	Signature Allen Monchik			Date 3/26/19			

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CK1615

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

RECEIVED

Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction		APR - 1 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number 609-292-1717					
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 and commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) New Milford			Square Feet	# of Floors	Bldg. Age				
County (6) Bergen		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 03 / 27 / 19		Scheduled Completion Date (11) 05 / 31 / 19		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor- Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sheet flooring under ceramic floor tile (Bottom layer)	104 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar flashing at interface of metal flashing to chimney	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Foundation Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Vapor Barrier	396 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cementitious Siding (Transite)	1,276 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 3/26/19			

APR - 1 2019

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 3/26/19
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED

Date of Notification (1) <div style="text-align: center;">03 / 26 / 19</div>		Name of Building Owner/Operator (2) Division of Property Management & Construction APR - 1 2019							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number 609-292-1717							
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) New Milford		# of Floors							
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.							
Street Address 87 Main Street, Suite A		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Lincoln Park, NJ 07035		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Mark Jovic		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-650-0932		Telephone No. 973-928-4888							
Start Date (10) <div style="text-align: center;">03 / 27 / 19</div>		License No. 1188							
Scheduled Completion Date (11) <div style="text-align: center;">05 / 31 / 19</div>		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Garfield, NJ 07026							
Location of Asbestos-Containing Material (ACM) <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
2nd Floor- Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	161 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor- Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	161 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar flashing at interface of chimney to roof	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>			Date 3/26/19		

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

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Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr.							
		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera	Telephone Number 609-292-1717						
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) New Milford		Square Feet	# of Floors						
County (6) Bergen		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	License No. 1188						
Start Date (10) 03 / 27 / 19	Scheduled Completion Date (11) 05 / 31 / 19	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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor- Side Bathroom, Laundry Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Multi-Layer resilient Sheet Flooring	128 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st & 2 nd Floor Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White smooth finish coat plaster over brick chimney	144 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>			Date 3/26/19		

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

Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction		APR - 1 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number 609-292-1717					
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 and commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) New Milford			Square Feet	# of Floors	Bldg. Age				
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932	Telephone No. 973-928-4888	License No. 1188					
Start Date (10) 03 / 27 / 19		Scheduled Completion Date (11) 05 / 31 / 19		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
1st Floor- Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tan Resilient Flooring	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- Storage/Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar sealant on perimeter wall/floor interface associated with French drain system	252 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- Storage/Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	208 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Foundation Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar waterproofing over exterior foundation wall	354 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill				
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 3/26/19			

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APR - 1 2019

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 3/26/19
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Date:
3/26/19

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

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Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) Division of Property Management & Construction		APR - 1 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrera Telephone Number 609-292-1717					
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 and commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) New Milford			Square Feet	# of Floors	Bldg. Age				
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	Telephone No. 973-928-4888	License No. 1188					
Start Date (10) 03 / 27 / 19	Scheduled Completion Date (11) 05 / 31 / 19		Name of OSHA Monitor ALL PRO MANAGEMENT LLC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor- All Rooms (excluding bathroom)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brown sound dampening rosin paper under hardwood floor	524 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar flashing associated with chimney	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA						
Completed By (Print or Type) Allen Monchik	Title Project Manager		Signature Allen Monchik		Date 3/26/19				

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
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Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 W. State Street, 3rd Flr. City, State, Zip Code Trenton, NJ 08608 Name of Contact Rick Ferrara Telephone Number 609-292-1717							
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) New Milford		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
County (6) Bergen									
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	License No. 1188						
Start Date (10) 03 / 27 / 19	Scheduled Completion Date (11) 05 / 31 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
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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									
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior- Basement Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	36 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Garage Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Garage Door Caulk	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Caulk	42 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill/ Fairless Landfill Grand Central Sanitary Landfill					
City, State Elizabeth, NJ / Newark, NJ			Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager	Signature Allen Monchik			Date 3/26/19			

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		City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Rick Ferrera	Telephone Number 609-292-1717						
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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Pompton Lakes		County Code (7)(STATE USE ONLY)							
County (6) Bergen		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932	License No. 1188						
Start Date (10) 04 / 03 / 19	Scheduled Completion Date (11) 06 / 30 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement- Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue Cement	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grey original exterior window caulk associated with wood seams	256 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cementitious Siding (Transite)	1,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill Grand Central Sanitary Landfill				
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