

**State of New Jersey Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

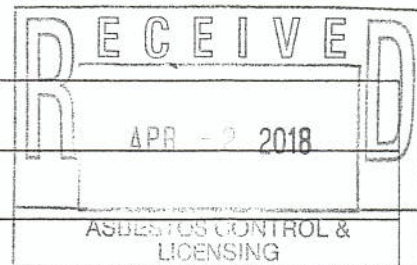
Check # 3091

**GAC Project # 635-2018**

Date of Notification (1) <b>March 27, 2018</b>			Name of Building Owner/Operator (2) <b>MADISON BOARD OF EDUCATION</b>		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>359 WOODLAND ROAD</b> City, State, Zip Code <b>MADISON, NJ 07940</b> Name of Contact <b>WAYNE DESJADON</b>	
				Telephone Number <b>973-593-3157</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>MADISON HIGH SCHOOL</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>50+ years</b>		
Street Address <b>170 RIDGEDALE AVENUE</b>			Current Use (prior if being demolished): <b>HIGH SCHOOL</b>		
City (5) <b>MADISON</b>	County (6) <b>MORRIS</b>	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>RK OCCUPATIONAL &amp; ENVIRONMENTAL ANALYSIS, INC.</b>			ASCM No. <b>0090</b>		
Street Address <b>401 ST. JAMES AVENUE</b>			Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
City, State, Zip Code <b>PHILLIPSBURG, NJ 08865</b>			Street Address <b>511 MAIN STREET</b>		
Project Manager for Monitoring Firm <b>JON GILBERT</b>			Telephone Number <b>908-454-6316</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>04/06/2018</b>			Scheduled Completion Date (11) <b>04/09/2018</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement <b>SHIFT HOURS 3PM - 12MID ( 24 Hours as needed)</b>			Name of OSHA Monitor <b>ENVIROVISION, INC.</b>		
			Street Address <b>20-21 WARGARAW ROAD</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Source of Work (Check all that apply)					
<input type="checkbox"/> > 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
Exterior Roof Various Locations	<input checked="" type="checkbox"/>	<b>ROOF TAR/FELT</b>	<b>287 SF</b>	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>Newark Carting, Inc.</b> <b>Newark, NJ 04509</b>	NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Cubic Yards of Waste: <b>10 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>		
Notes: <b>None</b>			Disposal Date <b>04/09/2018</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>March 27, 2018</b>		



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



Date of Notification (1) 2/23/2018		Name of Building Owner/Operator (2) Catelli Brothers Meats							
Agencies Notified	Type Notification	Street Address 696 Broad St							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Shrewsbury, NJ 07702							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Bldg for Demo		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 765 Broad Street		Square Feet 3,000	# of Floors 50+						
City (5) Shrewsbury, NJ		Bldg. Age 50+							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Bldg for Demo							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting						
Street Address n/a		Street Address 360 Palisade Ave.							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973-460-6026						
		License No. 01255							
Start Date (10) 2/26/2018	Scheduled Completion Date (11) 3/3/2018	Name of OSHA Monitor Harmony Contracting							
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 360 Palisade Ave							
		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 checked="" type="checkbox"/> SEE WORK EXPLANATION <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Entire Roof			x	To be disposed of as ACM waste	3,000 SF	x			
Name of Registered Waste Hauler Nacirema Demolition		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Tullytown, PA 19067					
Completed by E. Cirovic		Title Secretary		Signature 			Date 2/23/2018		



CH 6698

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

RECEIVED
APR - 2 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/29/18		Name of Building Owner/Operator (2) Mercer County Improvement Authority	
Agencies Notified	Type Notification	Street Address 80 Hamilton Avenue 2nd Floor	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton NJ 08611	
		Name of Contact Allan Collins Deputy Executive Director	Telephone Number 609-278-8100


## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mercer County Courthouse		Type of Facility (4)	
Street Address 209 S Broad St		<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.)	
City (5) Trenton NJ 08611		Square Feet NA	# of Floors NA
County (6) Mercer		Bldg. Age NA	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address 515 Grove St S 1B		Street Address PO Box 329	
City, State, Zip Code Haddon Heights NJ 08035		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm Tom Adams		Telephone No. 856-656-2912	License No. 00727
Start Date (10) 4/12/18	Scheduled Completion Date (11) 4/30/18	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Parking lot Closed</u>		City, State, Zip Code	

## Scope of Work (Check All That Apply)

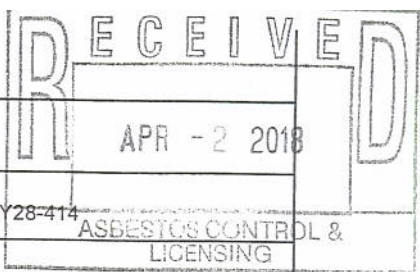
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> <u>Wet Method</u> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) <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
Parking garage upper deck st			x	Membrane under Asphalt	10000 SF	x			
Level									

Name of Registered Waste Hauler Horizon Disposal Ser.		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.	
City, State Trenton NJ		Disposal Date TBD		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 3/29/18



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



Date of Notification (1) 3 / 5 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-2257	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commd. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N			Square Feet 40,000	# of Floors 1	Bldg. Age 65
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 1 / 5 /18 Month Day Year		Sched. Completion Date (11) 11 / 15 /18 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM			Street Address 117 EAST 30TH STREET		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			City, State, Zip Code NEW YORK, NEW YORK 10016		
<input checked="" type="checkbox"/> Renovation			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Endo <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 3/5/18



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



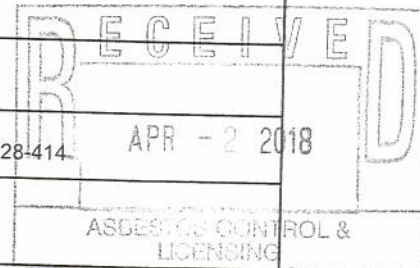
Date of Notification (1) 1 / 4 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact PATRICIA JOHNSON Telephone Number 732-594-2257	

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N				Square Feet 40,000	# of Floors 1	Bldg. Age 65
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.				ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL				Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871				City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649		Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 1 / 5 /18 Month Day Year		Sched. Completion Date (11) 11 / 15 /18 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM				Street Address 117 EAST 30TH STREET		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF <input checked="" type="checkbox"/> Renovation				City, State, Zip Code NEW YORK, NEW YORK 10016		
				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY									
NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 120		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 11/4/18			



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



<b>Date of Notification (1)</b> 11 / 28 /17			<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.		
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION			<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065		
			<b>Name of Contact</b> PATRICIA JOHNSON		<b>Telephone Number</b> 732-594-2257

<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80N				<b>Square Feet</b> 40,000	<b># of Floors</b> 1
<b>City (5)</b> RAHWAY		<b>County (6)</b> UNION		<b>County Code (7) (STATE USE ONLY)</b>	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				<b>ASCM No.</b> 104	
<b>Street Address</b> 655 WEST SHORE TRAIL				<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871				<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH				<b>Telephone Number</b> 973-729-5649	
<b>Expected State Date (10)</b> 11 / 29 /17				<b>Sched. Completion Date (11)</b> 11 / 15 /18	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM				<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 11/28/17



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

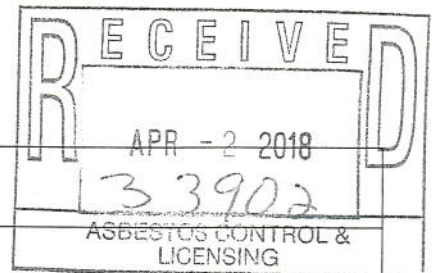
CK 31553

Date of Notification (1) 11 / 15 /17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
Name of Contact PATRICIA JOHNSON			Telephone Number 732-594-2257		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N			Square Feet 40,000	# of Floors 1	Bldg. Age 65
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 11 / 29 /17 Month Day Year		Sched. Completion Date (11) 11 / 15 /18 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM			Street Address 117 EAST 30TH STREET		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			City, State, Zip Code NEW YORK, NEW YORK 10016		
Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)			Amount (Specify SF or LF)		
			Abatement Type REMOVAL REPAIR ENCAPSULE ENCLOSURE		
1ST FLOOR CORRIDOR			X ACM MASTIC 5,720 SF X		
1ST FLOOR CORRIDOR			X PIPE FITTINGS 489 LF X		
1ST FLOOR CORRIDOR			X DUCT INSULATION 400 SF X		
1ST FLOOR CORRIDOR			X PIPE SADDLES 6 LF X		
1ST FLOOR CORRIDOR			DUCT SEAM MASTIC 12 SF X		
1ST FLOOR CORRIDOR			X PIPE INSULATION 250 LF X		
1ST FLOOR CORRIDOR			FIRE DOORS (40) 800 SF X		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 11/15/17	



CH33902

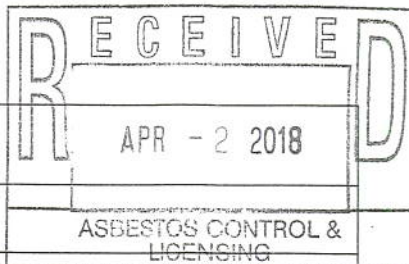
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>03 / 28 / 18</b>		Name of Building Owner/Operator (2) <b>Walters Residential</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code <b>Barnegat, NJ 08005</b>							
		Name of Contact <b>Victor</b>	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Manahawkin</b>		Square Feet <b>1000</b>	# of Floors <b>1</b>						
County (6) <b>Ocean</b>		County Code (7)(STATE USE ONLY)	Bldg. Age <b>65</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Current Use (Prior if being demolished) <b>Residence</b>							
ASCM No.		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>04 / 09 / 18</b>	Scheduled Completion Date (11) <b>04 / 11 / 18</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) <b>TO BE ABATED</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/11/18</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 				Date <b>3/28/18</b>			



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



Date of Notification (1) <b>03 / 27 / 18</b>		Name of Building Owner/Operator (2) <b>State of New Jersey</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>125 W. State Street</b> City, State, Zip Code <b>Trenton, NJ 08608</b> Name of Contact <b>Ed Weinlein (Haverstick-Borthwick)</b> Telephone Number <b>610-825-9300</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>New Jersey Executive State House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>125 W. State Street</b>		Square Feet <b>100,00</b>							
City (5) <b>Trenton</b>		# of Floors <b>4</b>							
County (6) <b>Mercer</b>		Bldg. Age <b>80</b>							
County Code (7)(STATE USE ONLY) <b>Mercer</b>		Current Use (Prior if being demolished) <b>State House</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>N/A</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>N/A</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>N/A</b>		Telephone No. <b>856-755-0099</b>							
Telephone No. <b>N/A</b>		License No. <b>00842</b>							
Start Date (10) <b>03 / 26 / 18</b>		Scheduled Completion Date (11) <b>04 / 06 / 18</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Street Address <b>200 Route 130 North</b>		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) <b>TO BE ABATED</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking	330 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing	407 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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>GROWS North Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>04/06/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>3/27/18</b>			



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

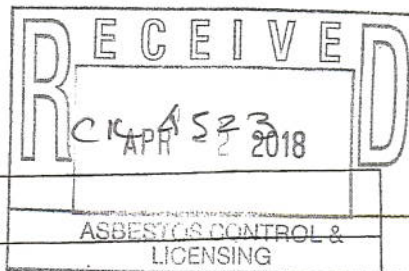


Date of Notification (1) 3/26/2018		Name of Building Owner/Operator (2) Pequannock, Lincoln Park & Fairfield Sewerage Authority							
Agencies Notified	Type Notification	Street Address Lincoln Blvd	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 001 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lincoln Park, NJ 07035							
		Name of Contact Michael E. Solla	Telephone Number 973-696-4494						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Two Bridges Wastewater Treatment Plant		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 Lincoln Blvd		Square Feet 1,875	# of Floors 1						
City (5) Lincoln Park		Bldg. Age 40							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Water Treatment Bldg							
Name of Monitoring Firm Hired by Building Owner (8) Lighthouse Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 3 Vose Avenue		Street Address 42 Ridge Road							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 973-275-5000	License No. 00836						
Start Date (10) 4/2/2018	Scheduled Completion Date (11) 5/31/2018	Name of OSHA Monitor Neuber Environmental Services, 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 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
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 <b>(By Neuber After Abatement)</b> <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
Grit Building			X	Roofing/Flashing	1,875 SF	X			
Grit Building			X	Caulk on HVAC	20 SF	X			
Grit Building			X	Ductwork paper	250 SF	X			
Grit Building			X	Flange Gaskets	45 SF	X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. 20785	Cubic Yards of Waste ~40	Name of Registered Landfill PWS Bethlehem Landfill					
City, State Riverdale, NJ		Disposal Date 4/2018		City, State Bethlehem, PA					
Completed by Timothy Walter		Title Project Manager		Signature <i>T. Walter</i>		Date 3/26/18			



CH 4523

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



Date of Notification (1) <b>3/26/18</b>		Name of Building Owner/Operator (2) <b>MR. DAVID RIDLEY</b>		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code <b>WEEHAWKEN, NJ. 07086</b>		Telephone Number	
		Name of Contact <b>MS. JENNA KONDIAS</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>MR. DAVID RIDLEY</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]					
City (5) <b>WEEHAWKEN</b>		Square Feet <b>3240</b>		# of Floors <b>2</b>	
County (6) <b>HUDSON</b>		County Code (7) (STATE USE ONLY)		Bldg. Age <b>1902</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Current Use (Prior if being demolished) <b>RESIDENCE</b>	
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>			
City, State, Zip Code		Street Address <b>450 South River Street</b>			
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code <b>Hackensack, NJ 07601</b>	
Start Date (10) <b>4/6/18</b>		Scheduled Completion Date (11) <b>4/9/18</b>		Telephone No. <b>201-329-7444</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7:30 AM TO 5:00 PM</b>		License No. <b>00388</b>		Name of OSHA Monitor <b>Omega Environmental</b>	
		Street Address <b>280 Huyler Street</b>			
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
<b>2 FLOOR KITCHEN</b>				<b>VAT</b>	
<b>BASEMENT</b>		<b>X</b>		<b>THERMAL SYSTEM INSULATION</b>	
				<b>650 SF</b>	
				<b>225 LF</b>	
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>6 CYS</b>	
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>4/9/18</b>		Name of Registered Landfill <b>Minerva Enterprises, LLC</b>	
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		City, State <b>Waynesburg, OH 44688</b>	
		Signature <i>J. Maiorano</i>		Date <b>3/26/18</b>	



MO24941058491

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

RECEIVED  
APR - 2 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/26/18

Name of Building Owner/Operator (2) Michael Surbrug

Agency Notified: ☒ EPA, ☒ DEP, ☒ DOL, ☒ DOH, ☐ DCA

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

Street Address: [REDACTED]

City, State, Zip Code: Warren, NJ 07059

Name of Contact: Michael Surbrug

Telephone Number: [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential Single Family Home

Street Address: [REDACTED]

City (5) Warren

County (6) Somerset

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

Square Feet: 1911, # of Floors: 2, Bldg. Age: 80 yrs.

County Code (7) (STATE USE ONLY): [REDACTED]

Current Use (Prior if being demolished): Single Family Residence

Name of Monitoring Firm Hired by Building Owner (8): [REDACTED]

ASCM No.: [REDACTED]

Name of Abatement Contractor (9) A. Molly Company

Street Address: 174 Passaic Avenue

City, State, Zip Code: Fairfield, NJ 07004

Project Manager for Monitoring Firm: [REDACTED]

Telephone No.: [REDACTED]

Telephone No.: 862-702-3311, License No.: 01330

Start Date (10) 3/27/18, Scheduled Completion Date (11) 4/2/18

Name of OSHA Monitor: A. Seine Lighthouse Solutions, 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:

Street Address: P.O. Box 354

City, State, Zip Code: South Orange, NJ 07079

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
Master Bedroom Ceiling			X	Misc. Materials Transite Sheet	261	X			

Name of Registered Waste Hauler: A. Molly Company

NJDEP Waste Hauler ID No.: 25691

Cubic Yards of Waste: .5

Name of Registered Landfill: Fairless Landfill

City, State: Fairfield, NJ 07004

Disposal Date: TBD

City, State: Morrisville, PA

Completed by: Gary Toriello

Title: Project Manager

Signature: [Signature]

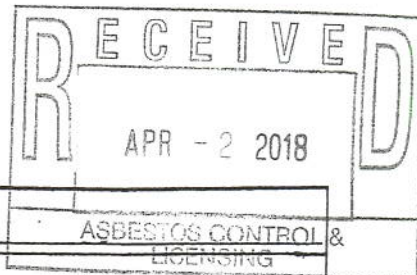
Date: 3/26/18

ASB-41

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



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



Date of Notification (1) <u>3-25-18</u>		Name of Building Owner/Operator (2) <u>HUNT &amp; SON LLC</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>651 SEASHORE RD</u>	
		City, State, Zip Code <u>CAPE MAY N.J 08204</u>	
		Name of Contact <u>JASON</u>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1500</u>	
City (5) <u>CAPE MAY</u>		# of Floors <u>2</u>	Bldg. Age <u>50+</u>
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>#00444</u>
Start Date (10) <u>4-4-18</u>	Scheduled Completion Date (11) <u>4-10-18</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one): <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	

**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 |

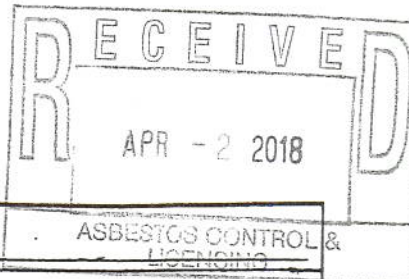
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1250 SF</u>	<u>X</u>			

Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>C/MC MUA</u>	
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>		
Completed By <u>MICHAEL KLEMM</u>	Title <u>PRES</u>	Signature <u>[Signature]</u>	Date <u>3-25-18</u>		



CH 4495

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

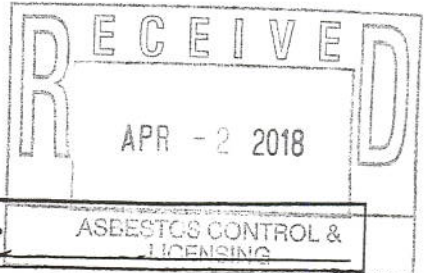


Date of Notification (1) <u>3-25-18</u>		Name of Building Owner/Operator (2) <u>HUNT &amp; SON LLC</u>		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>651 SEASHORE RD</u> City, State, Zip Code <u>CAPE MAY N.J 08204</u> Name of Contact <u>JASON</u> Telephone Number 					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet <u>1500</u> # of Floors <u>2</u> Bldg. Age <u>50+</u>						
City (5) <u>CAPE MAY</u>		County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Name of Abatement Contractor (9) <u>KLEMCO INC</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <u>856-779-0472</u> License No. <u>#00444</u>					
Start Date (10) <u>4-4-18</u>		Scheduled Completion Date (11) <u>4-10-18</u>		Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1250 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>4</u>		Name of Registered Landfill <u>C/MC/MVIA</u>			
City, State <u>MAPLE SHADE N.J</u>		Disposal Date		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>PRES</u>		Signature <u>[Signature]</u>		Date <u>3-25-18</u>			



PAID

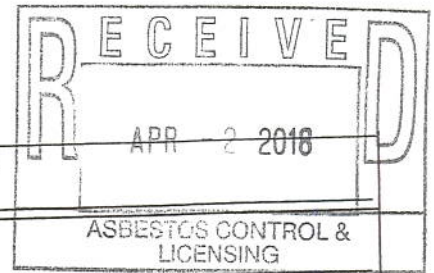
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <b>3-25-18</b>		Name of Building Owner/Operator (2) <b>HUNT &amp; SON LLC</b>		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>651 SEASHORE RD</b> City, State, Zip Code <b>CAPE MAY N.J 08204</b> Name of Contact <b>JASON</b> Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet <b>1500</b> # of Floors <b>2</b> Bldg. Age <b>50+</b>						
City (5) <b>CAPE MAY</b>		County (6) <b>CAPE MAY</b>		County Code (7) (STATE USE ONLY) <b>VACANT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No. _____		Name of Abatement Contractor (9) <b>KLEWCO INC</b>					
Street Address _____		Street Address <b>369 S. SPRUCE AVE</b>		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>					
City, State, Zip Code _____		Telephone No. <b>856-779-0472</b>		License No. <b>#00444</b>					
Project Manager for Monitoring Firm _____		Telephone No. _____		Name of OSHA Monitor <b>N/A</b>					
Start Date (10) <b>4-4-18</b>		Scheduled Completion Date (11) <b>4-10-18</b>		Occupancy Status During Abatement (Check only one): <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____					
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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) <b>2250 SF</b>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>SIDING-ROOF</b>			<b>X</b>	<b>TRANSITE</b>	<b>2250 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEWCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>		Cubic Yards of Waste <b>4</b>		Name of Registered Landfill <b>CMC MUA</b>			
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date _____		City, State <b>WOODBRIE</b>					
Completed By <b>MICHAEL KLEWCO</b>		Title <b>PRES.</b>		Signature <i>[Signature]</i>		Date <b>3-25-18</b>			



STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 AND 12:120)



CH15174

Date of Notification (1) 3/26/2018

Name of Building Owner/Operator (2) County of Bergen

Street Address 220 E. Ridgewood Ave

City, State, Zip Code Paramus, NJ 07652

Name of Contact Mr. Syed Moin

Tel. Number 201 634 2794

Agencies Notified

☒ EPA

☐ DEP

☒ DOL

☒ DOH

☐ DCA

Notification Type

☒ Initial

☐ Amended #

☐ Emergency (including justification)

☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Mosquito Office

Street Address 220 E. Ridgewood Ave

City (5) Paramus

County (6) Bergen

County Code (7) (State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8) Omega Environmental Services

ASCM No.

Street Address 280 Huyler St

City, State, Zip Code South Hackensack NJ 07606

Project Manager for Monitoring Firm Mr. Alex Palets

Telephone Number 201.489.8700

Scheduled Start Date (10) 04/09/2018

Scheduled Completion Date (11) 04/14/2018

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours

☐ Other-Describe:

Source of Work (Check all that apply)

☐ > 3 sf or > 3 lf

☐ Renovation

☐ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ > 160 sf or > 260 lf

☒ Demolition

☒ Non-Exempted(\*) & Non-Friable Procedure

☒ Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
				Rem.	Rep.	Encap	Enclose
1st through 3rd Floor		TSI Pipe Insulation&Fittings Wrap/Cut	140 LF	<input checked="" type="checkbox"/>			
1st through 3rd Floor		Window/Door Glazing&Caulk 38 Units	590 SF	<input checked="" type="checkbox"/>			
2nd and 3rd Floor		VAT/Mastic	2,200 SF	<input checked="" type="checkbox"/>			

Name of Reg. Waste Hauler MTM Metro Corporation

NJDEP Waste Hauler ID # 26552

Cubic Yards of Waste 20

Name of Reg. Landfill Tullytown, PA

City, State Paterson, NJ 07501

Disp. Date 4/16/2018

City, State Tullytown, PA

Completed by (Print or Type) Mike Damevski

Title Business Administrator

Signature Mike Damevski

Date 3/26/2018

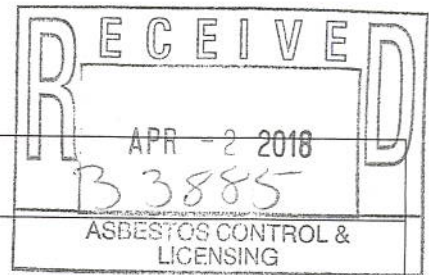
ASB-41

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



CH33885

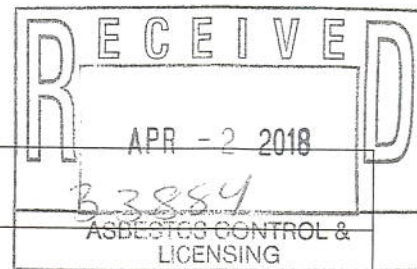
State of New Jersey  
**PAID**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>03 / 27 / 18</b>		Name of Building Owner/Operator (2) <b>Scott Motor Coach</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1133 Route 88</b>							
		City, State, Zip Code <b>Lakewood, NJ 08701</b>							
		Name of Contact <b>Diane Donato</b>	Telephone Number <b>732-370-1022 x 220</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>2193 Route 9 North</b>									
City (5) <b>Toms River</b>		Square Feet <b>1500 sf</b>	# of Floors <b>1</b>						
		Bldg. Age <b>80</b>							
County (6) <b>Ocean</b>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Building</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>04 / 06 / 18</b>	Scheduled Completion Date (11) <b>04 / 13 / 18</b>		Name of OSHA Monitor <b>E.M.S.L. Analytical</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) <b>TO BE ABATED</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	970 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/13/18</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>3/27/18</b>			



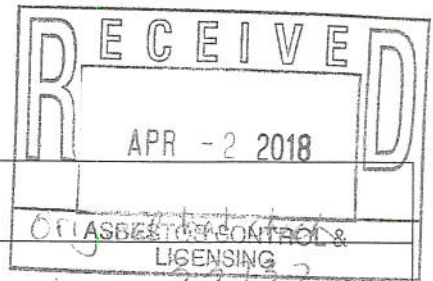
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>03 / 27 / 18</b>		Name of Building Owner/Operator (2) <b>Scott Motor Coach</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1133 Route 88</b>							
		City, State, Zip Code <b>Lakewood, NJ 08701</b>							
		Name of Contact <b>Diane Donato</b>	Telephone Number <b>732-370-1022 x 220</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>2175 Route 9 North</b>		Square Feet <b>2000 sf</b>	# of Floors <b>1</b>						
City (5) <b>Toms River</b>		Bldg. Age <b>80</b>							
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>04 / 06 / 18</b>	Scheduled Completion Date (11) <b>04 / 13 / 18</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>							
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/13/18</b>	City, State <b>Tullytown, Pennsylvania</b>						
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>		Signature 			Date <b>3/27/18</b>			



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



Date of Notification (1) <b>03 / 27 / 18</b>		Name of Building Owner/Operator (2) <b>Jersey Shore Medical Center</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1945 Route 33</b>	
		City, State, Zip Code <b>Neptune, NJ 07753</b>	
		Name of Contact <b>Lisa Fritz</b>	Telephone Number <b>732-776-4100</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Jersey Shore Medical Center-Ackerman Building 4</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1945 Route 33</b>		Square Feet <b>750,000 sf</b>	
City (5) <b>Neptune</b>		# of Floors <b>7</b>	Bldg. Age <b>65</b>
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>64 Broad Street</b>		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code <b>Matawan, NJ 07747</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm <b>Tom Geiger</b>	Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>03 / 05 / 18</b>	Scheduled Completion Date (11) <b>04 / 30 / 18</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Cath Lab Ackerman 4</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>plaster</b>	<b>400 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cath Lab Ackerman 4</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>pipe insulation</b>	<b>90 lf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/30/18</b>		City, State <b>Tullytown, Pennsylvania</b>	
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 		Date <b>3/27/18</b>	

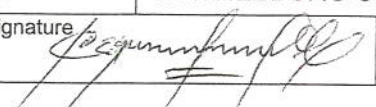


chillog

**PAID**

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


<b>RECEIVED</b>
APR - 2 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/26/2018		Name of Building Owner/Operator (2) ROBERT SOFIA							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NEW MILFORD NJ.  Name of Contact ROBERT.							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) NEW MILFORD NJ.		Square Feet 2,200	# of Floors 2						
County (6) BERGEN		Bldg. Age 91							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 03/29/2018		Scheduled Completion Date (11) 03/31/2018							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor ENVIRO-PROBE, 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 108 LIBERTY ST.							
		City, State, Zip Code METUCHEN NJ. 08840							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		VAT Floor Tile 9X9 & Mastic	650 SF.	X			
Name of Registered Waste Hauler TRI STATE TRANSFER & ASSOCIATES.		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD.	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX. NY.		Disposal Date TBD.		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 03/26/2018			



CK 1068

RECEIVED  
APR - 2 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/25/2018		Name of Building Owner/Operator (2) Mark Berkowitz		APR - 2 2018					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>					
		City, State, Zip Code Short Hills, NJ 07078		ASBESTOS CONTROL & LICENSING					
		Name of Contact Mark Berkowitz							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Berkowitz Residence				Type of Facility (4)					
Street Address <div style="background-color: black; height: 15px; width: 100%;"></div>				<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) Short Hills				Square Feet	# of Floors				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) MKD Property Maintenance LLC					
Street Address				Street Address 105 Van Riper Ave					
City, State, Zip Code				City, State, Zip Code Clifton, NJ07011					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-899-9008	License No. 01336				
Start Date (10) 4/14/2018		Scheduled Completion Date (11) 5/20/2018		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	105 LF	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD		Cubic Yards of Waste 1 YD	Name of Registered Landfill 110 Sand Company				
City, State				Disposal Date	City, State Melville, NY 11747				
Completed by Darko Raloski		Title Project Manager		Signature 		Date 3/25/2018			



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

GAC Project # 060-18

Date of Notification (1)

**March 27, 2018**

**PAID**

Name of Building Owner/Operator (2)

**RUTGERS, THE STATE UNIVERSITY OF NJ - 2 2018**

Agencies Notified

- ☐ EPA  
☐ DCA  
☒ DOL  
☒ DEP- No Longer REQUIRED  
☒ DOH

Notification Type

- ☒ Initial Notification  
☐ Amended Notification #  
☐ Emergency (including justification)  
☐ Cancelled

Street Address

**ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS)  
74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS**

City, State, Zip Code

**PISCATAWAY, NJ 08854**

Name of Contact

**MICHAEL F. SMITH, ENV.  
HEALTH & SAFETY**

Telephone Number

**848-445-2550**

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

**STANLEY BERGEN, BLDG# 7252**

Street Address

**RBHS NEWARK CAMPUS**

City (5)

**NEWARK**

County (6)

**ESSEX**

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.)  
Sq. Feet: **N/A** # of Floors: **14** Bldg. Age: **80+ years**

Current Use (prior if being demolished): **ACADEMIC**

Name of Monitoring Firm Hired by Bldg. Owner (8)

**ATC**

ASCM No.

**00098**

Name of Contractor (9)

**GREENWOOD ABATEMENT CONSULTANTS, INC.**

Street Address

**3 TERRI LANE**

Street Address

**511 MAIN STREET**

City, State, Zip Code

**BURLINGTON, NJ 08016**

City, State, Zip Code

**BUTLER, NJ 07405**

Project Manager for Monitoring Firm

**BRIAN R. KEARNEY**

Telephone Number

**609-386-8800**

Telephone Number

**973-492-0477**

License Number

**00840**

Scheduled Start Date (10)

**04/6/18**

Scheduled Completion Date (11)

**04/9/18**

Name of OSHA Monitor

**ENVIROVISION, INC.**

Occupancy Status During Abatement (Check only one)

- ☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other- Describe: **Schedule: 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)**

Street Address

**20-21 WARGARAW ROAD, BLDG# 35E**

City, State, Zip Code

**FAIRLAWN, NJ 07410**

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

☐ Glove bag Procedure / Wrap & Cut

☒ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

**GA 135, GA 136, GA 179**

Is Location Normally Used Solely by Maint./Custodial Staff? (12)  
YES NO NA

☒

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

**VAT**

Amount (Specify SF or LF)

**1200 SF**

Abatement Type

Remove Repair Encap Enclose

☒

Name of Reg. Waste Hauler

**See Hauler Below #1 & 2**

NJDEP Waste Hauler ID #

**See Below**

Cubic Yards of Waste: **20 CY**

Name of Registered Landfill

**G.R.O.W.S. North Landfill**

Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405

NJDEP # 12561

Hauler #2) Newark Carting, Inc., Newark, NJ 04509

NJ DEP # 4509

Disposal Date

**04/9/2018**

City, State

**100 New Ford Mill Rd. Morrisville, Pa 19067  
215-736-1700**

Completed by (Print or Type)

**RAYMOND C. PEDALINO**

Title

**SENIOR PROJECT  
MANAGER**

Signature

*Raymond C. Pedalino*

Date

**March 27, 2018**

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



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

**PAID**

Check # 7092

**RECEIVED**

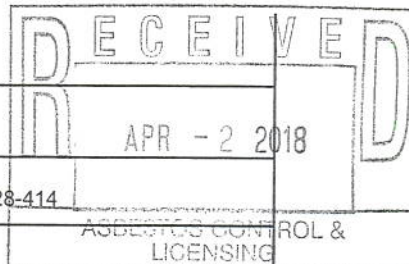
**GAC Project # 060-18**

Date of Notification (1) <b>March 27, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ - 2 2018</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>
			City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number <b>848-445-2550</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>ITV STUDIO, BLDG# 4048</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>1</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>LIVINGSTON CAMPUS</b>			
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>04/06/18</b>	Scheduled Completion Date (11) <b>04/09/18</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
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: <b>Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> &gt; 3 sf or &gt;3 lf  <input checked="" type="checkbox"/> &gt; 160 sf or &gt; 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove bag Procedure / Wrap &amp; Cut  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>105A, 106</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>240 SF</b>
			Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>04/09/2018</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>
		Date <b>March 27, 2018</b>	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



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



Date of Notification (1)

3 / 29 /18

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-2257

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #5  
☐ Cancellation  
☒ On Hold  
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80N

Square Feet

40,000

# of Floors

1

Bldg. Age

65

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

1 / 5 /18  
Month Day Year

Sched. Completion Date (11)

11 / 15 /18  
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY -FRIDAY 5PM-1AM  
SATURDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF

☒ Renovation

☒ Full Containment with Negative Pressure  
☒ Mini Enclo ,  
☒ Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			X	ACM MASTIC complete	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES complete	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC complete	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.  
825 HIGHWAY 33

NJDEP Waste Hauler ID No.

15939

Cubic Yards of Waste

120

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE  
447 ALEXANDER DRIVE/ROUTE 15

City, State

FREEHOLD, NEW JERSEY

Disposal Date

11/29/17-11/15/18

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

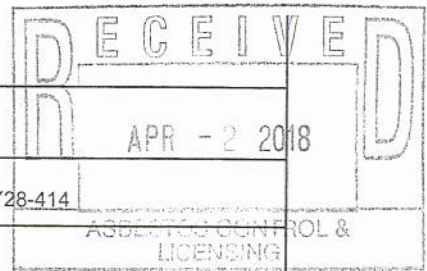
*[Signature]*

Date

3/29/18



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



<b>Date of Notification (1)</b> 3 / 26 /18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b>		<b>Street Address</b>	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #4	<b>City, State, Zip Code</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	RAHWAY, NEW JERSEY 07065	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold	<b>Name of Contact</b>	<b>Telephone Number</b>
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION	PATRICIA JOHNSON	732-594-2257

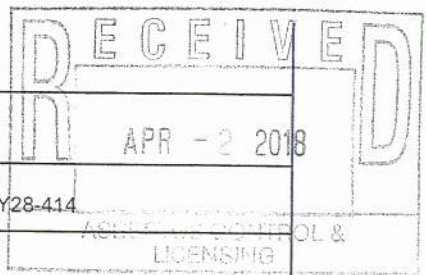
**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION			<b>Type of Facility (4)</b>		
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80N			<input type="checkbox"/> School (K-12)		
			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>City (5)</b> RAHWAY			<b>Square Feet</b> 40,000	<b># of Floors</b> 1	<b>Bldg. Age</b> 65
<b>County (6)</b> UNION			<b>Current Use (Prior if being demolished)</b> COMMERCIAL		
<b>County Code (7)</b> (STATE USE ONLY)			<b>Name of Abatement Contractor (9)</b>		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			<b>PAR ENVIRONMENTAL CORPORATION</b>		
<b>ASCM No.</b> 104			<b>Street Address</b>		
<b>Street Address</b> 655 WEST SHORE TRAIL			313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 1 / 5 /18 Month Day Year		<b>Sched. Completion Date (11)</b> 11 / 15 /18 Month Day Year		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Occupancy Status During Abatement (Check only one)</b>			<b>Street Address</b>		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			117 EAST 30TH STREET		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:			<b>City, State, Zip Code</b>		
<input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM			NEW YORK, NEW YORK 10016		
<b>Scope of Work (Check all that apply)</b>			<input checked="" type="checkbox"/> Full Containment with Negative Pressure		
<input type="checkbox"/> Demolition			<input checked="" type="checkbox"/> Mini Enclo ,		
<input type="checkbox"/> >3SF OR LF			<input checked="" type="checkbox"/> Glovebag Procedure		
<input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type							
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE				
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X							
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X							
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X							
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X							
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X							
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X							
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X							
<table border="1"> <tr> <td><b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY</td> <td><b>NJDEP Waste Hauler ID No.</b> 15939</td> <td><b>Cubic Yards of Waste</b> 120</td> <td><b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752</td> </tr> </table>										<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752										
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> <i>[Signature]</i>	<b>Date</b> 3-26-18								



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



<b>Date of Notification (1)</b> 3 / 5 /18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b>		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<b>Type Notification</b>		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	<b>Name of Contact</b> PATRICIA JOHNSON	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #3	<b>Telephone Number</b> 732-594-2257	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

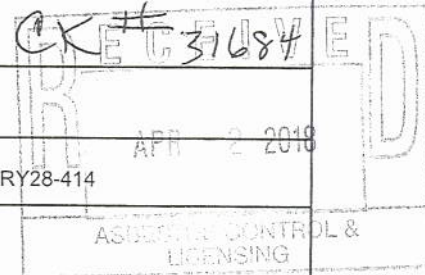
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b>	
		<input type="checkbox"/> School (K-12)	
		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
		<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80N		<b>Square Feet</b> 40,000	<b># of Floors</b> 1
		<b>Bldg. Age</b> 65	
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> COMMERCIAL
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 1 / 5 /18 Month Day Year		<b>Sched. Completion Date (11)</b> 11 / 15 /18 Month Day Year	
<b>Occupancy Status During Abatement (Check only one)</b>		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		<b>Street Address</b> 117 EAST 30TH STREET	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:		<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016	
<input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM			
<b>Scope of Work (Check all that apply)</b>		<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Mini Enclo ,	
<input type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 11/29/17-11/15/18		<b>City, State</b> MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 3/5/18	



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



Date of Notification (1) 1 / 4 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	Name of Contact PATRICIA JOHNSON	
		Telephone Number 732-594-2257	

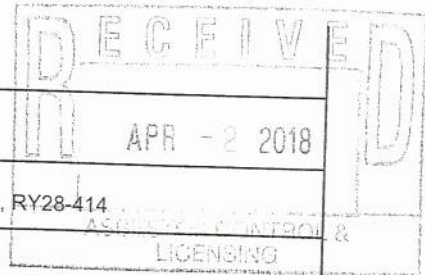
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N		Square Feet 40,000	# of Floors 1
City (5) RAHWAY		Bldg. Age 65	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 1 / 5 /18 Month Day Year	Sched. Completion Date (11) 11 / 15 /18 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM		Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
City, State, Zip Code NEW YORK, NEW YORK 10016			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY		Disposal Date 11/29/17-11/15/18		City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/4/18	



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



Date of Notification (1) 11 / 28 /17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
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 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-2257

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N				Square Feet 40,000	# of Floors 1
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)	Bldg. Age 65	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				Current Use (Prior if being demolished) COMMERCIAL	
Street Address 655 WEST SHORE TRAIL				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649		City, State, Zip Code SUFFERN, NEW YORK 10901	
Expected State Date (10) 11 / 29 /17		Sched. Completion Date (11) 11 / 15 /18		Telephone Number 845-369-7500	
Month Day Year		Month Day Year		License Number 1101	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 5PM-1AM SATURDAY 7AM-3:30 PM				Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF <input checked="" type="checkbox"/> Renovation				Street Address 117 EAST 30TH STREET	
				City, State, Zip Code NEW YORK, NEW YORK 10016	
				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY									
NJDEP Waste Hauler ID No. 15939			Cubic Yards of Waste 120		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15				
Completed by (Print or Type) BENJAMIN SANCHEZ			Disposal Date 11/29/17-11/15/18		City, State MONTGOMERY, PA 17752				
Title DIRECTOR OF OPERATIONS			Signature 		Date 11/28/17				



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

CK 3553

Date of Notification (1)

11 / 15 /17

Name of Building Owner/Operator (2)  
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-2257

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ Initial Notification  
☐ Amended Notification  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80N

Square Feet  
40,000

# of Floors  
1

Bldg. Age  
65

City (5)

RAHWAY

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
COMMERCIAL

Name of Monitoring Firm hired by Building Owner (8)

ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

11 / 29 /17  
Month Day Year

Sched. Completion Date (11)

11 / 15 /18  
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY -FRIDAY 5PM-1AM  
SATURDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF  
☒ Renovation

☒ Full Containment with Negative Pressure  
☒ Mini Encl.  
☒ Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
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1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
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1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			

Name of Registered Waste Hauler  
FREEHOLD CARTAGE, INC.  
825 HIGHWAY 33

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
120

Name of Registered Landfill  
LYCOMING COUNTY RESOURCE MANAGEMENT SE  
447 ALEXANDER DRIVE/ROUTE 15

City, State  
FREEHOLD, NEW JERSEY

Disposal Date  
11/29/17-11/15/18

City, State  
MONTGOMERY, PA 17752

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

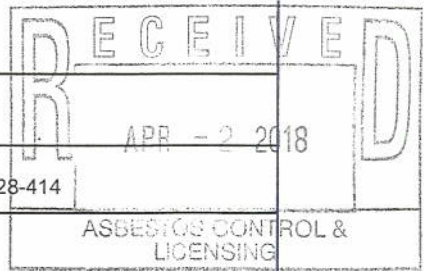
Signature

Date

11/15/17



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



Date of Notification (1)

3 / 29 /18

Name of Building Owner/Operator (2)  
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-2257

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #1  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80M BREAK ROOM

Square Feet

26,220

# of Floors

2

Bldg. Age

54

City (5)

RAHWAY

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

3 / 27 /18  
Month Day Year

Sched. Completion Date (11)

3 / 29 /18  
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY - FRIDAY 5:30 PM - 12:30 AM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition  
☒ >3SF OR LF  
☐ >160 SF OR 260 LF  
☒ Renovation

☐ Full Containment with Negative Pressure  
☒ Mini Encl ,  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR BREAK ROOM			X	VAT & MASTIC	6 SF	X			

Name of Registered Waste Hauler  
FREEHOLD CARTAGE, INC.  
825 HIGHWAY 33

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
1

Name of Registered Landfill  
LYCOMING COUNTY RESOURCE MANAGEMENT SE  
447 ALEXANDER DRIVE/ROUTE 15

City, State  
FREEHOLD, NEW JERSEY

Disposal Date  
10/23-04/05/18

City, State  
MONTGOMERY, PA 17752

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

3/29/18




CK 318 94

00, RY28-414  
APR 2 2018  
Telephone Number  
2-594-2257



Emergency **PAID** State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120) CK 6695

Date of Notification (1) 3/28/18		Name of Building Owner/Operator (2) Lisa Browning Private Home		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  APR - 2 2018  US CONTROL &amp; REMEDIATION </div>					
Agencies Notified		Type Notification				Street Address [REDACTED]			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" 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 Edgewater Park NJ 08010			
		Name of Contact Lisa		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Lisa Browning Private Home				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) Edgewater Park NJ 08010				Square Feet 1000 +	# of Floors 2.				
County (6) Burlington				County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 3/29/18		Scheduled Completion Date (11) 3/30/18		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Home owner Home</u>				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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor Tile only	385 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 3/30/18	City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President	Signature 		Date 3/9/18			



chulay

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

Print Form

RECEIVED

APR - 2 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 3/28/18		Name of Building Owner/Operator (2) John Barbagallo Private Home		Street Address [REDACTED]		City, State, Zip Code Manahawkin NJ 08050		Name of Contact John		Telephone Number	
Agencies Notified		Type Notification		FACILITY INFORMATION		Name of Facility Where Abatement is Taking Place (3) John Barbagallo Private Home		Type of Facility (4)		Current Use (Prior if being demolished)	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1000 +		# of Floors 1		Bldg. Age 35+	
County (6) Ocean		County Code (7) (STATE USE ONLY)		Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.		Street Address PO Box 329	
City (5) Manahawkin NJ 08050		City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091		Telephone No. 856-753-9800		License No. 00727		Name of OSHA Monitor Same	
Project Manager for Monitoring Firm		Telephone No.		Occupancy Status During Abatement (Check Only One)		Street Address		City, State, Zip Code		Scope of Work (Check All That Apply)	
Start Date (10) 4/9/18		Scheduled Completion Date (11) 4/13/18		<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:		<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 Siding				Exterior Siding		1000 SF		x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3		Name of Registered Landfill G.R.O.W.S.		City, State Elm NJ		Disposal Date 4/13/18	
City, State Elm NJ		Disposal Date 4/13/18		City, State Morrisville PA 19067		Completed by Anthony T Perna		Title President		Signature [Signature]	
Date 3/28/18											



CH10308

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

Check # 10308  
APR - 2 2018

Date of Notification (1) <b>3-30-18</b>		Name of Building Owner/Operator (2) <b>Brandon Barrett</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Maple Shade NJ 08052</b> Name of Contact <b>Brandon Barrett</b>						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet	# of Floors <b>1</b> Bldg. Age <b>60+</b>					
City (5) <b>Maple Shade NJ 08052</b>	County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>					
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>						
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>						
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>					
Start Date (10) <b>April 10 2018</b>	Scheduled Completion Date (11) <b>April 13, 2018</b>	Name of OSHA Monitor <b>EPC Technologies Inc.</b>						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input 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
<b>Kitchen</b>		<b>X</b>	<b>Flooring</b>	<b>200 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>				
City, State <b>New Egypt NJ</b>		Disposal Date <b>4-16-18</b>		City, State <b>Morrisville PA</b>				
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>3-30-18</b>			

Open Time Frame



C16547

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

R E C E I V E D	Print/Form
	APR - 2 2018
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 3/28/18		Name of Building Owner/Operator (2) Ameritrust Residential Services	
Agencies Notified	Type Notification	Street Address 3525 Piedmont RD NE - Building 7 Suite 70	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlanta, GA, 30305	
		Name of Contact	Telephone Number 844-554-0196

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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 4000	# of Floors Bldg. Age
City (5) Elizabeth			
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 4/9/18	Scheduled Completion Date (11) 4/11/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
INTERIOR				Pipe Insulation	80LF	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI	
City, State NEWARK, NJ			Disposal Date 4/11/18	City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date



CH 6547

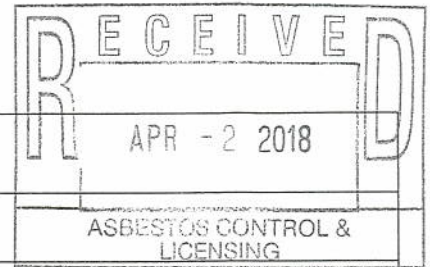
**PAID**  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)


Print Form
APR - 2 2018
<b>ASBESTOS CONTROL &amp; LICENSING</b>

Date of Notification (1) 3/29/18		Name of Building Owner/Operator (2) RELIABLE CLEAN ENERGY LLC							
Agencies Notified	Type Notification	Street Address 7910 PATRIOTS LANDING PL							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code QUINTON VA 23141							
		Name of Contact Doug	Telephone Number 908-303-6103						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Franklin		Square Feet	# of Floors						
County (6) Hunterdon		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) 2 homes							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 4/11/18	Scheduled Completion Date (11) 4/16/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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				Siding	1500SF	x			
INTERIOR				Pipe Insulation	90LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 4/16/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			



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



Date of Notification (1) <b>03 / 27 / 18</b>		Name of Building Owner/Operator (2) <b>Sue Diemidio</b>		<b>RECEIVED</b> <b>APR - 2 2018</b> <b>ASBESTOS CONTROL &amp; LICENSING</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
		Name of Contact <b>Sue Diemidio</b>		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Diemidio Residence</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) <b>Maple Shade</b>			Square Feet <b>1,200</b>	# of Floors <b>2</b>	Bldg. Age <b>80</b>				
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCM No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>					
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>		Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>				
Start Date (10) <b>04 / 13 / 18</b>		Scheduled Completion Date (11) <b>04 / 16 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address <b>200 Route 130 North</b>						
			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Crawlspace</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Duct Insulation</b>	<b>155 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS North Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>04/16/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>			Signature 		Date <b>3/27/18</b>		



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:26 and 12:26)

CH 2834

Date of Notification (1)

2-23-2018

Agencies Notified

- ☒ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☐ Initial  
☒ Amended (start-date)  
☐ Emergency  
☐ Cancellation

Name of Building Owner / Operator (2)

Kennedy University Hospital

Street Address

2201 Chapel Hill Campus

City, State & Zip Code

Cherry Hill, NJ 08002

Name of Contact

Michael McCloskey

Telephone Number  
609-472-0640

ASBESTOS CONTROL & LICENSING

APR - 2 2018

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Kennedy University Hospital-CPD area

Street Address

2201 Chapel Hill Campus

City (5)

Cherry Hill, NJ

County (6)

Camden

County Code (7)

Type of Facility (4)

- ☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

250,000

# of Floors

2

Bldg. Age

52

Current Use (Prior if being demolished)  
Hospital

Name of Monitoring Firm Hired by Building Owner (8)

Criterion Laboratories

Street Address

3370 Progress Drive, Suite J

City, State & Zip Code

Bensalem, PA, 19020

Project Manager for Monitoring Firm

Mr. Mike Panepresso

ASCM No.

Name of Abatement Contractor (9)

Resource Management Group, LLC

Street Address

2115 Hamilton Ave, Suite 202

City, State & Zip Code

Trenton, NJ 08619

Telephone Number

609-914-4279

License Number

01185

Scheduled Start Date (10)

3-8-2018

Scheduled Completion Date (11)

3-26-2018

Name of OSHA Monitor

J&S Environmental Laboratories, Inc

Street Address

2333 Route 22 West

City, State & Zip Code

Union, NJ 07083

Occupancy Status During Abatement (Check only one)

- ☐ Facility Closed/Vacated During Entire Period of Abatement  
☒ Abatement Performed Outside of Normal Hours

Describe: Project to be conducted 2<sup>nd</sup> shift 6:00pm to 2:00am

☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)

- ☐ ≥3 sf or ≥3 lf  
☒ ≥160 sf ≥260 lf

- ☒ Renovation  
☐ Demolition

- ☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☒ Glove Bag Procedures  
☒ 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 or Custodial Staff? (12)

Yes No N/A

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate

CPD area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	1,123 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Textured plaster ceiling	415 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD area (Newsprint)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elbows	10	<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"/>

Name of Registered Waste Hauler

Resource Management Group, LLC

City, State  
Trenton, NJ

Completed By (Print or Type)

Brian J. Haney

NJDEP Waste Hauler ID No.  
0035218

Cubic Yards of Waste  
TBD

Name of Registered Landfill

Grows Landfill

Disposal Date

TBD

City, State  
Morrisville, PA

Title  
President

Signature

Date  
2-23-2018

3/26/18



State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 2-23-2018		Name of Building Owner / Operator (2) Kennedy University Hospital	
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(start date) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2201 Chapel Hill Campus
			City, State & Zip Code Cherry Hill, NJ 08002
			Name of Contact Michael McCloskey
			ASBESTOS CONTROL & LICENSING
			Telephone Number 609-472-0640

Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-CPD area			FACILITY INFORMATION		
Street Address 2201 Chapel Hill Campus			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Cherry Hill, NJ	County (6) Camden	County Code (7)	Square Feet 250,000	# of Floors 2	Bldg. Age 52
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			Current Use (Prior if being demolished) Hospital		
Street Address 3370 Progress Drive, Suite J			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Bensalem, PA, 19020			Street Address 2115 Hamilton Ave, Suite 202		
Project Manager for Monitoring Firm Mr. Mike Panepresso			City, State & Zip Code Trenton, NJ 08619		
Telephone Number 215-244-1300			Telephone Number 609-914-4279		
Scheduled Start Date (10) 3-8-2018			License Number 01185		
Scheduled Completion Date (11) 3-26-2018			Name of OSHA Monitor J&S Environmental Laboratories, Inc		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours			Street Address 2333 Route 22 West		
Describe: Project to be conducted 2 <sup>nd</sup> shift 6:00pm to 2:00am			City, State & Zip Code Union, NJ 07083		
<input type="checkbox"/> Facility Occupied During Abatement Scope of Work (Check all that apply)					

<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
CPD area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & mastic	1,123 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Textured plaster ceiling	415 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) r. Brian J. Haney		Title President	Signature 	
			Date 2-23-2018	



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

**RECEIVED**

APR - 2 2018

**ASBESTOS CONTROL & LICENSING**

CH 100008

Date of Notification (1) <b>3-27-18</b>		Name of Building Owner/Operator (2) <b>CHARLESSETTA McGUIRE</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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	[REDACTED] City, State, Zip Code <b>WILLINGBORO, NJ 08046</b>	Telephone Number <b>CHARLESSETTA</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>RESIDENTIAL</b>		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) <b>WILLINGBORO</b>	Square Feet <b>1400</b>	# of Floors <b>2</b>	Bldg. Age <b>NA</b>
County (6) <b>BURLINGTON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENTIAL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATLAS ENV. INSPECTIONS</b>		Name of Abatement Contractor (9) <b>FRYMAR CONSTRUCTION INC</b>	
Street Address <b>PO BOX 11645</b>		Street Address <b>PO BOX 11587</b>	
City, State, Zip Code <b>PHILA PA 19116</b>		City, State, Zip Code <b>PHILA PA 19116</b>	
Project Manager for Monitoring Firm <b>JASON</b>	Telephone No. <b>267-724-4693</b>	Telephone No. <b>267-724-4694</b>	License No. <b>01276</b>
Start Date (10) <b>4-12-18</b>	Scheduled Completion Date (11) <b>4-12-18</b>	Name of OSHA Monitor <b>EFRAIM DUA</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>279 HENRICH PL</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code <b>PHILA PA 19116</b>	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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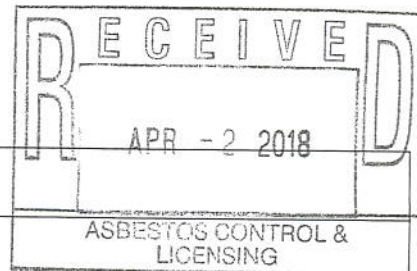
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>FLOOR TILE (LIVING ROOM)</b>		<input checked="" type="checkbox"/>		<b>FLOOR TILE</b>	<b>400 SF</b>	<input checked="" type="checkbox"/>			

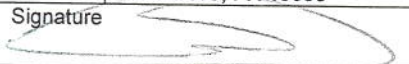
Name of Registered Waste Hauler <b>FRYMAR CONSTRUCTION</b>		NJDEP Waste Hauler ID No. <b>0036759</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>WESTERN BERKS</b>	
City/State <b>PHILA PA</b>		Disposal Date <b>4-12-18</b>		City, State <b>BIRZBORO PA</b>	
Completed by <b>EFRAIM DUA</b>	Title <b>V. PRES</b>	Signature <i>[Signature]</i>		Date <b>3-27-18</b>	



CH 7134

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



Date of Notification (1) <b>March 28, 2018</b>		Job #: <b>9694.01</b>		Name of Building Owner/Operator (2) <b>Delaware River Port Authority</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment# _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>One Port Center</b> City, State, Zip Code <b>Camden, NJ 08101</b> Name of Contact <b>Christina Ogunsuyi</b> Telephone Number <b>856-772-6906</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PATCO Lindenwold Station</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & (commercial buildings, homes, etc.)					
Street Address <b>801 Berlin Road N.</b>				Square Feet <b>50,000</b>					
City (5) <b>Lindenwold</b>				# of Floors <b>1</b>					
County (6) <b>Camden</b>				Bldg. Age <b>50</b>					
County Code (7) (STATE USE ONLY) <b>Camden</b>		Current Use (prior if being demolished) <b>Maintenance Facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Labs</b>		ASC No. <b>178</b>		Name of Contractor (9) <b>Prime Group Remediation, Inc.</b>					
Street Address <b>400 Street Road</b>		Street Address <b>1400 Adams Road, Suite I, P.O. Box 6</b>							
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Bensalem, PA 19020</b>							
Project Manager for Monitoring Firm <b>Michael Panepresso</b>		Telephone Number <b>215-244-1300 Ext. 26</b>		Telephone Number <b>215-533-3503</b>					
License Number <b>00858</b>									
Scheduled Start Date (10) <b>April 7, 2018</b>		Scheduled Completion (11) <b>April 14, 2018</b>		Name of OSHA Monitor <b>Criterion Labs</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input type="checkbox"/> Other - Describe: _____				Street Address <b>400 Street Road</b>					
				City, State, Zip Code <b>Bensalem, PA 19020</b>					
Source of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <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) <b>73 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Main Area</b>	<b>x</b>			<b>Pipe Fittings</b>		<b>X</b>			
Name of Reg. Waste Hauler <b>Prime Group Remediation Inc.</b>		NJDEP Waste Hauler ID # <b>19272</b>		Cubic Yards of Waste <b>6</b>		Name of Reg. Landfill <b>Western Berk Community Landfill</b>			
City, State <b>Bensalem, PA 19020</b>		Disposal Date <b>04/14/2018</b>		City, State <b>Birdsboro, PA 19608</b>					
Completed by <b>Vincent Primavera</b>		Title <b>Project Manager</b>		Signature 		Date <b>March 28, 2018</b>			

ASB-41

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



0173148

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

Print Form

**RECEIVED**

APR 2 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 03/19/2018		Check #3148		Name of Building Owner/Operator (2) Mr William Patersby	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		[REDACTED] City, State, Zip Code Verona, NJ 07044	
				Name of Contact William Patersby	
				Telephone Number	

Name of Facility Where Abatement is Taking Place (3) William Patersby Residence- basement			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) Verona, NJ			Square Feet 2,000	# of Floors 2	Bldg. Age 50+
County (6)			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation
Street Address			Street Address 426 -69th Street		
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201-295-1700
					License No. 01074
Start Date (10) 3/26/2018			Scheduled Completion Date (11) 3/28/2018		Name of OSHA Monitor Same as above
Occupancy Status During Abatement (Check Only One)					Street Address
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting 8 AM					City, State, Zip Code

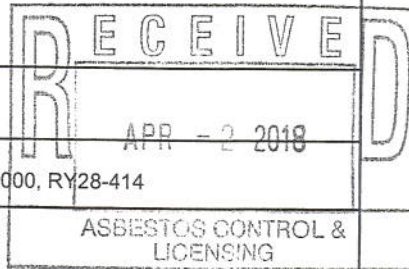
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked=""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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		pipe insulation	70 LF	x			

Name of Registered Waste Hauler Tri-State Transfer Ass		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Entreprises Inc	
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Gina Betances		Title Office Manager	Signature <i>[Signature]</i>		Date 03/19/2018



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



Date of Notification (1)

3 / 26 /18

Name of Building Owner/Operator (2)  
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-2257

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #4  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80N

Square Feet

40,000

# of Floors

1

Bldg. Age

65

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

1 / 5 /18  
Month Day Year

Sched. Completion Date (11)

11 / 15 /18  
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY-FRIDAY 5PM-1AM  
SATURDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF  
☒ Renovation

☒ Full Containment with Negative Pressure  
☒ Mini Encl.  
☒ Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			

Name of Registered Waste Hauler  
FREEHOLD CARTAGE, INC.  
825 HIGHWAY 33

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
120

Name of Registered Landfill  
LYCOMING COUNTY RESOURCE MANAGEMENT SE  
447 ALEXANDER DRIVE/ROUTE 15

City, State  
FREEHOLD, NEW JERSEY

Disposal Date  
11/29/17-11/15/18

City, State  
MONTGOMERY, PA 17752

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date  
3-26-18




CK 2538

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

Date of Notification (1) 3-27-2018		Name of Building Owner/Operator (2) Montgomery & Washington Inc.		APR - 2 2018	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 615 Pavonia Avenue City, State, Zip Code Jersey City, NJ 07306 Name of Contact Gerald Eglentowicz Telephone Number 973-508-5757	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 3900 # of Floors 1 Bldg. Age 70+		
City (5) Jersey City, NJ 07307			County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished)		
County (6) Hudson		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Green Environmental Services, LLC		Street Address 235 Virginia Avenue	
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304		Telephone No. 201-333-8855	
Project Manager for Monitoring Firm		Telephone No.		License No. 01174	
Start Date (10) 4-5-2018		Scheduled Completion Date (11) 4-6-2018		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Roof		X		Roofing material	800 SF
Exterior - front		X		Siding	400 SF
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 5	Name of Registered Landfill Grows North Landfill
City, State Jersey City		Disposal Date 4-6-2018		City, State Morrisville, PA	
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>	Date 3-27-2018



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

Date of Notification (1) 03/26/2018		Page 1 of 2		Name of Building Owner/Operator (2) GBSJ Properties LLC		APR - 2 2018			
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 3 Buckingham Road  City, State, Zip Code Lincoln Park, NJ 07035		Name of Contact Mike Carpino  Telephone Number 908-489-1694			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet		# of Floors			
City (5) West Orange				Bldg. Age					
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates Inc.			ASCM No.		Name of Abatement Contractor (9) Be Construction Corporation				
Street Address 3 Crosswicks Street				Street Address 179 Route 46 Suite 15 #182					
City, State, Zip Code Bordentown, NJ 08505				City, State, Zip Code Rockaway, NJ 07866					
Project Manager for Monitoring Firm Mike Hoodak			Telephone No. 609-298-5520		Telephone No. 973-669-2900		License No. 01231		
Start Date (10) 04/02/2018		Scheduled Completion Date (11) 04/06/2018		Name of OSHA Monitor Schneider Laboratories Global 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 2512 W Cary Street  City, State, Zip Code Richmond, VA. 23220					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	80LF	X			
Basement		X		Flue/Chimney Patch/Boiler Gasket	38SF	X			
Throughout		X		Plaster	3500SF	X			
Basement/Laundry Room		X		Floor tile	300SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, NJ				Disposal Date		City, State Morrisville, PA			
Completed by Barbara Reed		Title President		Signature 		Date 03/26/2018			



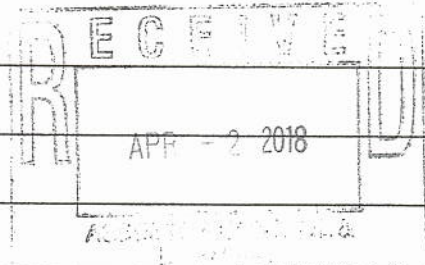
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 03/26/2018		Page 2 of 2		Name of Building Owner/Operator (2) GBSJ Properties LLC					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		3 Buckingham Road					
				City, State, Zip Code Lincoln Park, NJ 07035					
				Name of Contact Mike Carpino					
				Telephone Number 908-489-1694					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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) West Orange				Square Feet	Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates Inc.			ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation					
Street Address 3 Crosswicks Street			Street Address 179 Route 46 Suite 15 #182						
City, State, Zip Code Bordentown, NJ 08505			City, State, Zip Code Rockaway, NJ 07866						
Project Manager for Monitoring Firm Mike Hoodak		Telephone No. 609-298-5520		Telephone No. 973-669-2900	License No. 01231				
Start Date (10) 04/02/2018		Scheduled Completion Date (11) 04/06/2018		Name of OSHA Monitor Schneider Laboratories Global Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				2512 W Cary Street					
				City, State, Zip Code Richmond, VA. 23220					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Sun Porch		X		Floor tiles w/mastic	83SF	X			
Throughout		X		Window Caulk	30SF	X			
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ				Disposal Date	City, State Morrisville, PA				
Completed by Barbara Reed		Title President		Signature <i>Barbara Reed</i>		Date 03/26/2018			



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

**PAID**



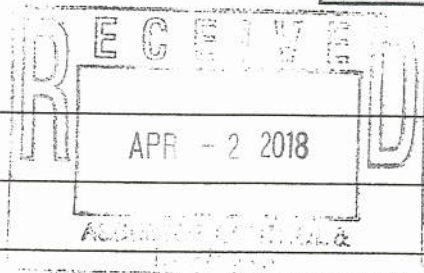
Date of Notification (1) 03-26-18		Name of Building Owner/Operator (2) Gr Masonry Work, LLC							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 133 South 20th St.  City, State, Zip Code Irvington, NJ 07111  Name of Contact Jorge Gonzaga  Telephone Number (918) 370-1414						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 125 Broad St.		Square Feet # of Floors Bldg. Age							
City (5) Elizabeth		Current Use (Prior if being demolished)							
County (6) Union	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603 License No. 01206						
Start Date (10) 02-12-18	Scheduled Completion Date (11) 05-20-18	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 522 7th St.  City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
2nd to 11th Floor		x		Pipe Insulation	3,580 LF	x			
3rd, 5th & 7th Floor		x		VAT	4,200 SF	x			
4th, 8th, 9th & 11th Floors		X		VAT + Mastic	10,860 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 60	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 04-20-18	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 03-26-18		



CKB94

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



Date of Notification (1) 03-26-18		Name of Building Owner/Operator (2) Gr Masonry Work, LLC							
Agencies Notified	Type Notification	Street Address 133 South 20th St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irvington, NJ 07111							
		Name of Contact Jorge Gonzaga	Telephone Number (918) 370-1414						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4)							
Street Address 125 Broad St.		<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) Elizabeth		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 02-12-18		Scheduled Completion Date (11) 05-20-18	Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
1st Floor		X		Pipe Insulation	120 LF	X			
12th Floor		X		Pipe Insulation	100 LF	X			
13th Floor		X		Pipe Insulation	100 LF	X			
14th Floor		X		Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 60	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ		Disposal Date 04-20-18		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature		Date 03-26-18			



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

3745

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RECEIVED

APR - 2 2018

Date of Notification (1)  
03/16/2018

Page 1 of 2

Name of Building Owner/Operator (2)  
GBSJ Properties LLC

Agencies Notified

☒ EPA  
☐ DEP  
☒ DOL

☒ DOH  
☐ DCA

Type Notification

☒ Initial  
☐ Amended  
Amendment # \_\_\_\_\_  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
3 Buckingham Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Name of Contact  
Mike Carpino

Telephone Number  
908-489-1694

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Restaurant

Street Address  
303 Mt. Pleasant Avenue

City (5)  
West Orange

County (6)  
Essex

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 \_\_\_\_\_ # of Floors \_\_\_\_\_ Bldg. Age \_\_\_\_\_

Current Use (Prior if being demolished)  
vacant

Name of Monitoring Firm Hired by Building Owner (8)  
Briggs Associates Inc.

ASC No. \_\_\_\_\_

Name of Abatement Contractor (9)  
Be Construction Corporation

Street Address  
3 Crosswicks Street

Street Address  
179 Route 46 Suite 15 #182

City, State, Zip Code  
Bordentown, NJ 08505

City, State, Zip Code  
Rockaway, NJ 07866

Project Manager for Monitoring Firm  
Mike Hoodak

Telephone No.  
609-298-5520

Telephone No.  
973-669-2900

License No.  
01231

Start Date (10)  
04/05/2018

Scheduled Completion Date (11)  
04/18/2018

Name of OSHA Monitor  
Schneider Laboratories Global Inc.

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: \_\_\_\_\_

Street Address  
2512 W Cary Street

City, State, Zip Code  
Richmond, VA. 23220

Scope of Work (Check All That Apply)

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

☐ Renovation  
☒ Demolition

☒ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☐ 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
Basement/Crawl Space		X		Pipe insulation	75LF	X			
Basement		X		Boiler Rib Packing	35SF	X			
Throughout 2nd Floor		X		Plaster	4500SF	X			
2nd Floor Room & Staircase		X		Linoleum	450SF	X			

Name of Registered Waste Hauler  
Century Waste

NJDEP Waste Hauler ID No. \_\_\_\_\_

Cubic Yards of Waste \_\_\_\_\_

Name of Registered Landfill  
Fairless Landfill

City, State  
Elizabeth, NJ

Disposal Date \_\_\_\_\_

City, State  
Morrisville, PA

Completed by  
Barbara Reed

Title  
President

Signature  
*Barbara Reed*

Date  
03/16/2018



CK3745

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Print Form

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

Date of Notification (1) 03/16/2018		Page 2 of 2		Name of Building Owner/Operator (2) GBSJ Properties LLC		APR - 2 2018	
Agencies Notified		Type Notification		Street Address		City, State, Zip Code	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		3 Buckingham Road		Lincoln Park, NJ 07035	
				Name of Contact Mike Carpino		Telephone Number 908-489-1694	
Name of Facility Where Abatement is Taking Place (3) Restaurant							
Street Address 303 Mt Pleasant Avenue				Type of Facility (4)			
City (5) West Orange				<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.)			
County (6) Essex		County Code (7) (STATE USE ONLY)		Square Feet		# of Floors	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates Inc.		ASCM No.		Current Use (Prior if being demolished) vacant			
Street Address 3 Crosswicks Street		City, State, Zip Code Bordentown, NJ 08505		Name of Abatement Contractor (9) Be Construction Corporation			
Project Manager for Monitoring Firm Mike Hoodak		Telephone No. 609-298-5520		Street Address 179 Route 46 Suite 15 #182		City, State, Zip Code Rockaway, NJ 07866	
Start Date (10) 04/05/2018		Scheduled Completion Date (11) 04/18/2018		Telephone No. 973-669-2900		License No. 01231	
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor Schneider Laboratories Global 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 2512 W Cary Street			
Scope of Work (Check All That Apply)				City, State, Zip Code Richmond, VA. 23220			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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)	
		Yes No N/A				Abatement Type	
2nd Fl Alcove & Room		X		Linoleum		125SF	
Parapet Walls, perimeter edging		X		Roof Flashing		450SF	
Basement		X		Boiler Rib Gasket		25SF	
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA			
Completed by Barbara Reed		Title President		Signature <i>Barbara Reed</i>		Date 03/16/2018	



OK 40317

PAID

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

Date of Notification 0   3   2   8   1   8		Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)		RECEIVED APR 2 2018	
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification X Initial Notification Amended Cancellation		Street Address 7 WEST SEVENTH STREET	
				City, State, Zip Code CINCINNATI, OHIO 45202	
		Name of Contact Ralph Coppola		Telephone Number 973-265-9763	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place MACY'S STORE - Menlo Park Mall			Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address 275 PARSAONAGE ROAD			SF of Bldg. 1 MILLION +SF		
City EDISON, NJ		County UNION	County Code State use Only	# Floor 3	Age of Bldg. 50+
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOICATES			ASCM No.	Name of Abatement Contractor ACM CONSULTING CORP.	
Street Address 24 COMMERCE ROAD			Street Address 2150 STANLEY TERRACE		
City, State, Zip Code NEWARK, NJ 07102			City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED		Telephone Number 908-687-1008	License Number 00575
Scheduled Start Date 4 10 2018		Scheduled Completion Date 4 13 2018		Name of OSHA Monitor EMSL ANALYTICAL	
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:30PM TO 7:00AM Other - Describe: _____			Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NY 10118		
Scope of Work (Check Only One) Demolition X >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method Full Containment with Negative Pressure Mini-Enclosure X Glovebag Procedure Non-Friable Procedure		
Location of ACM Facility		Is Location Normally Used by Custodial Staff	Description of ACM to be Removed	Amount to be Removed (Specify SF/LF)	Abatement Type Rem. Rep. Enc. Encl.
UPPER LEVEL EAST HANDLER ROOM		Yes NO N/A	PIPE INSULATION	52LF	X
UPPLER LEVEL WEST HANDLER ROOM			PIPE INSULATION	18LF	
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896	Cubic Yds waste TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC	
City, State BRONX, NY		Disposal Date TBD	City, State of Registered Landfill WAYNESBURG, OHIO		
Completed By (Print or Type) ANITA SMOLAR		Title GENERAL MANAGER	Signature <i>Anita Smolar</i>		Date 3/28/2018



NOCK

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

Date of Notification 0   3   2   9   2018			Name of Building Owner/Operator CITY OF PLAINFIELD			<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR - 2 2018 </div>		
Agencies Notified X USEPA X DEP X DOL X DOH X DCA			Type of Notification Initial Amended X Amendment # 1 Emergency Cancellation					
			City, State, Zip Code PLAINFIELD, NJ 07060-0431					
			Name of Contact JOHN LOUISE			Telephone Number 908-966-1787		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place DUDLEY HOUSE						Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) (X ) Other (i.e. private & Commercial buildings, homes, etc.)		
Street Address 939 PUTNAM AVENUE								
City CITY OF PLAINFIELD		County ESSEX		County Code State use Only		SF of Bldg. 250		# Floor 3
						Age of Bldg. 50+		
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOICATES						ACSM No. Name of Abatement Contractor ACM CONSULTING CORP.		
Street Address 24 COMMERCE ST SUITE 300						Street Address 2150 STANLEY TERRACE		
City, State, Zip Code NEWARK, NJ 07102						City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED				Telephone No. TO BE DETERMINED		Telephone Number 908-687-1008		License Number 00575
Scheduled Start Date 4 6 2018		Scheduled Completion Date 4 8 2018		Name of OSHA Monitor EMSL ANALYTICAL				
Month Day Year		Month Day Year		Street Address 307 WEST 38TH STREET				
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours X Describe: 7:30AM TO 3:30AM Other - Describe:						City, State, Zip Code NEW YORK, NY 10118		
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation						Abatement Method Full Containment with Negative Pressure X Mini-Enclosure X Glovebag Procedure Non-Friable Procedure		
Location of ACM Facility				Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed Removed		Amount to be Removed (Specify SF/LF)
BASEMENT						PIPE INSULATION		50LF
BASEMENT						BOILER FLUE PACKING		4SF
BASEMENT						DUCT INSULATION		30SF
1ST FLOOR						DUCT INSULATION		20SF
2ND FLOOR						DUCT INSULATION		20SF
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.				NJDEP Waste ID No. SW1896		Cubic Yds waste TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC
City, State BRONX, NY				Disposal Date TBD		City, State of Registered Landfill WAYNESBURG, OHIO		
Completed By (Print or Type) ANITA SMOLAR				Title GENERAL MANAGER		Signature <i>Anita Smolar</i>		Date 3-29-18 3/28/2018



OK 1168

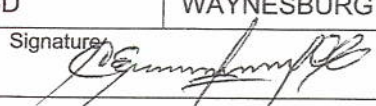
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 03/22/2018		Name of Building Owner/Operator (2) HUDSON HILLS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED APR - 2 2018 </div>	
Agencies Notified	Type Notification	Street Address 3505 KENNEDY BLVD.			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NORTH BERGEN NJ. 07047			
		Name of Contact LISA SYPNIEWSKI		Telephone Number 908-415-4250	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PRIVATE			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) NORTH BERGEN NJ			Square Feet 22,000	# of Floors 1	Bldg. Age 121
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRO-PROBE INC.		ASCM No.	Name of Abatement Contractor (9) NORTH ESAT ENVIRONMENTAL LLC.		
Street Address 108 LIBERTY ST.			Street Address 1126. 51ST, STREET.		
City, State, Zip Code METUCHEN NJ.			City, State, Zip Code NORTH BERGEN NJ. 07047		
Project Manager for Monitoring Firm S.K. DIWAN		Telephone No. 732-494-4600	Telephone No. 201-776-0642	License No. 1300	
Start Date (10) 03/31/2018		Scheduled Completion Date (11) 04/07/2018		Name of OSHA Monitor ENVIRO-PROBE INC.	
Occupancy Status During Abatement (Check Only One)			Street Address 108 LIBERTY ST.		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code METUCHEN NJ.		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
BOWLING ROOM		X		VAT. FLOOR TILE 9X9	4,050 SF.	X			

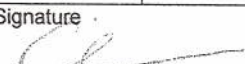
Name of Registered Waste Hauler TRI-STATE ASOCC.		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste 40	Name of Registered Landfill MINERVA ENTERPRISE INC.	
City, State BRONX NY.		Disposal Date TBD	City, State WAYNESBURG OHIO.		
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 03/22/2018	



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

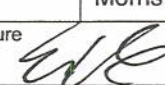
APR - 2 2018

Date of Notification (1) 3/28/18		Name of Building Owner/Operator (2) Paula Andreou Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manahawkin NJ 08050							
		Name of Contact Paula	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Paula Andreou Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000 +	# of Floors 1						
City (5) Manahawkin NJ 08050		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/9/18	Scheduled Completion Date (11) 4/13/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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
Front Room			x	Floor tile only	300 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/13/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/28/18		



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

Date of Notification (1) 3/28/18		Name of Building Owner/Operator (2) Rebekah Mann							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Toms River, NJ 08753							
		Name of Contact Eric Plackis	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		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) Toms River		Square Feet 1875	# of Floors 2						
		Bldg. Age 65							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address		Street Address P.O. Box 915							
City, State, Zip Code		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm		Telephone No. 7328997499	License No. 01196						
Start Date (10) 3/28/18	Scheduled Completion Date (11) 4/5/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input 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) <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
				Asbestos Floor Tile	100SF	X			
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 3	Name of Registered Landfill GROWS, Inc.					
City, State Brick, NJ		Disposal Date 4/5/18		City, State Morrisville, PA					
Completed by Eric Plackis		Title President		Signature 			Date 3/28/18		



4-16-18

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

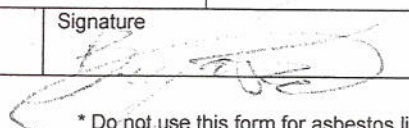
Check # 10301  
New check # 10309

Date of Notification (1) 3-26-18		Name of Building Owner/Operator (2) Sharon Krenge						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Highland Park NJ 08904 Name of Contact Sharon Krenge Telephone Number [REDACTED]						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age						
City (5) Highland Park NJ		2 80+						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc					
Street Address P.O. Box 337		Street Address P.O. Box 337						
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533						
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394					
Start Date (10) April 16, 2018		Scheduled Completion Date (11) April 16, 2018						
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 EPC Technologies Inc						
		Street Address P.O. Box 337						
		City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement	X		Pipe Insulation	70 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 4-17-18		City, State Morrisville PA				
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 3-26-18			

Changed Starting Date



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

Date of Notification (1) 3/24/2018		Name of Building Owner/Operator (2) Arlene Miicke							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input 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 Mountainside NJ							
		Name of Contact Bryan Parra	Telephone Number 1 _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Arlene Miicke		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) Mountainside		Square Feet	# of Floors						
County (6)		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) BP Removal LLC						
Street Address		Street Address 8600 Newkirk Avenue							
City, State, Zip Code		City, State, Zip Code North Bergen NJ							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 3/24/2018		Scheduled Completion Date (11) 3/26/2018	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input 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				VAT	400	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT GROWS N.					
City, State HILLSIDE, NJ			Disposal Date	City, State MORRISVILLE PA					
Completed by Bryan Parra		Title Owner	Signature 			Date 3/24/2018			



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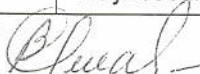
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
APR - 2 2018

Date of Notification (1) <b>3/27/18</b>		Name of Building Owner/Operator (2) <b>Carl R Pursell Inc</b>		Street Address <b>[REDACTED]</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>Berlin</b>	
		Name of Contact <b>Carl Pursell</b>		Telephone Number <b>[REDACTED]</b>	
Name of Facility Where Abatement is Taking Place (3) <b>Resident</b>					
Street Address <b>[REDACTED]</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) <b>Pine Hill</b>			Square Feet <b>2000</b>		
County (6) <b>Camden</b>			# of Floors <b>2</b>		
County Code (7) (STATE USE ONLY)			Bldg. Age <b>7</b>		
Name of Monitoring Firm Hired by Building Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9) <b>Ami Joe Abatement Contractors LLC</b>		
City, State, Zip Code			Street Address <b>1212 Burlington Ave</b>		
Project Manager for Monitoring Firm			City, State, Zip Code <b>Delanco NJ 08055</b>		
Telephone No.			Telephone No. <b>609-346-5916</b>		
Start Date (10) <b>4/5/18</b>			License No. <b>01070</b>		
Scheduled Completion Date (11) <b>5/5/18</b>			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		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>Out Side</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>/</b>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>Siding</b>	
				Amount (Specify SF or LF) <b>2000 SF</b>	
				Abatement Type Removal Repair Encapsulate Enclosure <b>/</b>	
Name of Registered Waste Hauler <b>Ami Joe LLC</b>		NJDEP Waste Hauler ID No. <b>20547</b>		Cubic Yards of Waste	
City, State <b>Delanco NJ</b>		Disposal Date <b>TBD</b>		Name of Registered Landfill <b>WM of PA</b>	
Completed by <b>Joseph T Hall</b>		Title <b>V. President</b>		City, State <b>Tellertown Pa</b>	
		Signature <b>[Signature]</b>		Date <b>3/27/18</b>	



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

Date of Notification (1) 03/23/2018		Check #3150		Name of Building Owner/Operator (2) Sylvia Silberg Residence					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Livingston, NJ 07039  Name of Contact Sylvia Silberg					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sylvia Silberg Residence- Basement & kitchen				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Livingston				Square Feet 1,500	# of Floors 2				
County (6) ESSEX				County Code (7) (STATE USE ONLY)	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.	Name of Abatement Contractor (9) EA Services Corporation					
Street Address			Street Address 426 69th Street						
City, State, Zip Code			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 3/28/2018		Scheduled Completion Date (11) 3/31/2018		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting 9 AM				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 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) <b>TO BE ABATED</b> 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		Floor tile (no mastic)	260 SF	x			
Kitchen		x		Limoleum tile & plywood	40 SF	x			
Name of Registered Waste Hauler Tri-State Transfer Ass		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc				
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature 		Date 03/23/2018			



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

CIC 4525

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APR - 2 2018

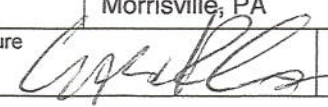
Date of Notification (1) <b>3/28/18</b>		Name of Building Owner/Operator (2) <b>MS. PATRICIA MCCARTHY</b>										
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]										
		City, State, Zip Code <b>BAYONNE . NJ. 07002</b>										
		Name of Contact <b>MR. ESTEVES</b>	Telephone Number [REDACTED]									
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) <b>MS. PATRICIA MCCARTHY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)										
Street Address [REDACTED]												
City (5) <b>BAYONNE</b>	Square Feet <b>2000</b>	# of Floors <b>2</b>	Bldg. Age <b>1950</b>									
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>RESIDENCE</b>										
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)									
Street Address			<b>Best Removal Inc.</b>									
City, State, Zip Code			Street Address <b>450 South River Street</b>									
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code <b>Hackensack, NJ 07601</b>									
Start Date (10) <b>4/10/18</b>		Scheduled Completion Date (11) <b>4/11/18</b>	Telephone No. <b>201-329-7444</b>									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>		License No. <b>00388</b>										
		Name of OSHA Monitor <b>Omega Environmental</b>										
		Street Address <b>280 Huyler Street</b>										
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>										
Scope of Work (Check All That Apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes   No   N/A											
	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  <b>Y THERMAL SYSTEM INSULATION</b>											
Amount (Specify SF or LF) <b>35LF</b>	Abatement Type Removal   Repair   Encapsulate   Enclosure											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>												
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1/207</b>									
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>4/11/18</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>									
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	City, State <b>Waynesburg, OH 44688</b>									
		Signature <i>J. Maiorano</i>	Date <b>3/28/18</b>									



K2921

Print Form

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

Date of Notification (1) 3/27/18		Name of Building Owner/Operator (2) David Todd							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ocean, NJ 07712							
		Name of Contact Eric Plackis	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		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) Ocean		Square Feet 2010	# of Floors 2						
		Bldg. Age 90							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Brick Industries, Inc.						
Street Address		Street Address P.O. Box 915							
City, State, Zip Code		City, State, Zip Code Brick, NJ 08723							
Project Manager for Monitoring Firm		Telephone No. 7328997499	License No. 01196						
Start Date (10) 3/28/18	Scheduled Completion Date (11) 4/4/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input 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
				asbestos pipe insulation	110LF	X			
Name of Registered Waste Hauler Brick Industries, Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill GROWS, Inc.					
City, State Brick, NJ		Disposal Date 4/4/18		City, State Morrisville, PA					
Completed by Eric Plackis		Title President	Signature 	Date 3/27/18					



PAID

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

Date of Notification (1)

3/29/18

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial  
Notification☐ Amended  
Notification☐ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Guy Dinapoli

Street Address

City, State, Zip Code

Ridgelyield, NJ, 07 657

Name of Contact

Guy

Telephone Number

APR 2 2018

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Guy Dinapoli

Street Address

City (5)

Ridgelyield

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

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Residence

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

67

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

04 - 10 - 18  
Month Day Year

Sched. Completion Date (11)

04 - 12 - 18  
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: OffHours Descript☐ Other - Describe: Other Occupancy Descript

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or < 1 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ 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	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	50 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.  
17040

Cubic Yards

of Waste 1.0

Name of Registered Landfill

Minerva Enterprise INC

City, State

Montclair, NJ 07042

Disposal Date

04-13-18

City, State

Marynesburg, Ohio, 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

3/29/18



**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

APPROVED: TOM VOORHEES, NJPOL

CE # 3340

Date of Notification (1) <b>3/29/18</b>		Name of Building Owner / Operator (2) <b>Trenton Board of Education</b>	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  APR - 2 2018  ASBESTOS CONTROL &amp; </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<b>1490 Prospect Street</b>	
		City, State & Zip Code <b>Trenton, NJ 08638</b>	
		Name of Contact <b>Dwayne Mosley</b>	
		Telephone Number <b>609-656-4857</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Munoz Rivera Elementary School</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON SUBCHAPTER 8 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>400 North Montgomery Street</b>			Square Feet	# of Floors	Bldg. Age
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Trenton, NJ 08608</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Rollie Jones</b>		Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>4/2/18</b>	Scheduled Completion Date (11) <b>4/6/18</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

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

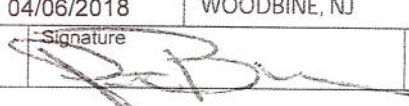
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Class Room B-20</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT &amp; Mastic</b>	<b>800 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Bristol Environmental Inc.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>3 Cu Yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Bristol, PA</b>	Disposal Date <b>4/6/18</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni / jl</i>	Date <b>3/29/18</b>

GI 18074




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

Date of Notification (1) 03/28/2018		Name of Building Owner/Operator (2) TOWNSHIP OF UPPER CAPE MAY							
Agencies Notified	Type Notification	Street Address 2100 TUCKAHOE ROAD							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PETERSBURG, NJ 08270							
		Name of Contact PAUL DIETRICH SR. PE	Telephone Number 609-628-2011, EXT 244						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) OLD TOWN HALL		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 1721 MOUNT PLEASANT - TUCKAHOE ROAD		Square Feet 6000 +/-	# of Floors 2						
City (5) TUCKAHOE		Bldg. Age 40+							
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) BRINKERHOFF ENVIRONMENTAL SERVICES		ASCM No. 0100	Name of Abatement Contractor (9) PENNS CONTRACTING, INC.						
Street Address 1805 ATLANTIC AVENUE		Street Address 270 SPARTA AVENUE, SUITE 104, PMB 332							
City, State, Zip Code MANASQUAN, NJ 08736		City, State, Zip Code SPARTA, NJ 07871							
Project Manager for Monitoring Firm GARY FLEMING		Telephone No. 732-223-2225	License No. 01271						
Start Date (10) 03/19/2018	Scheduled Completion Date (11) 04/06/2018	Name of OSHA Monitor EMSL ANALYTICAL, INC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 ROUTE 130 NORTH							
		City, State, Zip Code CINNAMINSON, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT FIRST FLOOR		X		PINHOLE CEILING TILE	1800 SF	X			
THROUGHOUT FIRST FLOOR		X		TAN 9X9 FLOOR TILE	2800 SF	X			
BASEMENT COMMUNITY ROOM		X		CEMENTIOUS WALL PANELS	260 SF	X			
THROUGHOUT BASEMENT		X		PIPE FITTINGS	20 EA	X			
Name of Registered Waste Hauler WASTE MANAGEMENT OF NJ		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 80	Name of Registered Landfill CAPE MAY COUNTY LANDFILL				
City, State VINELAND, NJ				Disposal Date 04/06/2018	City, State WOODBINE, NJ				
Completed by PETAR BUBALO		Title PRESIDENT		Signature 	Date 03/28/2018				



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

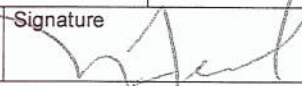
Date of Notification (1) 3/23/2018		Name of Building Owner/Operator (2) Cranford Redevelopment Associates LLC et al							
Agencies Notified	Type Notification	Street Address 10 Sterling Blvd, Suite 401							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631							
		Name of Contact John Driesse	Telephone Number (973) 769-9081						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 1 Mercedes Drive		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 1 Mercedes Drive									
City (5) Montvale	Square Feet 145000	# of Floors 3	Bldg. Age 40						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) COMMERCIAL							
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No. 00104	Name of Abatement Contractor (9) Shoreline Contracts, Inc.						
Street Address 870 Sparta Ave #304		Street Address 13 Fullerton Ave							
City, State, Zip Code Sparta Township, NJ 07871		City, State, Zip Code Yonkers NY 10704							
Project Manager for Monitoring Firm Jean-Paul von Doehren		Telephone No. 973-651-2041	Telephone No. 914-966-0033						
License No. 01230									
Start Date (10) 03/28/2018	Scheduled Completion Date (11) 04/01/2019	Name of OSHA Monitor SHORELINE CONTRACTS IN							
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 13 FULLERTON AVENUE							
		City, State, Zip Code YONKERS, NEW YORK 10704							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor			X	Tile, Fireproofing, Insulation	5K/22K/1800	X			
1st Floor			X	Fireproofing, Insulation	54,475/300	X			
2nd Floor			X	Fireproofing, Insulation	54,475/300	X			
PH/Roof			X	TSI, Waterproofing, Transite	300/600/1800	X			
Name of Registered Waste Hauler R.E.D. Technologies, LLC		NJDEP Waste Hauler ID No. 0036163	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises					
City, State Bloomfield, CT			Disposal Date	City, State Waynesburg, OH 44688					
Completed by Michael Coleman		Title President	Signature 			Date 03/23/2018			



OK 33904

PAID


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

Date of Notification (1) <b>03 / 29 / 18</b>		Name of Building Owner/Operator (2) <b>Aurora Environmental Inc.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1102 Union Avenue</b> City, State, Zip Code <b>Union Beach, NJ 07735</b>							
		Name of Contact <b>John DiGregorio</b>	Telephone Number <b>732-888-1188</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PJP Operating Area-NW Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>355 Route 1 &amp; 9</b>		Square Feet <b>600 sf</b>	# of Floors <b>1</b>						
City (5) <b>Jersey City</b>		Bldg. Age <b>80</b>							
County (6) <b>Hudson</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Building</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>04 / 02 / 18</b>	Scheduled Completion Date (11) <b>04 / 06 / 18</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>exterior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>asbestos roofing materials</b>	<b>600 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>interior</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>undercoating from 1 sink</b>	<b>1 sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/06/18</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>3/29/18</b>			



PAD

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

Date of Notification (1) 03/27/18			Name of Building Owner/Operator (2) Studio Park LLC			APR - 2 2018							
Agencies Notified		Type Notification		Street Address			City, State, Zip Code						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1800 E State Street, Suite 220			Hamilton, NJ 08609						
				Name of Contact			Telephone Number						
				Michael Competielle			609-658-4210						
<b>FACILITY INFORMATION</b>													
Name of Facility Where Abatement is Taking Place (3) Metal shack roof						Type of Facility (4)							
Street Address 1800 E State Street						<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hamilton						Square Feet 6000		# of Floors 1		Bldg. Age Unknown			
County (6) Mercer				County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Construction material storage							
Name of Monitoring Firm Hired by Building Owner (8) n/a				ASCM No. n/a		Name of Abatement Contractor (9) SA2 LLC							
Street Address						Street Address 1800 Federal Street							
City, State, Zip Code						City, State, Zip Code Camden, NJ 08105							
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 856 630 3288		License No. 01303					
Start Date (10) 04/07/18			Scheduled Completion Date (11) 04/21/18			Name of OSHA Monitor Self monitor							
Occupancy Status During Abatement (Check Only One)						Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>						City, State, Zip Code							
Scope of Work (Check All That Apply)													
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input 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			
										<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Removal</td> <td style="width: 25%;">Repair</td> <td style="width: 25%;">Encapsulate</td> <td style="width: 25%;">Enclosure</td> </tr> <tr> <td style="text-align: center;">x</td> <td></td> <td></td> <td></td> </tr> </table>			
Removal	Repair	Encapsulate	Enclosure										
x													
Roof			X			Roofing material		5200					
Name of Registered Waste Hauler Champion Disposal				NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 43		Name of Registered Landfill Grows Landfill					
City, State Hainsport, NJ						Disposal Date 04/22/18		City, State Morrisville, PA					
Completed by Jeff Yekenchik				Title Owner		Signature 			Date 04/27/18				



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

APR - 2 2018

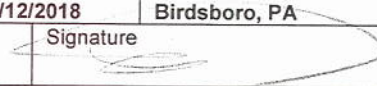
Date of Notification 0   3   2   8   2018		Name of Building Owner/Operator CITY OF PLAINFIELD	
Agencies Notified X USEPA X DEP X DOL X DOH X DCA		Type of Notification X Initial Amended Amendment # Emergency Cancellation	
Street Address 515 WATCHUNG AVENUE		City, State, Zip Code PLAINFIELD, NJ 07060-0431	
Name of Contact JOHN LOUISE		Telephone Number 908-966-1787	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place DUDLEY HOUSE		Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address [REDACTED]		SF of Bldg. 250 # Floor 3 Age of Bldg. 50+	
City CITY OF PLAINFIELD	County ESSEX	County Code State use Only	
Name of Monitoring Firm Hired by Building Owner PENNONI ASSOICATES		ASCM No. Name of Abatment Contractor ACM CONSULTING CORP.	
Street Address 24 COMMERCE ST SUITE 300		Street Address 2150 STANLEY TERRACE	
City, State, Zip Code NEWARK, NJ 07102		City, State, Zip Code UNION, NJ 07083	
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	Telephone Number 908-687-1008 License Number 00575
Scheduled Start Date 4 4 2018	Scheduled Completion Date 4 6 2018		Name of OSHA Monitor EMSL ANALYTICAL
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours X Describe: 7:30AM TO 3:30AM Other - Describe: _____		Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NY 10118	
Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation		Abatement Method Full Containment with Negative Pressure X Mini-Enclosure X Glovebag Procedure Non-Friable Procedure	
Location of ACM Facility	Is Location Normally Used by Custodial Staff Yes NO N/A	Description of ACM to be Removed	Amount to be Removed (Specify SF/LF)
BASEMENT		PIPE INSULATION	50LF
BASEMENT		BOILER FLUE PACKING	4SF
BASEMENT		DUCT INSULATION	30SF
1ST FLOOR		DUCT INSULATION	20SF
2ND FLOOR		DUCT INSULATION	20SF
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896	Cubic Yds waste TBD
City, State BRONX, NY		Disposal Date TBD	Name of Registered Landfill MINERVA ENTERPRISES, INC
Completed By (Print or Type) ANITA SMOLAR		Title GENERAL MANAGER	Signature <i>Anita Smolar</i> Date 3/28/2018



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

APR - 2 2018

Date of Notification (1) <b>February 9, 2018</b>		Job #: 9692.01		Name of Building Owner/Operator (2) <b>RWJ Barnabas Health</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Amendment# <b>03</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>One Hamilton Health Place</b> City, State, Zip Code <b>Hamilton, NJ 08690</b> Name of Contact <b>Dennis Rudloff</b> Telephone Number <b>609-584-6570</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson University Hospital</b> Street Address <b>One Hamilton Health Place</b> City (5) <b>Hamilton</b> County (6) <b>Mercer County</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & (commercial buildings, homes, etc.) Square Feet <b>25,000</b> # of Floors <b>3</b> Bldg. Age <b>50 years</b> Current Use (prior if being demolished) <b>Hospital</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Labs</b> Street Address <b>400 Street Road</b> City, State, Zip Code <b>Bensalem, PA 19020</b>		ASCM No.		Name of Contractor (9) <b>Prime Group Remediation, Inc.</b> Street Address <b>1400 Adams Road, Suite I, P.O. Box 6</b> City, State, Zip Code <b>Bensalem, PA 19020</b>	
Project Manager for Monitoring Firm <b>Michael Panepresso</b> Telephone Number <b>215-244-1300 Ext 26</b>		Telephone Number <b>215-533-3503</b>		License Number <b>00858</b>	
Scheduled Start Date (10) <b>April 05, 2018</b>		Scheduled Completion (11) <b>April 12, 2018</b>		Name of OSHA Monitor <b>Criterion Labs</b> Street Address <b>400 Street Road</b> City, State, Zip Code <b>Bensalem, PA 19020</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: <u>Work area to be vacated during entire abatement.</u>					
Source of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Radiology - X-Ray Rm 1 -Side Work Room		X		Floor Tile	160
Name of Reg. Waste Hauler <b>Prime Group Remediation, Inc.</b> City, State <b>Bensalem, PA</b>		NJDEP Waste Hauler ID # <b>19272</b>		Cubic Yards of Waste <b>1</b> Disposal Date <b>04/12/2018</b>	
Name of Reg. Landfill <b>Western Berks Community Landfill (DEP#100739)</b> City, State <b>Birdsboro, PA</b>		Signature 			
Completed by <b>Vincent Primavera</b> Title <b>Project Manager</b>		Date <b>March 28, 2018</b>			

ASB-41

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



hock

Print Form

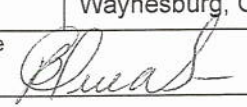
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
APR - 2 2018

Date of Notification (1) 1/2/2018		Name of Building Owner/Operator (2) Pilot Chemical Plant						
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 # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 267 Homestead Ave.		City, State, Zip Code Avenel, NJ 07001						
Name of Contact Michael Velsz		Telephone Number 732 543-2777						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Chemical Plant		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 267 Homestead Ave.		Square Feet 20000 # of Floors 1 Bldg. Age 50+/-						
City (5) Avenel, NJ 07001		Current Use (Prior if being demolished) Residential						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____						
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322						
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501						
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 259-9688						
Start Date (10) 1/15/2018		Scheduled Completion Date (11) 4/6/2018						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am to 3 pm		Name of OSHA Monitor MECS Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Boiler Room	X			Transite Flue	20 lf	X		
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill		
City, State Allentown, NJ		Disposal Date 4/6/2018		City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 3/28/18		



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

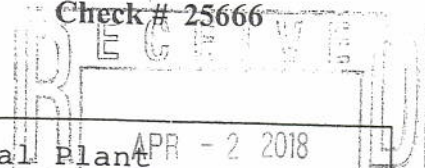
Date of Notification (1) 3/23/18		Check # 3151		Name of Building Owner/Operator (2) St. Anne School		APR - 2 2018				
Agencies Notified		Type Notification		Street Address		City, State, Zip Code				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1-30 Summit Ave		Fair Lawn, NJ, 07410				
				Name of Contact Nick		Telephone Number 201-791-1616 ext 211				
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) St. Anne School				Type of Facility (4)						
Street Address 1-30 Summit Ave				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Fair Lawn				Square Feet 5,000+		# of Floors 3				
						Bldg. Age 50+				
County (6) Bergen			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A					Street Address 426 69th st					
City, State, Zip Code N/A					City, State, Zip Code Guttenberg, NJ, 07093					
Project Manager for Monitoring Firm N/A			Telephone No. N/A		Telephone No. 201-295-1700		License No. 01074			
Start Date (10) 04/03/18		Scheduled Completion Date (11) 04/05/18		Name of OSHA Monitor Same as above						
Occupancy Status During Abatement (Check Only One)				Street Address N/A						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code N/A						
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler Room			X		Asbestos Pipe Material	6		X		
Name of Registered Waste Hauler Tri-Sate Transfer Associates			NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste N/A		Name of Registered Landfill Minerva Enterprise			
City, State Bronx, NY					Disposal Date TBD		City, State Waynesburg, OH			
Completed by Gina Bentances			Title Office Manager		Signature 			Date 3/23/18		



no ck

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

Check # 25666




Date of Notification (1) <u>1/2/2018</u>		Name of Building Owner/Operator (2) <u>Pilot Chemical Plant</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>267 Homestead Ave.</u>	
		City, State, Zip Code <u>Avenel, NJ 07001</u>	
		Name of Contact <u>Michael Velsz</u>	Telephone Number <u>732 543-2777</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Chemical Plant</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>267 Homestead Ave.</u>			
City (5) <u>Avenel, NJ 07001</u>		Square Feet <u>20,000</u>	# of Floors <u>1</u>
County (6) <u>Middlesex</u>		Bldg. Age <u>50</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>1/15/2018</u>		Scheduled Completion Date (11) <u>2/28/2018</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am 3pm</u>		Name of OSHA Monitor <u>MECS</u>	
		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)
	Yes	No	
<u>Boiler Room</u>	<u>X</u>		<u>Transite Flue</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>Fairless Landfill</u>	
		Disposal Date <u>2/28/18</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>1/2/18</u>



PAID

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



Date of Notification (1) <b>03 / 26 / 18</b>			Name of Building Owner/Operator (2) <b>Hopewell Valley Regional School District</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>425 South Main Street</b>					
				City, State, Zip Code <b>Pennington, NJ 08534</b>					
				Name of Contact <b>Thomas Quinn</b>					
				Telephone Number <b>609-737-4002 x 2801</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Hopewell Central High School</b>				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>259 Pennington-Titusville Road</b>									
City (5) <b>Pennington</b>				Square Feet <b>50,000</b>	# of Floors <b>2</b>				
				Bldg. Age <b>70</b>					
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>PARS Environmental, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>					
Street Address <b>500 Horizon Drive, Suite 540</b>				Street Address <b>623 Cutler Avenue</b>					
City, State, Zip Code <b>Robbinsville, NJ 08691</b>				City, State, Zip Code <b>Maple Shade, NJ 08052</b>					
Project Manager for Monitoring Firm <b>Julian Fernandez</b>		Telephone No. <b>609-890-7277</b>		Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>				
Start Date (10) <b>04 / 05 / 18</b>		Scheduled Completion Date (11) <b>04 / 09 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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
Restroom Chases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings (Wrap and Cut)	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS North Landfill</b>				
City, State <b>Freehold, NJ</b>				Disposal Date <b>04/09/2018</b>	City, State <b>Morrisville, PA</b>				
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 			Date <b>3/26/18</b>		



nook

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

Date of Notification (1) <div style="text-align: center;">02 / 09 / 18</div>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 - 3/26/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>204 East High Street</b> City, State, Zip Code <b>Bound Brook, NJ 08805</b> Name of Contact <b>Alex Baylor</b> Telephone Number <b>301-802-5142</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Bound Brook Central Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>204 East High Street</b>		Square Feet <b>26,043</b>							
City (5) <b>Bound Brook</b>		# of Floors <b>2</b>							
County (6) <b>Somerset</b>		Bldg. Age <b>+50</b>							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Verizon Communications</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Inc</b>		ASCM No.							
Street Address <b>8436 Enterprise Ave</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>Philadelphia, PA, 19153</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No. <b>215-365-5810</b>		Telephone No. <b>215-788-6040</b>							
Start Date (10) <div style="text-align: center;">02 / 27 / 18</div>		License No. <b>00509</b>							
Scheduled Completion Date (11) <div style="text-align: center;">3 / 26 / 18</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-2:00AM		Street Address <b>1123 BEAVER STREET</b>							
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input checked="" type="checkbox"/> Mini-Enclosure  <input checked="" type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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 Sprinkler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	336 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Sprinkler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Engine Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement HSB Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	665 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillan DeCaro / jr</i>		Date <i>3/26/18</i>			

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

*note*

*Pg. 2*

Date of Notification (1) <b>02 / 09 / 18</b>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3 - 3/26/18</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>204 East High Street</b>	
		City, State, Zip Code <b>Bound Brook, NJ 08805</b>	
		Name of Contact <b>Alex Baylor</b>	Telephone Number <b>301-802-5112</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Verizon Bound Brook Central Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>204 East High Street</b>			
City (5) <b>Bound Brook</b>		Square Feet <b>26,043</b>	# of Floors <b>2</b>
County (6) <b>Somerset</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>+50</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Inc</b>		Current Use (Prior if being demolished) <b>Verizon Communications</b>	
Street Address <b>8436 Enterprise Ave</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
City, State, Zip Code <b>Philadelphia, PA, 19153</b>		Street Address <b>1123 BEAVER STREET</b>	
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Telephone No. <b>215-365-5810</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>	
Start Date (10) <b>02 / 27 / 18</b>	Scheduled Completion Date (11) <b>3 / 26 / 18</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>5:00PM-2:00AM</b>		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	1,152 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Battery Room #1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Battery Room #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	1,520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Collocation Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>		
Completed By (Print or Type) <b>Dillan DeCaro</b>	Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>		Date <b>3/26/18</b>	



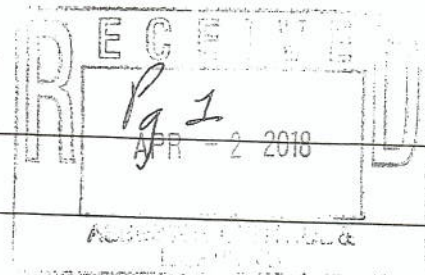
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

DEC 13 2017  
APR 2 2018

Date of Notification (1) 02 / 09 / 18		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 - 3/26/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 204 East High Street							
		City, State, Zip Code Bound Brook, NJ 08805							
		Name of Contact Alex Baylor	Telephone Number 301-802-5112						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Bound Brook Central Office		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 204 East High Street		Square Feet 26,043	# of Floors 2						
City (5) Bound Brook		Bldg. Age +-50							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 02 / 27 / 18	Scheduled Completion Date (11) 3 / 26 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <b>5:00 PM - 2:00 AM</b>		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 Switching Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	195 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro	Title Estimator		Signature Dillan DeCaro / jhl		Date 3/26/18				



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

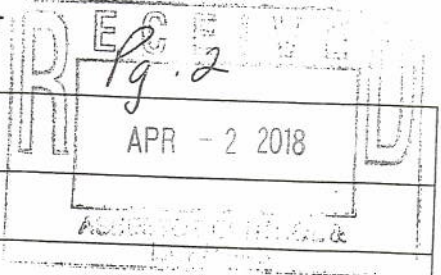


Date of Notification (1) <b>02 / 09 / 18</b>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 - 3/20/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>204 East High Street</b>							
		City, State, Zip Code <b>Bound Brook, NJ 08805</b>							
		Name of Contact <b>Alex Baylor</b>	Telephone Number <b>301-802-5112</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Bound Brook Central Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>204 East High Street</b>									
City (5) <b>Bound Brook</b>		Square Feet <b>26,043</b>	# of Floors <b>2</b>						
County (6) <b>Somerset</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>+50</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Inc</b>		Current Use (Prior if being demolished) <b>Verizon Communications</b>							
Street Address <b>8436 Enterprise Ave</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>							
City, State, Zip Code <b>Philadelphia, PA, 19153</b>		Street Address <b>1123 BEAVER STREET</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Telephone No. <b>215-365-5810</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <b>02 / 27 / 18</b>	Scheduled Completion Date (11) <b>04 / 04 / 18</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>							
Occupancy Status During Abatement (Check only one) <b>OFF SITE</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>5:00PM-2:00AM</b>		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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 Sprinkler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	336 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Sprinkler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Engine Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement HSB Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	665 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillan DeCaro</i>		Date <b>3/20/18</b>			

*DO 17069*



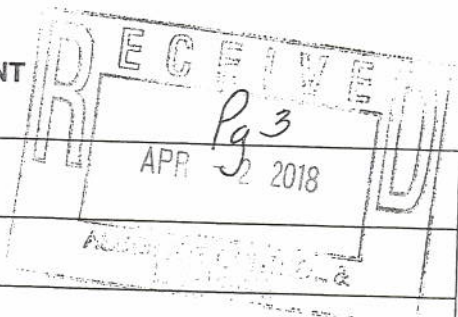
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 02 / 09 / 18		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 - 3/20/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 204 East High Street City, State, Zip Code Bound Brook, NJ 08805							
		Name of Contact Alex Baylor	Telephone Number 301-802-5112						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Bound Brook Central Office		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 204 East High Street		Square Feet 26,043	# of Floors 2						
City (5) Bound Brook		Bldg. Age +50							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 02 / 27 / 18	Scheduled Completion Date (11) 04 / 04 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) OFF SITE 3/20/18 <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM 5:00PM-2:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	1,152 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Battery Room #1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Battery Room #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	1,520 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Collocation Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro / jk	Date 3/20/18						



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



Date of Notification (1) <u>02</u> / <u>09</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2 - 3/20/18</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>204 East High Street</b> City, State, Zip Code <b>Bound Brook, NJ 08805</b>							
		Name of Contact <b>Alex Baylor</b>	Telephone Number <b>301-802-5112</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Bound Brook Central Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>204 East High Street</b>		Square Feet <b>26,043</b>	# of Floors <b>2</b>						
City (5) <b>Bound Brook</b>		Bldg. Age <b>+50</b>							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Verizon Communications</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Philadelphia, PA, 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone No. <b>215-365-5810</b>	License No. <b>00509</b>						
Start Date (10) <u>02</u> / <u>27</u> / <u>18</u>	Scheduled Completion Date (11) <u>04</u> / <u>04</u> / <u>18</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>							
Occupancy Status During Abatement (Check only one) <b>OFF SITE</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00</u> AM- <u>2:00</u> PM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 Switching Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	195 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>						
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>				Date <b>3/20/18</b>		

ASB-41  
JAN 13 **DD 17069**

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

CH 43827 (Open Acct.)  
APR - 2 2018

Date of Notification (1) 02 / 09 / 18		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 - 2/26/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 204 East High Street City, State, Zip Code Bound Brook, NJ 08805 Name of Contact Alex Baylor Telephone Number 301-802-5112	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Bound Brook Central Office		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 204 East High Street		Square Feet 26,043	# of Floors 2
City (5) Bound Brook		Bldg. Age +50	
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET	
City, State, Zip Code Philadelphia, PA, 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	License No. 00509
Start Date (10) 02 / 27 / 18	Scheduled Completion Date (11) 04 / 04 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-2:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf  
☒ Renovation  
☐ Demolition  
☒ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ 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
Basement Sprinkler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	336 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Sprinkler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Engine Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement HSB Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	665 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / JK		Date 2-26-18			

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



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OK Page 2

Date of Notification (1) 02 / 09 / 18		Name of Building Owner/Operator (2) Verizon Communications		APR - 2 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 - 2/26/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 204 East High Street City, State, Zip Code Bound Brook, NJ 08805	
Name of Contact Alex Baylor				Telephone Number 301-802-5112	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Verizon Bound Brook Central Office			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 204 East High Street			Square Feet 26,043		
City (5) Bound Brook			# of Floors 2		Bldg. Age +-50
County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave		City, State, Zip Code Philadelphia, PA, 19153		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		City, State, Zip Code BRISTOL, PA 19007	
Start Date (10) 02 / 27 / 18		Scheduled Completion Date (11) 04 / 04 / 18		Telephone No. 215-788-6040	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 2:00 AM		License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Basement Power Room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		1,152 SF	
Basement Battery Room #1		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		650 SF	
Basement Battery Room #2		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		1,520 SF	
Basement Collocation Area		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		650 SF	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	
City, State NEW CASTLE, DE		Disposal Date TBD		Name of Registered Landfill MINERVA LANDFILL	
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / J	
				Date	

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

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Page 3

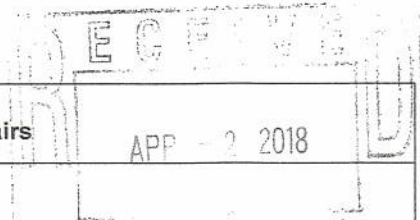
Date of Notification (1) <u>02</u> / <u>09</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 - 2/26/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>204 East High Street</b>						
			City, State, Zip Code <b>Bound Brook, NJ 08805</b>						
		Name of Contact <b>Alex Baylor</b>	Telephone Number <b>301-802-5112</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Bound Brook Central Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>204 East High Street</b>		Square Feet <b>26,043</b>	# of Floors <b>2</b>						
City (5) <b>Bound Brook</b>		Bldg. Age <b>+50</b>							
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Verizon Communications</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Philadelphia, PA, 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone No. <b>215-365-5810</b>	License No. <b>00509</b>						
Start Date (10) <u>02</u> / <u>27</u> / <u>18</u>	Scheduled Completion Date (11) <u>04</u> / <u>04</u> / <u>18</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00</u> PM - <u>2:00</u> AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Switching Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 VAT and Mastic	195 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>						
Completed By (Print or Type) <b>Dillian DeCaro</b>	Title <b>Estimator</b>	Signature <i>Dillian DeCaro</i>	Date <b>2-26-18</b>						


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



Date of Notification (1) <b>03 / 27 / 18</b>			Name of Building Owner/Operator (2) <b>New Jersey Department of Military Affairs</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>101 Eggerts Crossing Road</b>					
				City, State, Zip Code <b>Lawrenceville, NJ 08648</b>					
		Name of Contact <b>William McBride</b>		Telephone Number <b>609-530-7136</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Newark Armory</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>120 Roseville Avenue</b>									
City (5) <b>Newark</b>				Square Feet <b>50,000</b>	# of Floors <b>2</b>				
				Bldg. Age <b>80</b>					
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Armory</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCN No. <b>00003</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>					
Street Address <b>1253 N. Church Street</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Mike Stocku</b>		Telephone No. <b>856-840-8800</b>		Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>				
Start Date (10) <b>04 / 16 / 18</b>		Scheduled Completion Date (11) <b>04 / 20 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting Insulation	20 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting Insulation	15 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting Insulation	70 LF	<input type="checkbox"/>	<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"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS North Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>04/20/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>			Signature 		Date <b>3/27/18</b>		