

NOCK

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

RECEIVED

## Date of Notification (1)

3 / 25 /19

## Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

## Type Notification

☐ Initial Notification  
☒ Amended Notification #13  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

## Name of Building Owner/Operator (2)

MERCK SHARP &amp; 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

732-594-7746

## FACILITY INFORMATION

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

MERCK SHARP &amp; 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 33

## Square Feet

98,230

## # of Floors

7

## Bldg. Age

71

## 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.

17

## 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

460

## Expected State Date (10)

11 / 1 /18  
Month Day Year

## Sched. Completion Date (11)

3 / 25 /19  
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: SATURDAY 7AM-5PM

## 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-Enclos.☐ Glovebag Procedure☐ Non-Friable Procedure

## WET WIPE HEPA VACUUM

☒

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			CONTROL	DUST	REPAIR	ENCAPSUL
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROO, 332			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 405			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 426			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 627			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 724			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 405			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 426			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 627			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 724			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 306			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 322			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 722			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 324			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 621			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 310			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
5TH FLOOR ROOM 520			X	FIRE PROOFING DUST	10 SF	X			COMPLETE

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

NJDEP Waste  
Hauler ID No.  
15939

Cubic Yards of Waste  
55

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

City, State  
FREEHOLD, NEW JERSEY  
Completed by (Print or Type)  
BENJAMIN SANCHEZ

Disposal Date  
11/01-6/30/19

City, State  
MONTGOMERY, PA 17752

Title  
DIRECTOR OF OPERATIONS

Signature

*[Handwritten Signature]*

Date

3/25/19





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

33816

<b>Date of Notification (1)</b> 2 / 21 /19		<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>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #12 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<b>Name of Contact</b> PATRICIA JOHNSON		<b>Telephone Number</b> 732-594-7746	

<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 33				<b>Square Feet</b> 98,230		<b># of Floors</b> 7	
<b>City (5)</b> RAHWAY				<b>County (6)</b> UNION		<b>County Code (7)</b> (STATE USE ONLY)	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				<b>ASCM No.</b> 17		<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>Telephone Number</b> 845-369-7500	
<b>Expected State Date (10)</b> 11 / 1 /18				<b>Sched. Completion Date (11)</b> 6 / 30 /19		<b>License Number</b> 460	
<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: SATURDAY 7AM-5PM				<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480			
<b>Street Address</b> 117 EAST 30TH STREET				<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016			
<b>Scope of Work (Check all that apply)</b> <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM			

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			DUST CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 303		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 304		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 319		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 320		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 321		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 323		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 325		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 326		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 327		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM, 332		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 614		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
2ND FLOOR ROOM 227			FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 405		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 426		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 627		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 724		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 405		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 426		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 627		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 724		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 306		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 322		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 722		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 324		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 621		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 310		X	FIRE PROOFING DUST	10 SF	X			COMPLETE
5TH FLOOR ROOM 520		X	FIRE PROOFING DUST	10 SF	X			COMPLETE

<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> 55	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15
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OLD, NEW JERSEY  
Completed by (Print or Type)  
BENJAMIN SANCHEZ

11/01-6/30/19

MONTGOMERY, PA 17752

Title  
DIRECTOR OF OPERATIONS

Signature

*[Handwritten Signature]*

Date

RECEIVED

APR - 4 2019



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

33718

<b>Date of Notification (1)</b> 2 / 6 /19			<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>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #11 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065		
<b>Name of Contact</b> PATRICIA JOHNSON			<b>Telephone Number</b> 732-594-7746		
<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 33			<b>Square Feet</b> 98,230	<b># of Floors</b> 7	<b>Bldg. Age</b> 71
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7)</b> (STATE USE ONLY)	<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> 17	<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>Telephone Number</b> 845-369-7500	<b>License Number</b> 460
<b>Expected State Date (10)</b> 11 / 1 /18 Month Day Year		<b>Sched. Completion Date (11)</b> 6 / 30 /19 Month Day Year		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<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: SATURDAY 7AM-5PM			<b>Street Address</b> 117 EAST 30TH STREET		
			<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016		
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		
			<input checked="" type="checkbox"/> Renovation		
			<input checked="" type="checkbox"/> WET WIPE HEPA VACUUM		

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			CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 332			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 405			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 426			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 627			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 724			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 405			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
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3RD FLOOR ROOM 324			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 621			X	FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 310			X	FIRE PROOFING DUST	10 SF	X			COMPLETE

<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> 55	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15
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NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

33473  
APR 4 2019

Date of Notification (1)

1 / 31 /19

Agencies Notified

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City, State, Zip Code

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Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

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County (6)

UNION

County Code (7)  
(STATE USE ONLY)

ASCM No.

17

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☐ School (K-12)

☒ Subchapter 8 (Other than K-12)

☐ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet

98,230

# of Floors

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Bldg. Age

71

Current Use (Prior if being demolished)

COMMERCIAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

460

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Full Containment with Negative Pressure

Mini-Enclos.,  
Glovebag Procedure  
Non-Friable Procedure

☒ WET WIPE HEPA VACUUM

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Month Day Year

Sched. Completion Date (11)

6 / 30 /19

Month Day Year

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☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe:

☒ Other - Describe: SATURDAY 7AM-5PM

Scope of Work (Check all that apply)

☐ Demolition

☒ >3SF OR LF

☐ >160 SF OR 260 LF

☒ Renovation

Location of  
Asbestos-containing  
Material (ACM)  
TO BE ABATED  
in Facility (13)

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)

Amount  
(Specify  
SF or LF)

Abatement Type  
CONTROL REPAIR  
ENCAPSUL ENCLOSURE

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)	CONTROL	REPAIR	ENCAPSUL	ENCLOSURE
3RD FLOOR ROOM 305		FIRE PROOFING DUST	10 SF	X			COMPLETE
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3RD FLOOR ROOM 320		FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 321		FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 323		FIRE PROOFING DUST	10 SF	X			COMPLETE
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4TH FLOOR ROOM 405		FIRE PROOFING DUST	10 SF	X			COMPLETE
4TH FLOOR ROOM 426		FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 627		FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 724		FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 306		FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 322		FIRE PROOFING DUST	10 SF	X			COMPLETE
7TH FLOOR ROOM 722		FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 324		FIRE PROOFING DUST	10 SF	X			COMPLETE
6TH FLOOR ROOM 621		FIRE PROOFING DUST	10 SF	X			COMPLETE
3RD FLOOR ROOM 305		FIRE PROOFING DUST	10 SF	X			COMPLETE

Name of Registered Waste Hauler  
FREEHOLD CARTAGE, INC.  
825 HIGHWAY 33  
City, State  
FREEHOLD, NEW JERSEY

Completed by (Print or Type)

Benjamin Sanchez

Director of Operations

Signature

Date

1-31-19

Disposal Date

11/01-6/30/19

Cubic Yards of Waste

55

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  
447 ALEXANDER DRIVE/ROUTE 15  
City, State  
MONTGOMERY, PA 17752



33414  
APR 4 2019

22 /19  
Type Notification  
☒ Initial Notification  
☐ Amended Notification #9  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Facility Where Abatement is Taking Place (3)  
MERCK SHARP & DOHME CORPORATION  
Street Address  
126 EAST LINCOLN AVENUE - BUILDING 33  
City (5)  
RAHWAY  
Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.  
Street Address  
655 WEST SHORE TRAIL  
City, State, Zip Code  
SPARTA, NEW JERSEY 07871  
Project Manager for Monitoring Firm  
WILLIAM S. KERBEL, CIH  
Expected State Date (10)  
11 / 1 / 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:  
SATURDAY 7AM-5PM  
Other - Describe:  
Scope of Work (Check all that apply)  
☒ Demolition  
☐ >3SF OR LF  
☐ >160 SF OR 260 LF  
☒ Renovation  
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  
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)  
Amount (Specify SF or LF)  
Abatement Type  
CONTROL REPAIR DUST ENCLOSURE  
ENCAPSUL  
Full Containment with Negative Pressure  
Mini-Enclos.  
Glovebag Procedure  
Non-Friable Procedure  
WET WIPE HEPA VACUUM  
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  
732-594-7746  
Type of Facility (4)  
☐ School (K-12)  
☒ Subchapter 8 (Other than K-12)  
☐ Other (ie. private & commcl. bldgs., homes, etc.)  
Square Feet  
98,230  
# of Floors  
7  
Current Use (Prior if being demolished)  
COMMERCIAL  
Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION  
Street Address  
313 SPOOK ROCK ROAD  
City, State, Zip Code  
SUFFERN, NEW YORK 10901  
Telephone Number  
845-369-7500  
Name of OSHA Monitor  
AMERISCI LABORATORIES INC  
License Number  
460  
Street Address  
117 EAST 30TH STREET  
City, State, Zip Code  
NEW YORK, NEW YORK 10016  
WET WIPE HEPA VACUUM  
Cubic Yards of Waste  
55  
Disposal Date  
11/01-6/30/19  
Name of Registered Landfill  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  
447 ALEXANDER DRIVE/ROUTE 15  
City, State  
MONTGOMERY, PA 17752  
Signature  
Date  
11/22/19



[illegible]



33296

~~ADD~~  
ATTN

2019

33296

Date of Notification (1)  
1 / 11 / 19

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

Type Notification  
☐ Initial Notification  
☒ Amended Notification #7  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

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  
732-594-7746

Name of Facility Where Abatement is Taking Place (3)  
MERCK SHARP & DOHME CORPORATION

Street Address  
126 EAST LINCOLN AVENUE - BUILDING 33

City (5)  
RAHWAY

County (6)  
UNION

County Code (7) (STATE USE ONLY)  
ASCM No. 17

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (ie. private & commcl. bldgs., homes, etc.)  
Square Feet 98,230 # of Floors 7 Bldg. Age 71

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

Street Address  
655 WEST SHORE TRAIL

City, State, Zip Code  
SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm  
WILLIAM S. KERBEL, CIH

Expected State Date (10)  
11 / 1 / 18

Sched. Completion Date (11)  
Month 6 / Day 30 / 19 Year

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
SATURDAY 7AM-5PM

Scope of Work (Check all that apply)  
☒ Demolition  
☒ >3SF OR LF  
☒ >160 SF OR 260 LF

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

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)

Amount (Specify SF or LF)

Abatement Type  
DUST CONTROL REPAIR ENCAPSUL ENCLOSURE

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)	DUST CONTROL	REPAIR	ENCAPSUL	ENCLOSURE
3RD FLOOR ROOM 305	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332	X	FIRE PROOFING DUST	10 SF	X			
TH FLOOR ROOM 614	X	FIRE PROOFING DUST	10 SF	X			
ND FLOOR ROOM 227	X	FIRE PROOFING DUST	10 SF	X			
DITION TO SCOPE		FIRE PROOFING DUST	10 SF	X			
H FLOOR ROOM 405		FIRE PROOFING DUST	10 SF	X			
H FLOOR ROOM 426	X	FIRE PROOFING DUST	10 SF	X			
H FLOOR ROOM 627	X	FIRE PROOFING DUST	10 SF	X			
H FLOOR ROOM, 724	X	FIRE PROOFING DUST	10 SF	X			
ne of Registered Waste Hauler		FIRE PROOFING DUST	10 SF	X			
E HOLD CARTAGE, INC.		FIRE PROOFING DUST	10 SF	X			
HIGHWAY 33		Cubic Yards of Waste	50	X			
State	NJDEP Waste Hauler ID No. 15939						
EHOLD, NEW JERSEY		Disposal Date 11/01-6/30/19					
pleted by (Print or Type)	Title DIRECTOR OF OPERATIONS	Signature	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES				
JAMIN SANCHEZ			447 ALEXANDER DRIVE/ROUTE 15				
			City, State MONTGOMERY, PA 17752				
			Date 11/11/19				



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

Date of Notification (1)

1 / 9 /19

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #6  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

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

732-594-7746

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

126 EAST LINCOLN AVENUE - BUILDING 33

City (5)

RAHWAY

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

ASCM No.

17

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet

98,230

# of Floors

7

Bldg. Age

71

Current Use (Prior if being demolished)

COMMERCIAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

460

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

☒ WET WIPE HEPA VACUUM

☐ Full Containment with Negative Pressure

☐ Mini-Enclo.

☐ Glovebag Procedure

☐ Non-Friable Procedure

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

11 / 1 /18

Sched. Completion Date (11)

6 / 30 /19

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe:

SATURDAY 7AM-5PM

Scope of Work (Check all that apply)

☐ Demolition

☒ >3SF OR LF

☐ >160 SF OR

260 LF

☒ Renovation

Location of  
Asbestos-containing  
Material (ACM)  
TO BE ABATED  
in Facility (13)

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)

Amount  
(Specify  
SF or LF)

Abatement Type

CONTROL REPAIR ENCAPSUL ENCLOSUR

3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332			X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:			X	FIRE PROOFING DUST	10 SF	X			
2ND FLOOR ROOM 227			X	FIRE PROOFING DUST	10 SF	X			
				FIRE PROOFING DUST	10 SF	X			

Name of Registered Waste Hauler  
REEHOLD CARTAGE, INC.  
25 HIGHWAY 33  
City, State  
REEHOLD, NEW JERSEY

NJDEP Waste  
Hauler ID No.  
15939

Cubic Yards of Waste  
50

Name of Registered Landfill  
LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  
447 ALEXANDER DRIVE/ROUTE 15  
City, State  
MONTGOMERY, PA 17752

Completed by (Print or Type)  
ENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

1/9/19



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

Date of Notification (1)

11 / 21 /18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

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

732-594-7746

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

126 EAST LINCOLN AVENUE - BUILDING 33

City (5)  
RAHWAY

County (6)  
UNION

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet  
98,230

# of Floors  
7

Bldg. Age  
71

Current Use (Prior if being demolished)  
COMMERCIAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

460

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Expected State Date (10)

11 / 1 /18  
Month Day Year

Sched. Completion Date (11)

6 / 30 /19  
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:  
☒ Other - Describe: SATURDAY & SUNDAY 7AM-3PM

Scope of Work (Check all that apply)

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

☒ Renovation

☐ Full Containment with Negative Pressure  
☐ Mini-Enclos.  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

☒ WET WIPE HEPA VACUUM

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			DUST CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332			X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:			X	FIRE PROOFING DUST	10 SF	X			
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X			
Name of Registered Waste Hauler									
FREEHOLD CARTAGE, INC.			NJDEP Waste Hauler ID No. 15939			Cubic Yards of Waste 50			
825 HIGHWAY 33			City, State			Name of Registered Landfill			
FREEHOLD, NEW JERSEY			Disposal Date 11/01-6/30/19			LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES			
Completed by (Print or Type) BENJAMIN SANCHEZ			Title DIRECTOR OF OPERATIONS			City, State MONTGOMERY, PA 17752			
			Signature			Date 11/21/18			



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

Date of Notification (1)

11 / 8 /18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

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

732-594-7746

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

126 EAST LINCOLN AVENUE - BUILDING 33

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

11 / 1 /18  
Month Day Year

Sched. Completion Date (11)

6 / 30 /19  
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:  
☒ Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM  
Sunday 7am-5pm

Scope of Work (Check all that apply)

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

☐ Full Containment with Negative Pressure  
☐ Mini-Enclos.  
☐ Glovebag Procedure  
☐ Non-Friable Procedure  
☒ WET WIPE HEPA VACUUM

Type of Facility (4)

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

Square Feet

98,230

# of Floors

7

Bldg. Age

71

Current Use (Prior if being demolished)

COMMERCIAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

460

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Street Address

117 EAST 30TH STREET

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)  
Yes No N/A

Description of Asbestos-  
Containing Material (ACM)  
(ie. Thermal systems  
insulation, surfacing, VAT,  
or other miscellaneous)

Amount  
(Specify  
SF or LF)

Abatement Type

CONTROL  
DUST  
REPAIR  
ENCAPSUL  
ENCLOSUR

3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM, 332			X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:			X	FIRE PROOFING DUST	10 SF	X			
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X			

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

City, State  
FREEHOLD, NEW JERSEY

Completed by (Print or Type)  
BENJAMIN SANCHEZ

NJDEP Waste  
Hauler ID No.  
15939

Cubic Yards of Waste  
50

Disposal Date

11/01-6/30/19

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  
447 ALEXANDER DRIVE/ROUTE 15

City, State  
MONTGOMERY, PA 17752

Title  
DIRECTOR OF OPERATIONS

Signature


Date

11/8/18



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

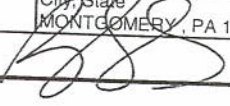
APR 4 2019

<b>Date of Notification (1)</b> 11 / 2 / 18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" 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>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Name of Contact</b> PATRICIA JOHNSON <b>Telephone Number</b> 732-594-7746	
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION			
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33 <b>City (5)</b> RAHWAY <b>County (6)</b> UNION <b>County Code (7) (STATE USE ONLY)</b> 17		<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.) Square Feet: 98,230    # of Floors: 7    Bldg. Age: 71 <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>Street Address</b> 655 WEST SHORE TRAIL <b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION <b>Street Address</b> 313 SPOOK ROCK ROAD <b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901 <b>Telephone Number</b> 845-369-7500 <b>License Number</b> 460	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH <b>Expected State Date (10)</b> 11 / 1 / 18 Month    Day    Year		<b>Sched. Completion Date (11)</b> 6 / 30 / 19 Month    Day    Year	
<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: Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM Sunday 7am-5pm			
<b>Scope of Work (Check all that apply)</b> <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	
<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes    No    N/A		<b>Amount (Specify SF or LF)</b>	
<b>Abatement Type</b> DUST CONTROL    REPAIR    ENCAPSUL    ENCLOSUR			
3RD FLOOR ROOM 305		FIRE PROOFING DUST	
3RD FLOOR ROOM 303		FIRE PROOFING DUST	
3RD FLOOR ROOM 304		FIRE PROOFING DUST	
3RD FLOOR ROOM 319		FIRE PROOFING DUST	
3RD FLOOR ROOM 320		FIRE PROOFING DUST	
3RD FLOOR ROOM 321		FIRE PROOFING DUST	
3RD FLOOR ROOM 323		FIRE PROOFING DUST	
3RD FLOOR ROOM 325		FIRE PROOFING DUST	
3RD FLOOR ROOM 326		FIRE PROOFING DUST	
3RD FLOOR ROOM 327		FIRE PROOFING DUST	
3RD FLOOR ROOM, 332		FIRE PROOFING DUST	
6TH FLOOR ROOM 614		FIRE PROOFING DUST	
ADDITION TO SCOPE:		FIRE PROOFING DUST	
2ND FLOOR ROOM 227		FIRE PROOFING DUST	
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Signature</b> 	
<b>Title</b> DIRECTOR OF OPERATIONS		<b>Date</b> 11/2/18	



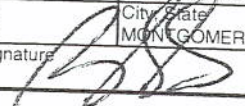
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**RECEIVED**  
APR 4 2019

Date of Notification (1) 11 / 2 / 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 #2 <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 732-594-7746	
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		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 & comml. bldgs., homes, etc.)	
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. 17	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
Expected State Date (10) 11 / 1 / 18		Sched. Completion Date (11) 6 / 30 / 19	License Number 460
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 6PM-1:30 AM SATURDAY 7AM-5 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	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)	Amount (Specify SF or LF)
3RD FLOOR ROOM 305	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 303	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 304	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 319	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 320	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 321	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 323	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 325	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 326	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 327	X	FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM, 332	X	FIRE PROOFING DUST	10 SF
6TH FLOOR ROOM 614	X	FIRE PROOFING DUST	10 SF
ADDITION TO SCOPE:	X	FIRE PROOFING DUST	10 SF
2ND FLOOR ROOM 227		FIRE PROOFING DUST	10 SF
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 50
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Signature 		Date 11/2/18	



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

Date of Notification (1) 10 / 31 /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 #1 <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 732-594-7746	
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		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.)	
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. 17	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
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 30 /19	License Number 460
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 6PM-1:30 AM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Street Address 117 EAST 30TH STREET		City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	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)	Amount (Specify SF or LF)
3RD FLOOR ROOM 305		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 303		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 304		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 319		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 320		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 321		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 323		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 325		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 326		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 327		FIRE PROOFING DUST	10 SF
3RD FLOOR ROOM 332		FIRE PROOFING DUST	10 SF
6TH FLOOR ROOM 614		FIRE PROOFING DUST	10 SF
ADDITION TO SCOPE:			
2ND FLOOR ROOM 227		FIRE PROOFING DUST	10 SF
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 50
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Disposal Date 11/01-6/30/19		Signature 	Date 10/31/18



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

32836

Date of Notification (1)

10 / 22 /18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

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

732-594-7746

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

126 EAST LINCOLN AVENUE - BUILDING 33

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

17

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

Month 11 / Day 1 / Year 18

Sched. Completion Date (11)

Month 6 / Day 30 / Year 19

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 6PM-1:30 AM

Scope of Work (Check all that apply)

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

☐ Renovation

☐ Full Containment with Negative Pressure  
☐ Mini-Enclos.  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

NEW YORK, NEW YORK 10016

☒ WET WIPE HEPA VACUUM

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			CONTROL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR ROOM 305		X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303		X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304		X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319		X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320		X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321		X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323		X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325		X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326		X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327		X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332		X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332		X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614		X	FIRE PROOFING DUST	10 SF	X			
		X	FIRE PROOFING DUST	10 SF	X			

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

City, State  
FREEHOLD, NEW JERSEY

Completed by (Print or Type)  
BENJAMIN SANCHEZ

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
50

Disposal Date  
11/01-6/30/19

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES  
447 ALEXANDER DRIVE/ROUTE 15

City, State  
MONTGOMERY, PA 17752

Signature

Date

10/27/18



03/22/2019 03:12PM 18562248799

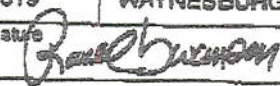
ASSURED SERVICES

PAGE 03/04

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

APR - 4 2019

CHECK# 1779  
DOL 10 DAY

Date of Notification (1) 03/22/2019		Name of Building Owner/Operator (2) CHRIS WAWAK		Street Address [REDACTED]		City, State, Zip Code HADDON TOWNSHIP NJ 08108		Name of Contact CHRIS WAWAK		Telephone Number [REDACTED]		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) <b>RESIDENTIAL</b> Street Address [REDACTED] City (5) <b>HADDON TOWNSHIP</b> County (6) <b>CAMDEN</b> County Code (7) (STATE USE ONLY) _____ Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet <b>2,092</b> # of Floors <b>2</b> Bldg. Age <b>59</b> Current Use (Prior if being demolished) <b>RESIDENTIAL</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TESTING CONSULTANTS</b> Street Address <b>413 N. BLACK HORSE PIKE</b> City, State, Zip Code <b>RUNNEMEDE NJ 08076</b>				ASCM No. _____		Name of Abatement Contractor (9) <b>ASSURED ENVIRONMENTAL SERVICES INC.</b> Street Address <b>570 CLEMS RUN</b> City, State, Zip Code <b>MULLICA HILL NJ 08062</b>						
Project Manager for Monitoring Firm _____ Telephone No. <b>855-209-1831</b>				Telephone No. <b>610-304-4876</b>		License No. <b>01145</b>		Name of OSHA Monitor <b>EMSL</b>				
Start Date (10) <b>03/28/2019</b>		Scheduled Completion Date (11) <b>03/28/2019</b>		Street Address <b>200 RT. 130 NORTH</b> City, State, Zip Code <b>CINNAMINSON NJ 08077</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 Other - Describe: <b>WORK AREA VACANT DURING ABATEMENT</b>										Name of OSHA Monitor <b>EMSL</b>		
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 150 sf or ≥ 200 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <b>ATTIC</b>			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A [ ] [ ] [X]			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>VERMICULITE</b>			Amount (Specify SF or LF) <b>90 SF</b>		Abatement Type Removal Repair Encapsulate Enclosure [X] [ ] [ ] [ ]	
Name of Registered Waste Hauler <b>ASSURED ENVIRONMENTAL SERVICES</b>				NJDEP Waste Hauler ID No. <b>0034895</b>		Cubic Yards of Waste <b>8</b>		Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>MULLICA HILL NJ</b>				Disposal Date <b>03/29/2019</b>		City, State <b>WAYNESBURG, OH</b>						
Completed by <b>RON SWANSON</b>				Title <b>GENERAL MANAGER</b>		Signature 		Date <b>03/22/2019</b>				



01-18-'19 12:52 FROM- SKY CONTRACTING

973-928-5311

T-086 P0002/0004 F-141

PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

APR - 4 2019

WATER APPROVED

Date of Notification (1)  
1/18/2019

Name of Building Owner/Operator (2)  
Residential

Agencies Notified

<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (Including Justification)
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation

Street Address  
[REDACTED]

City, State, Zip Code  
Montclair, New Jersey, 07042

Name of Contact  
Mr. Theodore Chestnut

Telephone Number

**FACILITY INFORMATION**

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

Street Address  
[REDACTED]

City (6)  
Montclair

County (6)  
Essex

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

<input type="checkbox"/> School (K-12)
<input type="checkbox"/> Subchapter B (Other than K-12)
<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
5677

# of Floors  
3

Bldg. Age  
100

Current Use (Prior if being demolished)  
Residential

Name of Monitoring Firm Hired by Building Owner (8)  
TBD

ASCM No.

Name of Abatement Contractor (9)  
Sky Contracting, LLC

Street Address  
1385 Valley Road, Suite K

City, State, Zip Code  
Wayne, New Jersey 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.  
(973) 928-5040

License No.  
00874

Start Date (10)  
1/21/2019

Scheduled Completion Date (11)  
2/21/2019

Name of OSHA Monitor  
Sky 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  
1385 Valley Road, Suite K

City, State, Zip Code  
Wayne, New Jersey 07470

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout		x		Clean up debris/dust	5,600 SF	x			

Name of Registered Waste Hauler  
Service Transport Group, Inc.

NJDEP Waste Hauler ID No.  
20990

Cubic Yards of Waste  
30

Name of Registered Landfill  
Minerva Enterprises, LLC

City, State  
New Castle, Delaware

Disposal Date  
TBD

City, State  
Waynesburg, Ohio

Completed by  
Predrag Sarcevic

Title  
Vice President


Signature  
[Signature]

Date  
1/18/2019



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

RECEIVED

Date of Notification (1) 03/25/2019		Name of Building Owner/Operator (2) FRED EMMER		APR - 4 2019	
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		[REDACTED] City, State, Zip Code TEANECK NJ. Name of Contact FRED EMMER	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
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) TEANECK NJ.				Square Feet 1,400 SQ	# of Floors 2
				Bldg. Age 98	
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.	
Street Address				Street Address 1126 51ST.	
City, State, Zip Code				City, State, Zip Code NORTH BERGEN NJ .07047	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 776 -0642	License No. 01300
Start Date (10) 03/27/2019		Scheduled Completion Date (11) 03/28/2019		Name of OSHA Monitor EMSL ANALYTICAL INC	
Occupancy Status During Abatement (Check Only One)				Street Address 307W 38TH. 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 NEW YORK NY	
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 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)
	Yes	No	N/A		
BASEMENT		X		PIPE INSULATION	60 LF
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG OHIO	
Completed by CARLOS ESQUIVEL		Title OWNER		Signature 	Date 03/25/2019



CK 1929

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

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APR - 4 2019

Date of Notification (1) 02-04-19		Name of Building Owner/Operator (2) IBN Construction Corp							
Agencies Notified	Type Notification	Street Address 49 Hermon St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Newark, NJ 07105							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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	# of Floors						
City (5) Orange		Bldg. Age							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.							
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 216-9603	License No. 01206						
Start Date (10) 02-05-19	Scheduled Completion Date (11) 02-08-19	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 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
Entire Property		x		Demolition / Asbestos Debris					
Name of Registered Waste Hauler Weigle Trucking Company		NJDEP Waste Hauler ID No. SW 2912	Cubic Yards of Waste 200	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Linden, PA		Disposal Date 02-08-19		City, State Waynesburg, Ohio					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 02-04-19		



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

RECEIVED

APR - 4 2010

Date of Notification (1) 04/01/19		Name of Building Owner/Operator (2) Eun Hee Lee							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood Cliffs, NJ 07632							
		Name of Contact Eun Hee Lee	Telephone Number [REDACTED]						
<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]		Square Feet	# of Floors						
City (5) Englewood		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		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.	Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 04/02/19	Scheduled Completion Date (11) 04/05/19	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	2000SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 7	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 04/05/19	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 04/01/19			



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

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APR - 4 2019

Date of Notification (1) 04/01/19		Name of Building Owner/Operator (2) Anthony							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 Belleville, NJ							
		Name of Contact Anthony	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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) Belleville		Square Feet	# of Floors						
		Bldg. Age							
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) 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.	License No.						
		732-668-9078	1200						
Start Date (10) 04/11/19	Scheduled Completion Date (11) 04/15/19	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				PIPE INSULATION	60LF	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 04/15/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 04/01/19		



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

CK 7311

Date of Notification (1) 3/29/19		Name of Building Owner/Operator (2) All Risk (Operator) Owner Diocese of Camden							
Agencies Notified	Type Notification	Street Address 801 East Clements Bridge 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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Runnemede NJ 08078							
		Name of Contact Vince	Telephone Number 609-941-1186						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Our lady of Hope Regional School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 420 South Black Horse Pike		Square Feet 1000 +	# of Floors 1						
City (5) Blackwood NJ 08012		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental LLC		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1000 Maplewood Drive Suite 207		Street Address PO Box 329							
City, State, Zip Code Maple Shade NJ 08052		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-9300	Telephone No. 856-753-9800						
License No. 00727									
Start Date (10) 4/1/19	Scheduled Completion Date (11) 4/12/19	Name of OSHA Monitor Same							
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: SECTION OF SCHOOL COLSED OF _____		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
library Wing		x		Floor Tile & Mastic	5800 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 4/12/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 3/21/19		



ATTN TOM VORHEES  
CHRIS TREVORS

EMERGENCY

REQUEST 10 DAY  
NOTIFICATION WAIVER  
E C F I V

CK# 4777

PAID

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

Date of Notification (1) <b>3-29-19</b>		Name of Building Owner/Operator (2) <b>CLARKE ASSOCIATES APR - 4 2019</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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>110 SOUNDS DR</b>						
		City, State, Zip Code <b>CAPE MAY COURT HOUSE NJ 08210</b>						
		Name of Contact <b>LEE</b>	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <b>[REDACTED]</b>		Square Feet <b>1500</b>	# of Floors <b>2</b>					
City (5) <b>WILDWOOD</b>		Bldg. Age <b>SD +</b>						
County (6) <b>CAPE MAY</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <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		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>						
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b># 01371</b>					
Start Date (10) <b>3-31-19</b>	Scheduled Completion Date (11) <b>4-8-19</b>	Name of OSHA Monitor <b>N/A</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						
		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) TO BE ABATED IN Facility (13) <b>SIDING</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>TRANSITE</b>	Amount (Specify SF or LF) <b>2000 SF</b>	Abatement Type			
					Removal	Repair	Encapsulate	Enclosure
					<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>CJME MUA</b>				
City, State <b>MAPLE SHADE N.J</b>		Disposal Date	City, State <b>WOODBINE N.J</b>					
Completed By <b>MICHAEL KLEWCO</b>		Title <b>PRES</b>	Signature <b>[Signature]</b>		Date <b>3-29-19</b>			



CK 5441

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

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APR - 4 2019

Date of Notification (1) 3-29-19		Name of Building Owner/Operator (2) American Demolition Corp							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 2 English Ln		City, State, Zip Code Egg Harbor NJ 08234							
Name of Contact Benjamin		Telephone Number 609-926-7373							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		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 2400							
City (5) Medford town		# of Floors 3							
County (6) Burlington		Bldg. Age 100 yrs							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Resident							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ami Ice Abatement Demolition LLC							
City, State, Zip Code		Street Address 1212 Burlington Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Delanco NJ 08055							
Telephone No.		Telephone No. 609-346-0916							
Start Date (10) April 7, 2019		License No. C1070							
Scheduled Completion Date (11) April 20, 2019		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
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 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)	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
outside			✓	ACM siding	400 sq	✓			
outside			✓	ACM stack siding	300 sq	✓			
outside			✓	ACM BARNERALS	6	✓			
Name of Registered Waste Hauler Ami Ice LLC		NJDEP Waste Hauler ID No. 20547		Cubic Yards of Waste 5 cy		Name of Registered Landfill WM of PA			
City, State Delanco NJ		Disposal Date TBD		City, State Delanco PA		Signature [Signature]			
Completed by [Signature]		Title K Resident		Date 3/29/14					



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

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APR - 4 2019

Date of Notification (1) 3/29/19		Name of Building Owner/Operator (2) Fresh Start Builder	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type/Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 616 Calver Lane		City, State, Zip Code Ventnor NJ	
Name of Contact Bob		Telephone Number 609 839 0008	
Name of Facility Where Abatement is Taking Place (3) Resident			
Street Address [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.)	
City (5) Ventnor		Square Feet # of Floors Bldg. Age	
County (6) Atlantic		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
Street Address		ASCM No.	
City, State, Zip Code		Name of Abatement Contractor (9) Ami Ice Abatement Demolition LLC	
Project Manager for Monitoring Firm		Street Address 1212 Burlington Ave	
Telephone No.		City, State, Zip Code Delanco NJ 08015	
Start Date (10) 4/7/19		Scheduled Completion Date (11) 5/7/19	
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:		Telephone No. 609-346-0916	
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		License No. C1070	
Name of OSHA Monitor		Street Address	
City, State, Zip Code		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Grassy outside		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) Siding		Amount (Specify SF or LF) 7500 SF	
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Ami Ice LLC		NJDEP Waste Hauler ID No. 20847	
City, State Delanco NJ		Cubic Yards of Waste	
Name of Registered Landfill WM of NJ		Disposal Date TBD	
City, State Hightstown NJ		Signature [Signature]	
Date 3/29/19		Title President	

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



2019-03-26 09:04

Shade Environmental 1 &gt;&gt; 609 633 0664

E C P 2/5V

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 8:16)

CK 5574 PAID

Date of Notification (1) 03 / 26 / 19		Name of Building Owner/Operator (2) New Jersey Division of Property Management and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> OCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 50 West State Street City, State, Zip Code Trenton, NJ 08625-0034							
		Name of Contact Georgetta Bunch	Telephone Number 609-633-2127						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NJ Taxation Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 50 Barrack Street		Square Feet 10,000	# of Floors 10						
City (5) Trenton		Bldg. Age 100							
County (6) Morris		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Taxation Building							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 120 North Warren Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200	Telephone No. 856-755-0099						
License No. 00842									
Start Date (10) 03 / 26 / 19	Scheduled Completion Date (11) 03 / 28 / 19	Name of OSHA Monitor EMSL Analytical, 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-1:00AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >150 sf or >250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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	Encapsulation	Enclosure
5th Floor South Conference Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Floor South Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	8 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 Froehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Froehold, NJ		Disposal Date 03/28/2019	City, State Morrisville, PA						
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 			Date 3/26/19			

ASB-41  
JAN 13

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



CK# 4778

PAID

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

APR - 4 2019

Date of Notification (1) <b>3-28-19</b>		Name of Building Owner/Operator (2) <b>EARTHTECH CONTRACTING</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 <b>155 RT 50</b>					
		City, State, Zip Code <b>GREENFIELD N.J. 08230</b>					
		Name of Contact <b>BRUCE</b>	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet <b>2000</b>	# of Floors <b>2</b>				
City (5) <b>MARGATE N.J.</b>		Bldg. Age <b>50+</b>					
County (6) <b>ATLANTIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMCO INC</b>					
Street Address		Street Address <b>369 S SPRUCE AVE</b>					
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>					
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>01371</b>				
Start Date (10) <b>4-5-19</b>	Scheduled Completion Date (11) <b>4-15-19</b>	Name of OSHA Monitor <b>N/A</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					
		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) <b>TO BE ABATED IN Facility (13)</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)	Amount (Specify SF or LF) <b>1750 SF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>SIDING</b>	<b>X</b>	<b>TRANSITE</b>	<b>1750 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEMCO INC</b>	NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste	Name of Registered Landfill <b>C.M.C.M.U.A</b>				
City, State <b>MAPLE SHADE N.J.</b>	Disposal Date	City, State <b>WOODBINE</b>					
Completed By <b>MICHAEL KLOMM</b>	Title <b>SUP.</b>	Signature <b>[Signature]</b>	Date <b>3-28-19</b>				



CK 4715

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

RECEIVED

APR - 4 2019


Date of Notification (1) <u>3-28-19</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</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>155 RT 50</u>						
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>						
		Name of Contact <u>BRUCE</u>	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>[REDACTED]</u>								
City (5) <u>OCEAN CITY</u>	Square Feet <u>2000</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>	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>01371</u>					
Start Date (10) <u>4-10-19</u>	Scheduled Completion Date (11) <u>4-20-19</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"/> $\geq 3$ 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
<u>SIDING</u>			<u>X</u>	<u>1250 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>	NJDEP Waste Hauler ID No. <u>12904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>3-28-19</u>					



PAID

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

Check 18718

Date of Notification (1) 3/29/19		Name of Building Owner/Operator (2) Luso Builders LLC							
Agencies Notified	Type Notification	Street Address 762 Trumbull Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Elizabeth NJ 07201							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Paul Arroz	Telephone Number 732-964-2407						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 1900	# of Floors 2						
City (5) Elizabeth		Bldg. Age 74							
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)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/8/19	Scheduled Completion Date (11) 4/15/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: exterior		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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			x	exterior siding	800 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Pen Argyl PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 3/29/19			



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

**NOCK**

**Check 18595**

**ECFIV**

**APR - 4 2019**

Date of Notification (1) 2/18/19		Name of Building Owner/Operator (2) Elizabeth Hunter							
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 Lyndhurst, NJ 07071							
		Name of Contact Peter Gaccione	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 1900	# of Floors 2						
City (5) Lyndhurst		Bldg. Age 73							
County (6) Bergen		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/17/19	Scheduled Completion Date (11) 4/24/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	floor tile	30 SF	X			
basement boiler room			X	pipe insulation	10 LF	X			
basement storage room			X	pipe insulation	50 LF	X			
Name of Registered Waste Hauler ABS Environmental Services		NJDEP Waste Hauler ID No. 10424	Cubic Yards of Waste TBD	Name of Registered Landfill Grows/Fairless					
City, State Glenwood, NJ		Disposal Date TBD		City, State Morristown, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 2/18/19		



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

**CK 18720 PAID**

**Check 18720**

**APR - 4 2019**

Date of Notification (1) 3/29/19		Name of Building Owner/Operator (2) Marta Cinardo							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Lyndhurst, NJ 07071							
Name of Contact Marta Cinardo		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 1900	# of Floors 2						
City (5) Lyndhurst		Bldg. Age 73							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/25/19	Scheduled Completion Date (11) 5/3/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	floor tile	900 SF	x			
Basement Boiler Room			x	pipe insulation	10 LF	x			
Basement Storage Room			x	pipe insulation	50 LF	x			
Name of Registered Waste Hauler ABS Environmental Services, LLC	NJDEP Waste Hauler ID No. 10428	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill						
City, State Glenwood NJ	Disposal Date TBD	City, State Easton PA							
Completed by A. Scott Higgins	Title President	Signature 	Date 3/29/19						

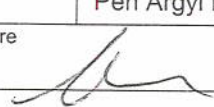
\* Do not use this form for asbestos licensure exempted activities.



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

Check 18719

Date of Notification (1) 3/29/19		Name of Building Owner/Operator (2) 635 Park Avenue Acq. Company							
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 PO Box 1196		City, State, Zip Code Hoboken NJ 07030							
Name of Contact Piyush Amin		Telephone Number 201-832-7913							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 2800							
City (5) Hoboken		# of Floors 3							
County (6) Hudson		Bldg. Age 70							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276							
Start Date (10) 4/10/19		License No. 703							
Scheduled Completion Date (11) 4/21/19		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	pipe insulation	30 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 3/29/19			



## STATE OF NEW JERSEY

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

OK 20194

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APR - 4 2019

Date of Notification (1) 3/28/19		Name of Building Owner/Operator (2) Glen Ridge Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 12 High St		City, State, Zip Code Glen Ridge, NJ 07028	
Name of Contact Barbara Murphy		Tel. Number 973 429 8304	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ridgewood Ave Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 235 Ridgewood ave			
City (5) Glen Ridge	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates		ASCM No. 00145	
Street Address 11 Tindall Road		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Middletown, NJ 07748		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm Kevin Burns		Telephone Number 973-742-5030	
Telephone Number 732 671 6400		License Number 00809	
Scheduled Start Date (10) 4/12/2019		Scheduled Completion Date (11) 4/21/2019	
Name of OSHA Monitor MTM Metro Corporation			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____		Street Address 135-137 McBride Avenue	
		City, State, Zip Code Paterson, NJ 07501	
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 checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
First floor hallways	X	Suspended ceiling tile	3,750 sf
Basement throughout	X	pipe insulation	849 lf
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 30
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown, PA	
Disp. Date 4/21/2019		City, State Tullytown, PA	
Completed by (Print or Type) Mike Damevski	Title Proj. Manager	Signature Mike Damevski	Date 3/28/19

ASB-41

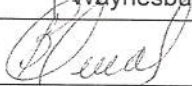
\* Do not use this form for asbestos licensure exempt activities.



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

**RECEIVED**

APR - 4 2019

Date of Notification (1) 3/28/2019		Check#3346		Name of Building Owner/Operator (2) Hoboken Catholic Academy					
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		555 7th Street					
				City, State, Zip Code Hoboken, NJ 07030					
				Name of Contact Matt McGrath		Telephone Number 201-963-9535			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hoboken Catholic Academy				Type of Facility (4)					
Street Address 555 7th Street				<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) Hoboken				Square Feet		# of Floors			
County (6) HUDSON				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.		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 07309					
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201-295-1700		License No. 01074		
Start Date (10) 03/30/19		Scheduled Completion Date (11) 04/1/19		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 type="checkbox"/> Other - Describe: Starting 9 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 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	Ceiling Plaster	5 SF	x			
Name of Registered Waste Hauler Tri-State Transfer Assoc			NJDEP Waste Hauler ID No. tbd		Cubic Yards of Waste 19551		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 3/28/2019		



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

Date of Notification (1)

3/25/19

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Matthew Biront

Street Address

City, State, Zip Code

Roseland, NJ, 07068

Name of Contact

Matthew Biront

Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Matthew Biront

Street Address

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)

City (5)

Roseland

County (6)

Essex

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Telephone Number

(973) 744-8800

License Number

00371

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone Number

N/A

Scheduled Start Date (10)

04 04 19

Month Day Year

Sched. Completion Date (11)

04 06 19

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»

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☐ Non-Friable Procedure

Location of  
Asbestos-Containing  
Material (ACM)  
TO BE ABATED  
In Facility  
(13)

Is  
Location  
Normally  
Used  
Solely  
By Maintenance/  
Custodial  
Staff (12)

Yes No N/A

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

Amount  
(Specify  
SF or  
LF)

Abatement Type

R	R	E	E
E	E	N	N
M	P	C	C
O	A	A	L
V	I	P	S
A	R	S	U
L		L	R

Basement

X

Pipe Insulation

55 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

Tri-State

City, State

Montclair, NJ 07042

Disposal Date

4/8/19

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

3/25/19



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

Check # 4590

Date of Notification (1) 03/27/2019		Name of Building Owner/Operator (2) Dover School District							
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 100 Grace st		City, State, Zip Code Dover, NJ							
Name of Contact Robert Gomes		Telephone Number 973 989 2006							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 100 Grace St		Square Feet							
City (5) Montville NJ		# of Floors							
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Aero Environmental		ASCM No.							
Street Address 275 Rt 10 East		Name of Abatement Contractor (9) Nick Restoration LLC							
City, State, Zip Code Succassuna, NJ 07876		Street Address 72 Brookside Rd							
Project Manager for Monitoring Firm Michael Berta		City, State, Zip Code Randolph, NJ 07869							
Telephone No. 973-920-9061		Telephone No. 973933-2550							
License No. 01358		Name of OSHA Monitor IRIS							
Start Date (10) 03/26/2019		Scheduled Completion Date (11) 03/26/2018							
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: _____		Street Address 2333 Rt 22 West							
City, State, Zip Code Union, NJ 07083		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 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
Stage		X		Cementitious material	4SF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S			
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Nikica Mrda		Title President		Signature <i>Nikica Mrda</i>		Date 03/27/2019			



**STATE OF NEW JERSEY**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:123)

**Project #** \_\_\_\_\_

**Date of Notification (1)**  
03/27/2018

**Check #** 4580

**Name of Building Owner/Operator (2)**  
Dover School District

**Address**  
100 Grace St  
Dover, NJ

**Name of Contact**  
Robert Gomez

**Telephone Number**  
873 959 2006

**Agency Notified**  
☐ EPA  
☐ DEP  
☐ DOL  
☐ DOH  
☐ OCA

**Type Notification**  
☐ Initial  
☐ Amendment  
☐ Emergency (including justification)  
☐ Cancellation

**Name of Facility Where Abatement is Taking Place (3)**  
School

**Street Address**  
100 Grace St

**City (5)**  
Montville NJ

**County (4)**  
Morris

**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.)

**Area of Facility**  
Square Feet: \_\_\_\_\_ # of Floors: \_\_\_\_\_ Bldg. Age: \_\_\_\_\_

**Name of Monitoring Firm Hired by Building Owner (8)**  
Aero Environmental

**ASCM No.**  
\_\_\_\_\_

**Name of Abatement Contractor (9)**  
Nick Restoration LLC

**Street Address**  
72 Brookside Rd

**City, State, Zip Code**  
Randolph, NJ 07869

**Project Manager for Monitoring Firm**  
Michael Barte

**Telephone No.**  
873-920-8081

**Telephone No.**  
873-933-2550

**License No.**  
01358

**Start Date (10)**  
03/26/2018

**Scheduled Completion Date (11)**  
03/26/2018

**Name of OSHA Monitor**  
IRIS

**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**  
2383 Rt 22 West

**City, State, Zip Code**  
Union, NJ 07083

**Scope of Work (Check All That Apply)**  
☐ 25 or more sq ft  
☐ 2500 sq ft or more  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Enclosed ("C") and Non-Flexible 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	Encapsulation	Closure
Stage		X		Cementitious material	48F	X			

**Name of Registered Waste Hauler**  
Nick Restoration LLC

**NJDEP Waste Hauler ID No.**  
0033782

**Cubic Yards of Waste**  
TBD

**Name of Registered Landfill**  
G.R.O.W.S

**City, State**  
Randolph, NJ

**Disposal Date**  
TBD

**City, State**  
Tullytown, Pa

**Completed by**  
Nikica Mirza

**Title**  
President

**Signature**  
Nikica Mirza

**Date**  
03/27/2018



State of New Jersey

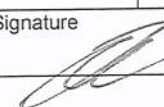
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

OK 1531

PAID

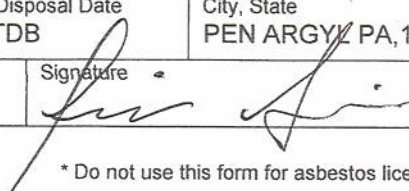
APR - 4 2019

Date of Notification (1) 03/27/2019		Name of Building Owner/Operator (2) Private House - Bill Stefan							
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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ							
		Name of Contact Bill Stefan	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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 4600	# of Floors 3						
City (5) Summit		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction, LLC						
Street Address		Street Address 63 Leather Stocking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 862-264-9463	License No. 01306						
Start Date (10) 04/08/2019	Scheduled Completion Date (11) 04/08/2019	Name of OSHA Monitor Nari Construction, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 63 Leather Stocking Path							
		City, State, Zip Code Lincoln Park, NJ 07035							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	TSI	60 LF	X		X	
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 1 CY	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Igor Jezdimirovic		Title P. Manager	Signature 			Date 03/27/2019			



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

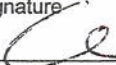
**RECEIVED**

Date of Notification (1) 3/28/2019 CHECK #0170			Name of Building Owner/Operator (2)  APR - 4 2019						
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>JERSEY CITY NJ, 07304</b>					
				Name of Contact <b>MARIE BAPTISTE</b>					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)				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) <b>JERSEY CITY NJ, 07304</b>				Square Feet	# of Floors				
County (6) <b>HUDSON</b>				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) <b>ALL SOLUTIONS CONTRACTING</b>					
Street Address			Street Address <b>24 CHURCH ST</b>						
City, State, Zip Code			City, State, Zip Code <b>ELMWOOD NJ 07407</b>						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>201 873 9418</b>	License No. <b>01301</b>					
Start Date (10) <b>03/28/2019</b>		Scheduled Completion Date (11) <b>03/29/2019</b>		Name of OSHA Monitor <b>ALL SOLUTIONS CONTRACTING</b>					
Occupancy Status During Abatement (Check Only One)				Street Address <b>24 CHURCH ST</b>					
<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>3:30 PM TO 8:30 PM</b>				City, State, Zip Code <b>ELMWOOD NJ 07407</b>					
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	8 LF	X			
Name of Registered Waste Hauler <b>ATLANTIC CARTING</b>			NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>TDB</b>	Name of Registered Landfill <b>GRAND CENTRAL</b>				
City, State <b>PEN ARGYL PA 18072</b>				Disposal Date <b>TDB</b>	City, State <b>PEN ARGYL PA, 18072</b>				
Completed by <b>LUIS ARCILA</b>			Title <b>PRESIDENT</b>	Signature 	Date <b>03/28/2019</b>				



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

**RECEIVED**

Date of Notification (1) 3/29/19		Name of Building Owner/Operator (2) Vince Gialanella Private Residence							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ventnor City NJ 08406  Name of Contact   Telephone Number Vince   _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vince Gialanella Private Residence		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ventnor City NJ 08406		Square Feet 1000	# of Floors 1						
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address PO Box 167		Street Address PO Box 329							
City, State, Zip Code Hammononton NJ 08037		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-685-9984	Telephone No. 856-753-9800						
Start Date (10) 4/11/19		Scheduled Completion Date (11) 4/18/19	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<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"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" 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
Attic			x	Pipe Insulation	140 LF	x			
clean up siding exterior				exterior siding	10 SF				
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste TBD	Name of Registered Landfill ACUA					
City, State West Berlin NJ		Disposal Date 4/18/19		City, State Egg Harbor Twp NJ 08234					
Completed by Anthony T Perna		Title President		Signature 			Date 3/29/19		



#1915/ PIPE INS

WINDSOR BERGEN ACADEMY

56 PASSAIC ST, RIDGEWOOD/07450

Date: 3/07/2019 Cost: \$1,600

E.C. - E.J. V.

OK 3347 ch #3347

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

Date of Notification (1) 03/07/2019		Check #3338		Name of Building Owner/Operator (2) Our Lady of Mount Carmel	
Agencies Notified		Type Notification		Street Address 1 Passaic Street	
<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 <input checked="" type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Ridgewood, NJ 07450	
Name of Facility Where Abatement is Taking Place (3) Windsor Bergen Academy				Name of Contact Chris Wright	
Street Address 58 Passaic Street				Telephone Number 201-312-8788	
City (5) Ridgewood				Type of Facility (4)	
Country (6) Bergen				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		County Code (7) (STATE USE ONLY) N/A		Square Feet 20,000+ # of Floors 3 Bldg. Age 50+	
Street Address N/A		ASCM No. N/A		Current Use (Prior if being demolished) School	
City, State, Zip Code N/A		Name of Abatement Contractor (9) EA Services		Street Address 426 66th Street City, State, Zip Code Guttenberg, NJ 07083	
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-285-1700 License No. D1074	
Start Date (10) 3/7/2019		Scheduled Completion Date (11) 3/9/2019		Name of OSHA Monitor NA	
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: 3pm					
Street Address N/A					
City, State, Zip Code N/A					
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2100 sf or 2280 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-Exhausted (*) and Non-Practical 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)	
Boiler Room		Yes No N/A X		ACM Pipe Insulation	
				Amount (Specify SF or LF) 8 LF	
				Abatement Type	
				Removal <input checked="" type="checkbox"/>	
				Repair <input type="checkbox"/>	
				Encapsulate <input type="checkbox"/>	
				Enclosure <input type="checkbox"/>	
Name of Registered Waste Hauler Tri State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	
City, State Bronx, NY		Disposal Date TBD		Name of Registered Landfill Mirave Enterprise	
Completed by Michael Fajardo		Title Office Manager		City, State Waynesburg, OH	
		Signature M.F.		Date 3/7/2019	



E C E I W

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

CK3348

PAID

APR - 4 2019

Date of Notification (1) 03/07/2019		Check #3339 3348		Name of Building Owner/Operator (2) Our Lady of Victories / Empowerment Academy Charter School					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 240 Ege Ave  City, State, Zip Code Jersey City, NJ 07304  Name of Contact Duane Mueller  Telephone Number 212-882-1784					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Empowerment Academy Charter School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 240 Ege Ave.				Square Feet 20,000+					
City (5) Jersey City				# of Floors 3					
County (6) Hudson				Bldg. Age 50+					
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 Street							
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) 3/18/2019		Scheduled Completion Date (11) 3/20/2019		Name of OSHA Monitor NA					
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 N/A					
				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) 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/Auditorium/Gymnasium		X		ACM Elbows and Seams	5 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			
City, State Bronx, NY				Disposal Date TBD		City, State Waynesburg, OH			
Completed by Michael Fajardo		Title Office Manager		Signature M. F.		Date 3/7/2019			



OK5022 PAID

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

CHECK 5022

Date of Notification (1) <b>3-27-2019</b>		Name of Building Owner/Operator (2) <b>T. NOLAN</b>		CHECK 5022 <b>RECEIVED</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>ORADELL, NJ 07649</b>		Name of Contact <b>T. NOLAN</b>		Telephone Number _____	
Name of Facility Where Abatement is Taking Place (3) <b>T. NOLAN</b>					
Street Address [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.)		
City (5) <b>ORADELL</b>			Square Feet <b>1200</b>		# of Floors <b>1</b>
County (6) <b>BERGEN</b>			County Code (7) (STATE USE ONLY) _____		Bldg. Age <b>69 yrs</b>
Name of Monitoring Firm Hired by Building Owner (8)			Current Use (Prior if being demolished) <b>RESIDENCE</b>		
Street Address [REDACTED]			Name of Abatement Contractor (9) <b>Best Removal Inc.</b>		
City, State, Zip Code [REDACTED]			Street Address <b>450 South River Street</b>		
Project Manager for Monitoring Firm			City, State, Zip Code <b>Hackensack, NJ 07601</b>		
Telephone No. _____			Telephone No. <b>201-329-7444</b>		
Start Date (10) <b>4-8-2019</b>			License No. <b>00388</b>		
Scheduled Completion Date (11) <b>4-12-2019</b>			Name of OSHA Monitor <b>Omega Environmental</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 AM 5 PM</b>			Street Address <b>280 Huyler Street</b>		
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			City, State, Zip Code <b>South Hackensack, NJ 07606</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)		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>BASEMENT</b>			Amount (Specify SF or LF) <b>1200 SF</b>		
Renovation <input type="checkbox"/> Demolition <input type="checkbox"/>			Abatement Type Removal Repair Encapsulate Enclosure <b>X</b>		
Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Name of Registered Waste Hauler <b>Best Removal Inc</b>			NJDEP Waste Hauler ID No. <b>17109</b>		
City, State <b>Hackensack, NJ 07601</b>			Cubic Yards of Waste <b>5 yds</b>		
Name of Registered Landfill <b>Minerva Enterprises, LLC</b>			City, State <b>Waynesburg, OH 44688</b>		
Disposal Date <b>4-12-2019</b>			Signature <b>R. Veldran</b>		
Completed by <b>R. Veldran</b>			Date <b>3-27-19</b>		
Title <b>Estimator</b>					



CK209 PAID

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

#209

RECEIVED

APR - 4 2019

Date of Notification (1) 3/28/19		Name of Building Owner/Operator (2) Rappaport Homes, LLC.							
Agencies Notified	Type Notification	Street Address 1100-Maxwell Lane Unit 326							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Mark	Telephone Number 973-223-5403						
<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]		Square Feet 1200sqf	# of Floors 2						
City (5) Montclair, NJ 07042		Bldg. Age +50							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Dinago Corp.						
Street Address		Street Address 339-Lafayette Street							
City, State, Zip Code		City, State, Zip Code Newark, NJ 07105							
Project Manager for Monitoring Firm		Telephone No. 973-491-0877	License No. 01240						
Start Date (10) 4-6-19	Scheduled Completion Date (11) 4-8-19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	70LF	x			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Landfill					
City, State Po Box. 5670, Newark, NJ 07105			Disposal Date	City, State 2335-Applebutter Rd. Bethlehem, PA.					
Completed by Carlos Gomes		Title President	Signature [Signature]			Date 3-28-19			

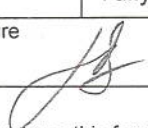


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

OK 1907

PAID

#1

Date of Notification (1) 03-28-19		Name of Building Owner/Operator (2) IBN Construction Corp		RECEIVED					
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 49 Hermon St. City, State, Zip Code Newark, NJ 07105 Name of Contact Nelson Espinosa Telephone Number (973) 344-4568					
FACILITY INFORMATION									
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 57 Freeman St.			Square Feet # of Floors Bldg. Age						
City (5) Newark		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) Delfa Contracting LLC.					
Street Address		Street Address 522 7th St.		City, State, Zip Code Union City NJ 07087					
City, State, Zip Code		Telephone No. 201 216-9603		License No. 01206					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Delfa Contracting LLC					
Start Date (10) 04-08-19		Scheduled Completion Date (11) 04-19-19		Street Address 522 7th St.					
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: _____				City, State, Zip Code Union City NJ 07087					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		x	Pipe Insulation	1200 LF	x				
Basement		x	Ceiling Texture	1220 SF	x				
Basement		x	VAT	206 SF	x				
1st Floor / Entrance		x	Vinyl	310 SF	x				
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240		Cubic Yards of Waste 20		Name of Registered Landfill Tullytown Resource Recovery Facility			
City, State Union City, NJ		Disposal Date 04-19-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 03-28-19			

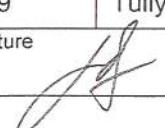


CK1907

PAID

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


#2

Date of Notification (1) 03-28-19		Name of Building Owner/Operator (2) IBN Construction Corp		<div style="text-align: center;"> <div>RECEIVED</div> <div>APR - 4 2019</div> </div>					
Agencies Notified	Type Notification	Street Address 49 Hermon St.							
<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 Newark, NJ 07105		Name of Contact Nelson Espinosa					
				Telephone Number (973) 344-4568					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building			Type of Facility (4)						
Street Address 57 Freeman 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) Newark			Square Feet	# of Floors	Bldg. Age				
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) 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) 04-08-19		Scheduled Completion Date (11) 04-19-19		Name of OSHA Monitor Delfa Contracting LLC					
Occupancy Status During Abatement (Check Only One)			Street Address 522 7th St.						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union City NJ 07087						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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		x		Window Glazing	54 each	x			
Roof		x		Roof Flashing	72 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240		Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 04-19-19	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 03-28-19			



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

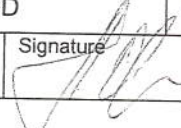
**RECEIVED**

Date of Notification (1) 03-28-19		Name of Building Owner/Operator (2) IBN Construction Corp		APR - 4 2019					
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 49 Hermon St. City, State, Zip Code Newark, NJ 07105 Name of Contact Nelson Espinosa Telephone Number (973) 344-4568					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building D			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 64-96 Lexington St.			Square Feet	# of Floors	Bldg. Age				
City (5) Newark			Current Use (Prior if being demolished)						
County (6) Essex		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		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) 04-08-19		Scheduled Completion Date (11) 04-19-19		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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
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		x		Seam Caulk	10 LF	x			
Interior		x		Seam Caulk	12 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240		Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 04-19-19	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 03-28-19			



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

**RECEIVED**

Date of Notification (1) 03/28/2019		Name of Building Owner/Operator (2) Ray Rosas		APR - 4 2019	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Perth Amboy, NJ 08861  Name of Contact Ray Rosas	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) House			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) Perth Amboy			Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House	
Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue			
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685	License No. 01311
Start Date (10) 04/10/2019		Scheduled Completion Date (11) 04/11/2019		Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue	
<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 Totowa, NJ 07512	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input 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)
	Yes	No	N/A		
Basement		X		Pipe Insulation (wrap & cut)	125 LF
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Oliver Hegedis		Title Project Manager		Signature 	Date 03/28/2019



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

**RECEIVED**

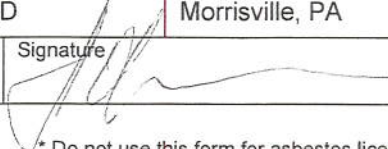
APR - 4 2019

Date of Notification (1) 03/28/2019		Name of Building Owner/Operator (2) Lisa Fanelli							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chatham, NJ 07928  Name of Contact Lisa Fanelli							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		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) Chatham		Square Feet N/A	# of Floors N/A						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
			License No. 01311						
Start Date (10) 04/09/2019		Scheduled Completion Date (11) 04/10/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<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: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		X		Duct Insulation	60 SF	X			
Attic		X		Vermiculite	100 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature		Date 03/28/2019			



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

**RECEIVED**

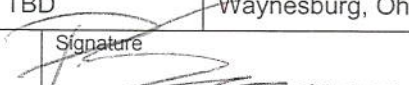
Date of Notification (1) 03/28/2019		Name of Building Owner/Operator (2) First Service Residential		APR - 4 2019					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2077 Center Avenue					
				City, State, Zip Code Fort Lee, NJ 07024					
		Name of Contact Stacey Ferraro		Telephone Number 201-947-5800					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Building			Type of Facility (4)						
Street Address 2077 Center Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Fort Lee			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Building					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-345-8685	License No. 01311				
Start Date (10) 04/08/2019		Scheduled Completion Date (11) 04/09/2019		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<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 Totowa, NJ 07512					
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 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
Ground Floor Storage		X		Pipe Insulation	240 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 03/28/2019			



PAID

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

CHECK # 3134

Date of Notification (1) 3/25/2019		Name of Building Owner/Operator (2) Schlumberger Princeton Tehnical Center							
Agencies Notified	Type Notification	Street Address 20 Wallace 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton Junction, New Jersey 08550							
		Name of Contact Mr. Christopher Blade	Telephone Number (609) 606-9222						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Schlumberger Princeton Tehnical Center		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 20 Wallace Road		Square Feet 3500	# of Floors 1						
City (5) Princeton Junction		Bldg. Age 45							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office / Labs							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 4/8/2019	Scheduled Completion Date (11) 4/30/2019	Name of OSHA Monitor Sky 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 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
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
Bldg 1200		X		VAT/Mastic	850 SF				
Bldg 1200		X		Tar Duct Sealer	100 SF				
Bldg 1201		X		VAT/Mastic	325 SF				
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware				Disposal Date TBD	City, State Waynesburg, Ohio				
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 3/25/2019			



check # 3224  
RECEIVED

**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**

**PAID**

Date of Notification (1) <b>March 27, 2019</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</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>UNIVERSITY INN, BLDG# 8334</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>3</b> Bldg. Age: <b>80+ years</b>		
Street Address <b>DOUGLASS CAMPUS</b>			Current Use (prior if being demolished): <b>ACADEMIC</b>		
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)			
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>04/05/2019</b>		Scheduled Completion Date (11) <b>04/08/2019</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 (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 checked="" type="checkbox"/> ≥ 3 sf or &gt;3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input checked="" type="checkbox"/> Glove bag Procedure / Wrap &amp; Cut  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>					
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>001 MER</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES      NO      NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI</b>	Amount (Specify SF or LF) <b>&lt;9 LF</b>	Abatement Type Remove   Repair   Encap   Enclose <input checked="" 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>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</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>04/08/2019</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, 2019</b>		




03-20-'19 11:36 FROM- SKY CONTRACTING

973-928-5311

T-094 P0002/0004 E-159

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:80 and 12:120)

CK 3129 PAID

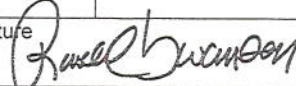
Date of Notification (1) 3/20/2019		Name of Building Owner/Operator (2) Marcel - Soundview Paper Company LLC							
Agencies Notified	Type Notification	Street Address 1 Market Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Elmwood Park, New Jersey 07407							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mr. Edward G. Knapick	Telephone Number (973) 222-8340						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building No.45		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Market Street		Square Feet 4,000	# of Floors 1						
City (5) Elmwood Park		Bldg. Age 90							
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) TBD		Name of Abatement Contractor (9) Sky Contracting, LLC							
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 3/21/2019	Scheduled Completion Date (11) 3/31/2019	Name of OSHA Monitor Sky 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 Other - Describe:		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
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 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
Exterior		X		ACM Pipe Insulation	200 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcevic		Title Vice President		Signature 				Date 3/20/2019	



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

**CHECK# 1773**

**OK 1773 PAID**

Date of Notification (1) 03/22/2019		Name of Building Owner/Operator (2) CHRIS WAWAK							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HADDON TOWNSHIP NJ 08108  Name of Contact CHRIS WAWAK							
		Telephone Number _____							
<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]									
City (5) HADDON TOWNSHIP		Square Feet 2,092	# of Floors 2						
		Bldg. Age 59							
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TESTING CONSULTANTS		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 413 N. BLACK HORSE PIKE		Street Address 570 CLEMS RUN							
City, State, Zip Code RUNNEMEDE NJ 08078		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm _____		Telephone No. 855-209-1831	Telephone No. 610-304-4676						
		License No. 01145							
Start Date (10) 03/26/2019	Scheduled Completion Date (11) 03/28/2019	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH							
<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 VACANT DURING ABATEMENT</u>		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
ATTIC			X	VERMICULITE	90 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 8	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 03/29/2019	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 03/22/2019					