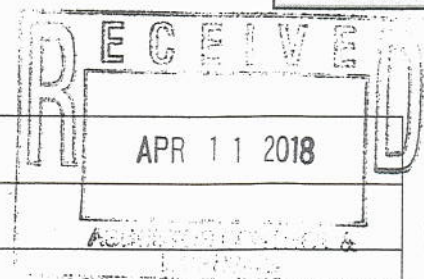


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 04/09/2018		Name of Building Owner/Operator (2) Maybrook Gardens Inc		ASBESTOS CONTROL & LICENSING					
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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 155 Riverside Drive City, State, Zip Code New York, NY 10024 Name of Contact Brian Tarzik Telephone Number 212-873-4919					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Maybrook Garden Apartments - Building 1				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 2-16 Maybrook Drive				Square Feet # of Floors Bldg. Age					
City (5) Maywood				2 60					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Crown Air Services LLC		ASCM No.		Name of Abatement Contractor (9) Asbestways Solutions					
Street Address 478 Albany Street		Street Address 132 Washington Avenue							
City, State, Zip Code Brooklyn, NY 11203		City, State, Zip Code Brooklyn, NY 11205							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. License No.					
718-858-2600		01340							
Start Date (10) 04/09/2018		Scheduled Completion Date (11) 4/30/2018		Name of OSHA Monitor Asbestways Solutions					
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 132 Washington Avenue City, State, Zip Code Brooklyn, NY 11205					
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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
(4) misc crawl spaces	x			pipe insulation	380 lf	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 4506		Cubic Yards of Waste		Name of Registered Landfill Tully-town RE Facility			
City, State Newark, NJ 07102		Disposal Date		City, State					
Completed by Mendy Gorodetsky		Title President		Signature 		Date 04/09/2018			

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



Date of Notification (1) 01-26-18		Name of Building Owner/Operator (2) PSEG	
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.	
<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 checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ	
		Name of Contact Manny Sierra	Telephone Number 848-200-6948

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSEG Norfolk Newark		Type of Facility (4)	
Street Address 310 Norfolk 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 N/A	# of Floors N/A	Bldg. Age N/A
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Switching yard	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services Inc.
Street Address N/A		Street Address 17 Old Dock Rd.	
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980	
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111 License No. 01136
Start Date (10) 02-05-18	Scheduled Completion Date (11) 07-03-18	Name of OSHA Monitor WRS Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Rd	
<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: Electrical circuit cabinet		City, State, Zip Code Yaphank NY 11980	
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	

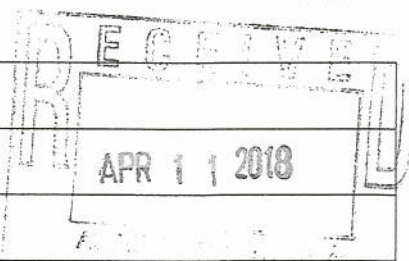
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Control House			x	Insulators	15 LF	x			
Control House			X	ARC Tape	100 LF	x			
Control House			X	Transite panels	24 SF	x			

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill	
City, State Elizabeth, NJ 07201			Disposal Date TBD	City, State Morrisville PA 19067	
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i>	Date 01-26-18	

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Print Form

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

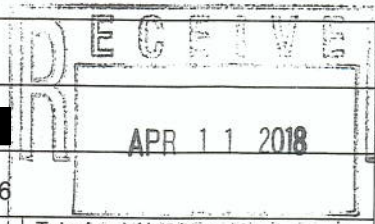
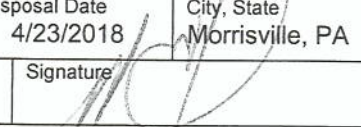


Date of Notification (1) 03-28-18		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ							
		Name of Contact John Yeliseyev	Telephone Number 609-575-2306						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Madison Street Substation		Type of Facility (4)							
Street Address 1100 Madison 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) Hoboken		Square Feet N/A	# of Floors N/A						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Rd							
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136						
Start Date (10) 04-10-18	Scheduled Completion Date (11) 06-05-18	Name of OSHA Monitor WRS Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Rd							
<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: Electrical circuit cabinet		City, State, Zip Code Yaphank NY 11980							
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) <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
Switching yard			x	transite pipe	4800 lf	x			
Name of Registered Waste Hauler Environmental Transport Group Inc.		NJDEP Waste Hauler ID No. NJD000692061	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Flanders NJ 07836			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i>			Date 03-28-18			

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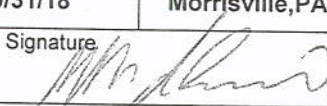
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

Check # 25575

Date of Notification (1) 4/9/2018		Name of Building Owner/Operator (2) Kutzer							
Agencies Notified		Type Notification				Street Address			
<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 Cranford, NJ 07016			
		Name of Contact Nancy O'Neill		Telephone Number: _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			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) Cranford, NJ 07016			Square Feet 2500	# of Floors 2	Bldg. Age 90 +/-				
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No. _____		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.					
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070		Telephone No. 609 259-9688	License No. 00493				
Start Date (10) 4/18/2018		Scheduled Completion Date (11) 4/20/2018		Name of OSHA Monitor MECS					
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 341					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am 4 pm				City, State, Zip Code Chesterfield, NJ 08515					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	15 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ				Disposal Date 4/23/2018	City, State Morrisville, PA				
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 4/9/18			

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

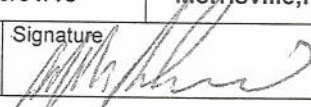
CK #348

PAID Date of Notification (1) 04 / 10 / 18		Name of Building Owner/Operator (2) The Hampshire Companies, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 Maple Avenue	
		City, State, Zip Code Morristwon, NJ 07960	
		Name of Contact Eric Helstrom	Telephone Number 973-630-9815
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mountain Side Hospital		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 18 Walnut Crescent			
City (5) Montclair		Square Feet 10,000	# of Floors 3
County (6) Essex		County Code (7)(STATE USE ONLY)	Bldg. Age 50
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 04 / 25 / 18		Scheduled Completion Date (11) 05 / 25 / 18	
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: <u>7:00 AM-3:30PM</u> / _____ PM-_____ AM		Name of OSHA Monitor Testor Tech	
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"/> 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)
	Yes	No	
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Walls and Ceiling
2nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Walls and Ceiling
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 200
City, State Hackettstown, NJ		Name of Registered Landfill G.R.O.W.S., Inc.	
Disposal Date 10/31/18		City, State Morrisville, PA	
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 	Date 04-10-18

PAID

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

CK # 349

Date of Notification (1) 04 / 10 / 18		Name of Building Owner/Operator (2) The Hampshire Companies, LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 11 2018 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 22 Maple Avenue			
		City, State, Zip Code Morristwon, NJ 07960				Name of Contact Eric Helstrom			
						Telephone Number 973-630-9815			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mountain Side Hospital				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 22 Walnut Crescent				Square Feet 10,000					
City (5) Montclair				# of Floors 3					
County (6) Essex				Bldg. Age 50					
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) JVN Restoration Inc					
Street Address				Street Address 47 Foster Road					
City, State, Zip Code				City, State, Zip Code Staten Island NY 10309					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 718-605-6256					
				License No. 00774					
Start Date (10) 04 / 30 / 18		Scheduled Completion Date (11) 05 / 25 / 18		Name of OSHA Monitor Testor Tech					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30PM PM-____AM				Street Address 10 59 Jackson Avenue					
				City, State, Zip Code LIC 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
1 st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster Walls and Ceiling	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster Walls and Ceiling	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Porch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster Base Coat	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 200	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Hackettstown, NJ				Disposal Date 10/31/18	City, State Morrisville, PA				
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 			Date 04-10-18		

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

check # 3089

Date of Notification (1) 04 / 10 / 18		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 570 COMMERCE BLVD		City, State, Zip Code CARLSTADT, NJ 07072	
Name of Contact DOMINICK TUCCI		Telephone Number 201-487-5657	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION		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 bldgs., homes, etc.)	
Street Address 1011 MORRIS AVE		Square Feet 5,000	
City (5) UNION		County (6) UNION	County Code (7) _____
Building Age 40 +		Current Use (Prior if being demolished) WATER TREATMENT	
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		ASCM NO _____	
Street Address 655 WEST SHORE TRAIL		Street Address NORTHSTAR CONTRACTING GROUP, INC.	
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code 32 Williams Parkway East Hanover, NJ 07936	
Project Mngr. For Monitoring Firm WILLIAM KIERBIL		Telephone Number 973-729-5649	
Scheduled Start Date (10) 04 / 23 / 18		Sched. Completion Date (11) 05 / 04 / 18	
Telephone Number 973-884-8682		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <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: 7:00 AM-3:30 PM		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 32 Williams Parkway		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <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 - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing <u>TO BE ABATED</u> 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)
U 21 2ND FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE	90 SF
U 21 2ND FLOOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	LAB TOP	8 SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste _____
City, State NEWARK, NJ		Disposal Date _____	Name of Registered Landfill I.E.S.I. City, State BETHLEHEM, PA 18105
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>
			Date 04/10/18