

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

D&S Proj. #: 17-93

CK 7019



Date of Notification (1) 10/13/17 1/12/19 1/17/17		Name of Building Owner/Operator (2) john h. florio	
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 MADISON, NJ 07940	
Name of Contact frances picken		Telephone Number	

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm	Phone Number	Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 04/10/17	Sched. Completion Date (11) 04/28/17	Name of OSHA Monitor D & S Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue			
		City, State, Zip Code Paterson, NJ 07503			

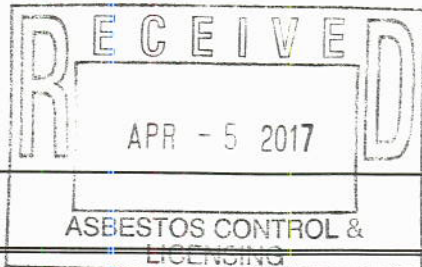
Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	160 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 04/11/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/29/17

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



D&S Proj. #: 17-94

CK 7020

Date of Notification (1) 10/13/17 1/12/19 1/17/17		Name of Building Owner/Operator (2) copeland residence	
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 #: _____	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, NJ 07410	
Name of Contact copeland residence/BARABA WILKE		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) copeland residence/BARABA WILKE			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Fair Lawn			County (6) BERGEN		# of Floors
			County Code (7) (State use only)		Bldg. Age
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]		Street Address 20 California Ave.			
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 04/11/17		Sched. Completion Date (11) 04/28/17			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	93 L FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT		<input checked="" type="checkbox"/>		WALL INSULATION	42 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 03/29/2017



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

CK 135

Date of Notification (1) 4/3/2017		Name of Building Owner/Operator (2) Downtown Works Urban Renewel House Company LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 306 Cooper Street	
		City, State, Zip Code Camden, NJ 08105	
		Name of Contact Maria Yglesias	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) The Pierre 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 306 Cooper Road		Square Feet 25,000	# of Floors 6
City (5) Camden, NJ 08105		Bldg. Age 87	
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants		ASCM No. n/a	Name of Abatement Contractor (9) Silt Asbestos Abatement LLC
Street Address 413 N. Black Horse Pike		Street Address 1800 Federal Street	
City, State, Zip Code Runnemede, NJ 08078		City, State, Zip Code Camden, NJ 08105	
Project Manager for Monitoring Firm Howard Zenobi		Telephone No. 856 482 1311	Telephone No. 856 630 3288
Start Date (10) 4/13/2017		Scheduled Completion Date (11) 5/5/2017	License No. 01303
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Self monitor	
		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
NW basement			x	Off white pipe insulation	20 LF	x			
N basement			x	VAT	450 SF	x			
1st floor hallway			x	VAT	40 SF	x			
2nd floor hallway			x	VAT	40 SF	x			

Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 2.94	Name of Registered Landfill GROWS Landfill	
City, State Hainsport, NJ		Disposal Date 5/5/2017		City, State Morrisville, PA	
Completed by Jeff Yekenchik		Title Owner	Signature 		Date 4/3/2017

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



Date of Notification (1) 4/3/2017		Name of Building Owner/Operator (2) Downtown Works Urban Renewel House Company LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 306 Cooper Street							
		City, State, Zip Code Camden, NJ 08105							
		Name of Contact Maria Yglesias	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Pierre 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 306 Cooper Road		Square Feet 25,000	# of Floors 6						
City (5) Camden, NJ 08105		Bldg. Age 87							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants		ASCM No. n/a	Name of Abatement Contractor (9) Silt Asbestos Abatement LLC						
Street Address 413 N. Black Horse Pike		Street Address 1800 Federal Street							
City, State, Zip Code Runnemede, NJ 08078		City, State, Zip Code Camden, NJ 08105							
Project Manager for Monitoring Firm Howard Zenobi		Telephone No. 856 482 1311	Telephone No. 856 630 3288						
			License No. 01303						
Start Date (10) 4/13/2017	Scheduled Completion Date (11) 5/5/2017	Name of OSHA Monitor Self 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input 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) 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
3rd floor hallway			x	Loose VAT	50 SF	x			
4th floor hallway			x	Loose VAT	50 SF	x			
5th floor hallway			x	Loose VAT	50 SF	x			
5th floor North and South Side				Linoleum	100 SF	x			
Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 2.94	Name of Registered Landfill GROWS Landfill					
City, State Hainsport, NJ		Disposal Date 5/5/2017		City, State Morrisville, PA					
Completed by Jeff Yekenchik		Title Owner	Signature 			Date 4/3/2017			

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

APR - 5 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/3/2017		Name of Building Owner/Operator (2) Downtown Works Urban Renewel House Company LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 306 Cooper Street	
		City, State, Zip Code Camden, NJ 08105	
		Name of Contact Maria Yglesias	Telephone Number

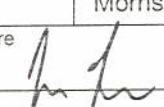
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) The Pierre 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 306 Cooper Road		Square Feet 25,000	# of Floors 6
City (5) Camden, NJ 08105		Bldg. Age 87	
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Testing Consultants		ASCM No. n/a	Name of Abatement Contractor (9) Silt Asbestos Abatement LLC
Street Address 413 N. Black Horse Pike		Street Address 1800 Federal Street	
City, State, Zip Code Runnemede, NJ 08078		City, State, Zip Code Camden, NJ 08105	
Project Manager for Monitoring Firm Howard Zenobi		Telephone No. 856 482 1311	Telephone No. 856 630 3288
			License No. 01303
Start Date (10) 4/13/2017	Scheduled Completion Date (11) 5/5/2017	Name of OSHA Monitor Self 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	

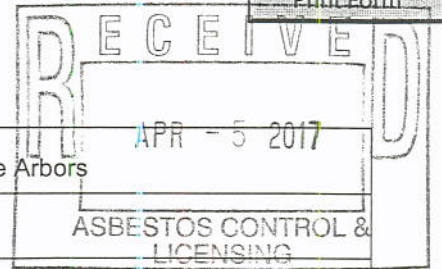
Scope of Work (Check All That Apply)

<input checked="" 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 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
6th floor hallway			x	VAT / Mastic	600 SF	x			
6th floor North side			x	Linoleum	25 SF	x			
Roof			x	Flashing	330 SF	x			
*Final Page*									

Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 2.94	Name of Registered Landfill GROWS Landfill	
City, State Hainsport, NJ		Disposal Date 5/5/2017		City, State Morrisville, PA	
Completed by Jeff Yekenchik		Title Owner	Signature 		Date 4/3/2017

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



OK 2490

Date of Notification (1) 4/4/2017		Name of Building Owner/Operator (2) The Crowell Group, LLC dba Spring Lake Arbors	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 550 Warren Avenue	
		City, State, Zip Code Spring Lake, NJ 07762	
		Name of Contact Patti Murray	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) The Arbors at Spring Lake - Crawlspace A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 550 Warren Avenue		Square Feet 25000	# of Floors 2	Bldg. Age 50+
City (5) Spring Lake		Current Use (Prior if being demolished) Senior Assisted Living		
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8) EHS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.	
Street Address 411 Southgate Court, Suite E		Street Address 102 Technology Lane		
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Export, PA 15632		
Project Manager for Monitoring Firm Jack F. Carney		Telephone No. 856-224-0080	Telephone No. 724-325-3330	License No. 01121
Start Date (10) 4/17/2017***		Scheduled Completion Date (11) 4/21/2017		Name of OSHA Monitor EHS Environmental, Inc.
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Work confined to unoccupied crawlspace.</u>		Street Address 411 Southgate Court, Suite E		
		City, State, Zip Code Mickleton, NJ 08056		

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"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Fixable Procedure

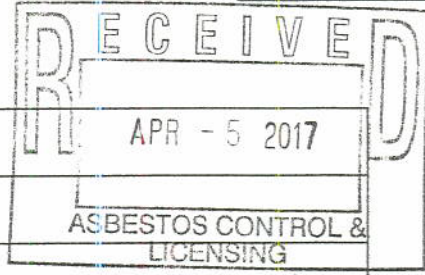
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawlspace A			X	Pipe & Fittings	480 LF	X			

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. SW1724	Cubic Yards of Waste 40	Name of Registered Landfill GROWS Landfill	
City, State Trenton, New Jersey		Disposal Date 4/21/2017		City, State Morrisville, PA	
Completed by Jessica Wolfe		Title Administrative Support	Signature <i>Jessica Wolfe</i>		Date 4/4/2017

\*\*\* Prism will arrive late on this date to start non-disruptive prep work.\*\*\*  
 ASB-41 (R-06-08) \* Do not use this form for asbestos licensure exempted activities.

ch 921

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



Date of Notification (1) 03-24-17		Name of Building Owner/Operator (2) IBN Construction Corp							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" 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						
<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) Roselle		Bldg. Age							
County (6) Union	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. 201 216-9603	License No. 01206						
Start Date (10) 04-07-17	Scheduled Completion Date (11) 04-10-17	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		x		Roof Flashing	2,000 SF	x			
Storage Room		x		VAT/Mastic	400 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 04-14-17		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.	Signature 			Date 03-24-17			

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



NO CH

Date of Notification (1) 03-24-17		Name of Building Owner/Operator (2) IBN Construction Corp								
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <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 _____							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Private Home 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) Roselle		Square Feet _____	# of Floors _____ Bldg. Age _____							
County (6) Union		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) 04-06-17		Scheduled Completion Date (11) 04-10-17								
Name of OSHA Monitor Delfa Contracting LLC		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 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>			Removal <input checked="" type="checkbox"/>	Repair <input type="checkbox"/>	Encapsulate <input type="checkbox"/>	Enclosure <input type="checkbox"/>	
Roof				Roof	2,250 SF					
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility						
City, State Union City, NJ			Disposal Date 04-14-17	City, State Tullytown, PA						
Completed by Jaime Delgado		Title Proj. Manager.	Signature 				Date 03-24-17			



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

check # 12627

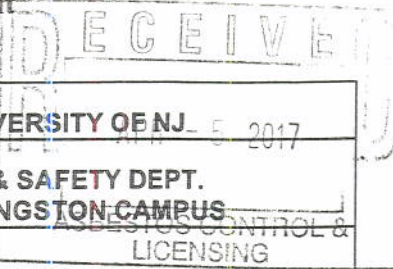
GAC Project # 060-16 **NO CK**



Date of Notification (1) <b>March 31, 2017</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 new start and completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>
City (5) <b>PISCATAWAY</b>		County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 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 KEARNY</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>04/03/17</b>		Scheduled Completion Date (11) <b>04/10/17</b>	Name of OSHA Monitor <b>1 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: SubChapter 8 Occupied: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or >= 3 lf <input type="checkbox"/> >= 160 sf or >= 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
5 <sup>th</sup> Floor Corridor	<input checked="" type="checkbox"/>	VAT	100 SF	<input checked="" type="checkbox"/>
5 <sup>th</sup> Floor Corridor	<input checked="" type="checkbox"/>	ACM CEILING TILE	100 SF	<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>15 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>4/10/2017</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 31, 2017</b>

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

CH 12027  
GAC Project # 060-16



Date of Notification (1) <b>March 8, 2017</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" 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. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>PHARMACY, BLDG# 3750</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>BUSCH CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>5</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>

Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 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 KEARNY</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>03/31/17</b>	Scheduled Completion Date (11) <b>04/03/17</b>	Name of OSHA Monitor <b>1 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: SubChapter 8 Occupied: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD</b>		
		City, State, Zip Code <b>FAIRLAWN, NJ</b>		

Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> > 3 sf or > 3 lf	<input type="checkbox"/> > 160 sf or > 260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
		<input type="checkbox"/> Mini-Enclosure		
		<input type="checkbox"/> Glove bag Procedure / Wrap & Cut		
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
5 <sup>th</sup> Floor Corridor	<input checked="" type="checkbox"/>	VAT	100 SF	<input checked="" type="checkbox"/>
5 <sup>th</sup> Floor Corridor	<input checked="" type="checkbox"/>	ACM CEILING TILE	100 SF	<input checked="" type="checkbox"/>

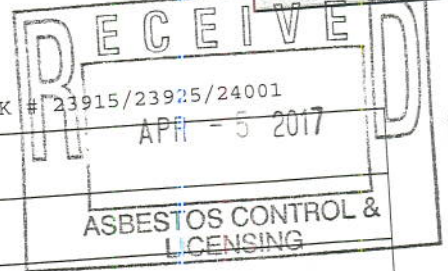
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>15 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>4/3/2017</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509				

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 8, 2017</b>
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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

CHECK # 23915/23925/24001

APR - 5 2017



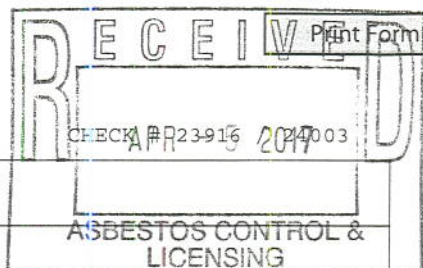
Date of Notification (1) 03-31-17		Name of Building Owner/Operator (2) Unilever																																																												
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 700 Sylvan Avenue																																																												
		City, State, Zip Code Englewood Cliffs, NJ																																																												
		Telephone Number																																																												
		Name of Contact Mohnish Joshi																																																												
<b>FACILITY INFORMATION</b>																																																														
Name of Facility Where Abatement is Taking Place (3)		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 700 Sylvan Avenue		Square Feet	# of Floors																																																											
City (5) Englewood Cliffs		Bldg. Age																																																												
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) ALC Environmental		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.																																																											
Street Address 121 West 27th Street, Suite 402		Street Address 200 Broad Street																																																												
City, State, Zip Code New York, NY 10001		City, State, Zip Code Carlstadt, NJ 07072																																																												
Project Manager for Monitoring Firm Shawn Waldron		Telephone No. (212) 675-5544	Telephone No. 201-939-6565																																																											
Start Date (10) 03-18-17(2)04-04-17		Scheduled Completion Date (11) 07-31-17	License No. 00756																																																											
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Even-Air Inc.																																																												
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 10-59 Jackson Avenue																																																												
		City, State, Zip Code Long Island City, NY 11101																																																												
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th> <th colspan="3">Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th> <th rowspan="2">Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th> <th rowspan="2">Amount (Specify SF or LF)</th> <th colspan="4">Abatement Type</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> </thead> <tbody> <tr> <td>Building D: 2nd Floor</td> <td></td> <td></td> <td align="center">x</td> <td>Fireproofing</td> <td align="right">11,000SF</td> <td align="center">x</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Building D: 1st Floor</td> <td></td> <td></td> <td align="center">x</td> <td>VAT</td> <td align="right">125SF</td> <td align="center">x</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Building D: 1st Floor</td> <td></td> <td></td> <td align="center">x</td> <td>Pipe Insulation</td> <td align="right">16LF</td> <td align="center">x</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Building D: 3rd Floor</td> <td></td> <td></td> <td align="center">x</td> <td>Fireproofing</td> <td align="right">11,000SF</td> <td align="center">x</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		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	Building D: 2nd Floor			x	Fireproofing	11,000SF	x				Building D: 1st Floor			x	VAT	125SF	x				Building D: 1st Floor			x	Pipe Insulation	16LF	x				Building D: 3rd Floor			x	Fireproofing	11,000SF	x							
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																																																					
Building D: 2nd Floor			x	Fireproofing	11,000SF	x																																																								
Building D: 1st Floor			x	VAT	125SF	x																																																								
Building D: 1st Floor			x	Pipe Insulation	16LF	x																																																								
Building D: 3rd Floor			x	Fireproofing	11,000SF	x																																																								
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises																																																										
City, State Shirley, NY / Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH 44688																																																											
Completed by Richard Doran		Title Project Manager	Signature 		Date 03-31-17																																																									

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

**Title Of Project: 700 Sylvan Avenue, Englewood Cliff, NJ**  
**Additional Materials / Floors**  
**Pg. 2**

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
		Pipe & Fittings	1,400LF	Removal
Building D: 2nd Floor	N/A	Pipe & Fittings	1,400LF	Removal
Building D: 3rd Floor	N/A	Fireproofing	144SF	Removal
Building B: Basement	N/A	Mastic	1,200SF	Removal
Building B: 2nd Floor	N/A	Pipe Insulation	6LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	11LF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	10LF	Removal
Building A: Ground Floor	N/A	Debris	100SF	Removal
Building A: Ground Floor	N/A	Pipe Insulation	6LF	Removal
Building A: 1st Floor	N/A	Pipe Insulation	60LF	Removal
(2)Under Pedestrian Bridge between Bldgs. B&C	N/A	Pipe Insulation	65LF	Removal
(2)Under Pedestrian Bridge between Bldgs. A&B	N/A			

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



Date of Notification (1) 03-31-17		Name of Building Owner/Operator (2) New Jersey Natural Gas	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	581 Highland Parkway	
		City, State, Zip Code	
		Name of Contact	Telephone Number
		Tom Merenda	

**FACILITY INFORMATION**

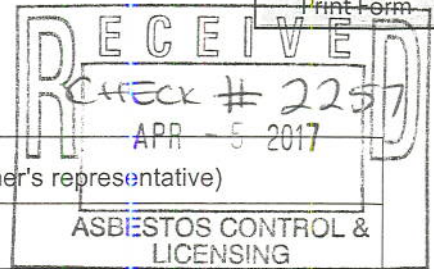
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)		
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
581 Highland Parkway				
City (5)	Square Feet	# of Floors	Bldg. Age	
Toms River	5080	1	N/A	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Ocean		Commercial		
Name of Monitoring Firm Hired by Building Owner (8) Arcturus Environmental Services, LLC.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.	
Street Address		Street Address		
9 Prince William Road		200 Broad Street		
City, State, Zip Code		City, State, Zip Code		
Morganville, NJ 07751		Carlstadt, NJ 07072		
Project Manager for Monitoring Firm		Telephone No.	Telephone No.	License No.
Frank Tamargo		(732) 617-9279	201-939-6565	00756
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor		
03-20-17(2)04-04-17	04-30-17	Even-Air Inc.		
Occupancy Status During Abatement (Check Only One)		Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		10-59 Jackson Avenue		
		City, State, Zip Code		
		Long Island City, NY 11101		
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
Ground Floor: Lounge Closet				Joint Compound	80SF	x			
Ground Floor: Training Closet				Joint Compound	77SF	x			
Ground Floor: Training Closet				VAT/Mastic	65SF	x			
Ground Floor: A/C Room				VAT/Mastic	38SF	x			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
Freehold Cartage		NJ-113	TBD	Grows North Landfill	
City, State		Disposal Date		City, State	
Freehold, NJ 07728		TBD		Morrisville, PA 19067	
Completed by	Title	Signature		Date	
Richard Doran	Project Manager			03-31-17	



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

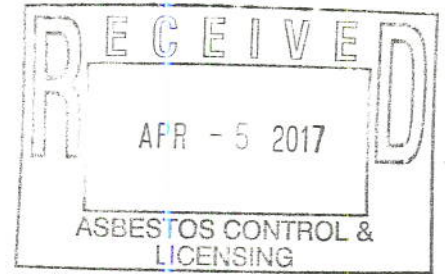


Date of Notification (1) 3/28/2017		Name of Building Owner/Operator (2) March Associates Construction, Inc. (owner's representative)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 601 Hamburg Turnpike, Suite 300							
		City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Mr. Hussein Ismail	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 240 Main Street		Square Feet 8,000	# of Floors 2						
City (5) Hackensack		Bldg. Age 90							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial / Public							
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) 560-4900	License No. 00874						
Start Date (10) 3/28/2017	Scheduled Completion Date (11) 4/30/2017	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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		x		See attached		x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 80	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 3/28/2017			

## 240 Main Street - Hackensack, NJ 07601

### ACM Scope of Work:

- |   |          |
|---|----------|
| - ACM Parapet Flashing + Materials (Large Roof)                           | 780 SF   |
| - ACM Black Roofing 3 <sup>rd</sup> Layer Center (Large Roof)             | 4,536 SF |
| - ACM Parapet Flashing + Materials (Small 2 <sup>nd</sup> Roof)           | 1,104 SF |
| - ACM Black Roofing Material 2 <sup>nd</sup> Layer (2 <sup>nd</sup> Roof) | 3,000 SF |





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



Date of Notification (1) <u>03</u> / <u>31</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>All American Environmental</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>136 Edison Road</b>	
		City, State, Zip Code <b>Lake Hopatcong, NJ 07849</b>	
		Name of Contact <b>Andrew Smith</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Restaurant</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>41-43 Washington Street</b>		Square Feet <b>3000 sf</b>	# of Floors <b>2</b>
City (5) <b>West Orange</b>		Bldg. Age <b>80</b>	
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Restaurant</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>	Telephone No. <b>732-349-9932</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>

Start Date (10) <u>04</u> / <u>01</u> / <u>17</u>	Scheduled Completion Date (11) <u>04</u> / <u>03</u> / <u>17</u>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	

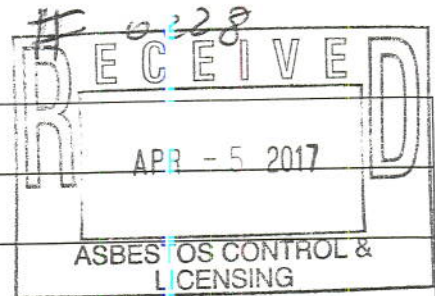
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	55 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>	NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>04/04/17</b>	City, State <b>Tullytown, Pennsylvania</b>
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>3/31/17</b>

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



Date of Notification (1)		Name of Building Owner/Operator (2) 124-MALVERN STREET, LLC.	
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 THOMAS STREET	
		City, State, Zip Code NEWARK, NJ 07105	
		Name of Contact GRACE	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 124-MALVERN STREET		Type of Facility (4) <input 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 124-MALVERN STREET		Square Feet 19,800	# of Floors 2
City (5) NEWARK, NJ 07105		Bldg. Age 50+	
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) EMPTY	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. N/A	Name of Abatement Contractor (9) DINAGO ENVIRONMENT LLC.	
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. 001240	

Start Date (10) 4/13/17	Scheduled Completion Date (11) 4/23/17	Name of OSHA Monitor J&S ENVIRONMENT CORP		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333-ROUTE 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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF 1			X	ROOF MATERIALS	9800\$F	X			
ROOF 1			X	FLASHING	420LF	X			
OFFICE ADAMS			X	FLOOR TILE	450\$F	X			
ROOM 13			X	CEILING TILES	240\$F	X			

Name of Registered Waste Hauler NEWARK CARTING INC.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill IESI BETHLEHEM LANDFILL	
City, State PO BOX 5670 , NEWARK, NJ 07105			Disposal Date	City, State 2335-APLLEBUTTER ROAD, BET/PA	
Completed by CARLOS GOMES		Title PRESIDENT	Signature 		Date 4/03/17