

04/12/2018 14:01

2012620321

AMAC

RECEIVED	
PAGE 02/03	
APR 18 2018	
DOLL - 10 DAY	
ASBESTOS CONTROL & LICENSING	

**State of New Jersey**  
**REGISTRATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 17:27 and 17:28)

**CH 1064**

**PAID**

**DATE OF NOTIFICATION (1)**  
4/12/18

**Agency Notified**  
☒ ICPA  
☒ DEP  
☒ DOL  
☒ DOH  
☒ OCA

**Type Notification**  
☒ Initial  
☒ Renewal  
☒ Emergency (including  
hazardous  
contamination)

**Name of Building Owner/Operator (2)**  
SGID CON STEEL

**Street Address**  
[REDACTED]

**City, State, Zip Code**  
NEW PROVIDENCE, NJ 07074

**Name of Contact**  
JACK SUN

**Location of Facility Where Abatement is Taking Place (3)**  
RESIDENCE

**Street Address**  
[REDACTED]

**City (4)**  
NEW PROVIDENCE

**County (5)**  
UPPER MERION

**County Code (7)  
(STATE USE ONLY)**  
07074

**Type of Facility (6)**  
☒ School  
☒ Church  
☒ Other (Specify: [REDACTED])

**Approx. Floor**  
1850

**# of Floors**  
2

**Est. Age**  
456

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

**ASCM No.**  
[REDACTED]

**Name of Abatement Contractor (9)**  
AMAC Contracting Inc.

**Street Address**  
185 Midland Ave.

**City, State, Zip Code**  
Midland Park, NJ 07726

**Telephone No.**  
201-282-5841

**License No.**  
00158

**Start Date (10)**  
4/12/18

**Scheduled Completion Date (11)**  
4/21/18

**Name of OSHA Monitor**  
Omega Environmental Services Inc.

**Street Address**  
280 Huyler Street

**City, State, Zip Code**  
Hackensack, NJ 07616

**Occupancy Status During Abatement (Check Only One)**  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: [REDACTED]

**Scope of Work (Check All That Apply)**  
☒ AS of or AS II  
☒ AS III or AS IV  
☒ Renovation  
☒ Demolition

**Full Containment with Negative Pressure**  
☒ Air-Entrained  
☒ Gaseous Particulate  
☒ Non-Entrained  
☐ Full High-Filtration Process

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff (13)			Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, wall, or other miscellaneous)	Amount (Specify SF or LB)	Abatement Type			
	Yes	No	NEA			Removal	Repair	Encapsulation	Enclosure
EXTENSION			/	SIDING	2560 SF	/			
1ST FLOOR PORCH			/	VAT	118 SF	/			
2ND FLOOR			/	SHUTTER ROCK	315 SF	/			
1ST & 2ND FLOOR			/	PLASTER	64 SF	/			

**Name of Registered Waste Handler**  
Newark Coring Inc.

**NADep Waste Handler ID No.**  
046023

**Cubic Yards of Waste**  
6

**Name of Registered Landfill**  
Grand Central Sanitary Landfill

**City, State**  
Newark, NJ 07105

**City, State**  
PA 08702

**Completed by**  
Joseph Vaccaro

**Title**  
Vice President

**Signature**  
J. Vaccaro

**Date**  
4/12/18

A28-41 (04-08-18)

\* Do not use this form for any asbestos control activities.



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

CK4561

Date of Notification (1) <b>4/13/18</b>		Name of Building Owner/Operator (2) <b>MR. GAMAL HASSANEIN</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>WAYNE . NJ . 07470</b> Name of Contact <b>MR. HASSANEIN</b>							
FACILITY INFORMATION		Telephone Number <b>CONTROL &amp;</b>							
Name of Facility Where Abatement is Taking Place (3) <b>MR. GAMAL HASSANEIN</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>2200</b>							
City (5) <b>WAYNE</b>		# of Floors <b>2</b>							
County (6) <b>PASSAIC</b>		Bldg. Age <b>1945</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>							
Street Address		Street Address <b>450 South River Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>							
Telephone No.		License No. <b>00388</b>							
Start Date (10) <b>4/30/18</b>		Name of OSHA Monitor <b>Omega Environmental</b>							
Scheduled Completion Date (11) <b>5/2/18</b>		Street Address <b>280 Huyler Street</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
<b>BASEMENT</b>			<input checked="" type="checkbox"/>	<b>VAT</b>	<b>850 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>4 cys</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>5/2/18</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <b>J. Maiorano</b>			Date <b>4/13/18</b>			



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

CK 4559

Date of Notification (1) <b>4/13/18</b>		Name of Building Owner/Operator (2) <b>MR. MICHAEL CUMISKEY</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 [REDACTED] City, State, Zip Code <b>BERGENFIELD . NJ . 07621</b>							
		Name of Contact <b>MR. CUMISKEY</b>	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>MR. CUMISKEY</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>1800</b>	# of Floors <b>2</b>						
City (5) <b>BERGENFIELD</b>		Bldg. Age <b>1945</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc.</b>						
Street Address		Street Address <b>450 South River Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>4/27/18</b>	Scheduled Completion Date (11) <b>4/28/18</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>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>				<b>THERMAL INSULATION</b>	<b>152F</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>11207</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>4/30/18</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>			Date <b>4/13/18</b>			



B &amp; G proj. #: 2018-99

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
\*\*\* EMERGENCY \*\*\*

Check # 8919

Date of Notification (1)

04/12/18

Name of Building Owner/Operator (2)

Scotch Plains/ Fanwood Board of Education

Street Address

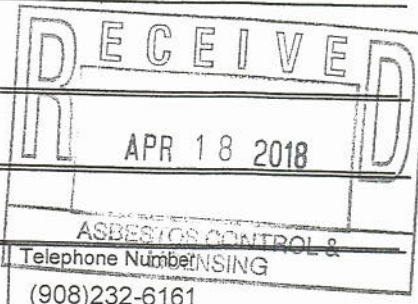
2280 Evergreen Avenue

City, State, Zip Code

Scotch Plains, NJ 07076

Name of Contact

Deborah S. Saridaki, B.A.



Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☒ Initial  
☐ Amendment  
☐ Cancellation

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Terrill Middle School (non sub 8)

Street Address

1301 Terrill Road

City (5)

Scotch Plains, NJ

County (6)

Union

County Code (7)  
(State use only)

Type of Facility (4)

- ☒ School (K - 12)  
☐ Subchapter 8 (Other than K-12)  
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
school (non sub 8)

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

n/a

ASCM No.

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

973-696-6869

License Number

0378

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Guillermo Morales

Phone Number

609-259-8077

Scheduled Start Date (10)

04/13/2018

Sched. Completion Date (11)

04/14/2018

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.  
☒ Abatement performed outside of normal facility hours-  
Describe: 4:00 p.m. start  
☐ Other-Describe:

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure

- ☐ wrap & cut  
☒ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material 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)

Amount (Specify SF or LF)

R	R	E	E
em	em	nc	nc
ov	ov	ap	ap
er	er	cl	cl
<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"/>

hallway adjacent - cafeteria

pipe insulation

8 lf

Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
1/2

Name of Registered Landfill

Tullytown Resource &amp; Recovery Center

City, State

Lincoln Park, NJ 07035

Disposal Date

04/16/2018

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

04/12/2018



CK8919

පිටපත්, 2018-99

**PAID**  
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:80-7 and 12:120-7)  
\*\*\* **EMERGENCY** \*\*\*

RECEIVED  
APR 18 2018

APR 18 2018

Check # 8919

~~STATION CONTROL &  
LICENSING~~

Date of Notification (1) <b>01/11/2018</b>		Name of Building Owner/Operator (2) Scotch Plains/Farwood Board of Education		Check # 8919 LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address 2280 Evergreen Avenue City, State, Zip Code Scotch Plains, NJ 07076	
		Name of Contact Deborah S. Saridaki, B.A.		Telephone Number (908)232-6161	

FACILITY INFORMATION			
Name of facility where abatement is taking place (3) Terrill Middle School (non sub 8)			
Street Address 1301 Terrill Road			
City (5) Scotch Plains, NJ	County (6) Union	County Code (7) (State use only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.
Street Address		Street Address 105 Ryerson Road	
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Guillermo Morales		Phone Number 800-258-8077	Telephone Number 973-696-6869
Scheduled Start Date (10) 04/13/2018	Sched. Completion Date (11) 04/14/2018		
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. Describes: 4:00 p.m. start <input type="checkbox"/> Other Describes: _____			
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Wrap & cut <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure			
Location of asbestos-containing material to be abated in facility (13) hallway adjacent - cafeteria	Is location normally used solely by maintenance/custodial staff (12) Yes    No    N/A		Description of asbestos-containing material (ACM) pipe insulation
			Amount (Specify SF or LF) 8 lf
			Removal <input checked="" type="checkbox"/>
			Repair <input type="checkbox"/>
			Encap <input type="checkbox"/>
			Encl <input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill & Recovery Center Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ 07035	Disposal Date 04/16/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 04/12/2018



CH 17103

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

**RECEIVED**  
APR 18 2018

Date of Notification (1) 4 / 9 / 18		Name of Building Owner/Operator (2) New Jersey Economic Development Authority	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>36 West State Street, PO Box 990</b>	<b>ASBESTOS CONTROL &amp; LICENSING</b>
		City, State, Zip Code <b>Trenton, NJ 08625</b>	
		Name of Contact <b>Tom Catapano</b>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Former Tech Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>651 S. Route 1</b>		Square Feet <b>46,000</b>	# of Floors <b>2</b>
City (5) <b>North Brunswick</b>		Bldg. Age <b>~50 Years</b>	
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Offices</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Group Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>Tricon Enterprises, Inc.</b>
Street Address <b>3 Terri Lane, Suite 4</b>		Street Address <b>322 Beers Street</b>	
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>Keyport, NJ 07735</b>	
Project Manager for Monitoring Firm <b>John Lutz</b>		Telephone No. <b>609-386-8800</b>	License No. <b>1095</b>
Start Date (10) 4 / 23 / 18	Scheduled Completion Date (11) 5 / 31 / 18	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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 	
		City, State, Zip Code 	

Scope of Work (Check all that apply)

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

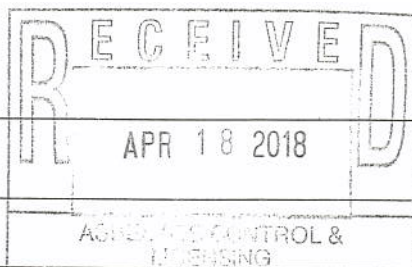
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Silver Roofing Paint	660 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	2 ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	35 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Board	15 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Name of Registered Waste Hauler <b>Olexion Rubbish Hauling, Inc.</b>		NJDEP Waste Hauler ID No. <b>14042</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Waste Management, Fairless</b>	
City, State <b>South Plainfield, NJ</b>		Disposal Date <b>7/31/2018</b>		City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Thomas Camarda</b>	Title <b>Sr. Project Manager</b>	Signature 		Date <b>4/9/18</b>	



CH4738

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



Date of Notification (1) <u>04</u> / <u>12</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Temple Lutheran Church</b>		APR 18 2018  ASBESTOS CONTROL & REMEDIATION					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>5600 Route 130 North</b>		City, State, Zip Code <b>Pennsauken, NJ 08109</b>		Telephone Number <b>856-663-7783</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Temple Lutheran Church</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>5600 Route 130 North</b>				Square Feet <b>5,000</b> # of Floors <b>2</b> Bldg. Age <b>70</b>					
City (5) <b>Pennsauken</b>				County Code (7)(STATE USE ONLY)					
County (6) <b>Camden</b>		Current Use (Prior if being demolished) <b>Church</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>					
Street Address <b>1253 N. Church Street</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone No. <b>856-840-8800</b>		License No. <b>00842</b>					
Start Date (10) <u>04</u> / <u>30</u> / <u>18</u>		Scheduled Completion Date (11) <u>05</u> / <u>18</u> / <u>18</u>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM				Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	3,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Textured Ceiling	3,470 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choir Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Block Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>60</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>05/18/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>4/12/18</b>			



CH534895048


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

Print Form

**RECEIVED**

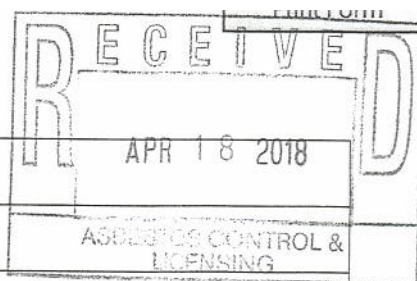
APR 18 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 04/10/2018		Name of Building Owner/Operator (2) Chuck Bianco							
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Allendale, NJ 07401							
		Name of Contact Chuck Bianco	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) Allendale		Square Feet N/A	# of Floors N/A						
County (6) Bergen		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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.	License No.						
		973-345-8685	01311						
Start Date (10) 04/24/2018	Scheduled Completion Date (11) 04/25/2018	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: Occupied		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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor		X		Pipe Insulation	20 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 Ned Joksimovic		Title Project Manager		Signature 			Date 04/10/2018		



State of New Jersey  
**PAID**  
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) Beverly Espuga							
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 Cranford, NJ 07016							
		Name of Contact Beverly Espuga	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		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 N/A	# of Floors N/A						
City (5) Cranford		Bldg. Age N/A							
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)		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. 973-345-8685	License No. 01311						
Start Date (10) 04/23/2018	Scheduled Completion Date (11) 04/24/2018	Name of OSHA Monitor D&S Abatement, 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>Occupied</u>		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 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
Basement		X		Pipe Insulation	50 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 Morisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 04/09/2018			

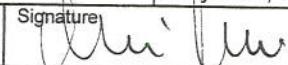


# PAID

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

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

Check # 4246

Date of Notification (1) 04/10/2018			Name of Building Owner/Operator (2) Clifton BOE						
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		745 Clifton Ave					
				City, State, Zip Code Clifton, NJ 07013					
				Name of Contact AMarchione					
				Telephone Number (973)470-2276					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Clifton HS				Type of Facility (4)					
Street Address 333 Colfax Ave				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Clifton, NJ				Square Feet	# of Floors				
				Bldg. Age					
County (6) Passaic County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants			ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC				
Street Address PO Box 385					Street Address 72 Brookside Rd				
City, State, Zip Code Oceanville, NJ 08231					City, State, Zip Code Randolph NJ 07869				
Project Manager for Monitoring Firm John Smoyer			Telephone No. (609)652-1833		Telephone No. 973-933-2550				
					License No. 01358				
Start Date (10) 05/02/2017		Scheduled Completion Date (11) 05/09/2018		Name of OSHA Monitor IRIS					
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: _____				2333 RT 22					
				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) <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
Auditorium Fan Room		X		elbows/ wrap & cut	45 elbows				
Name of Registered Waste Hauler Nick Restoration LLC			NJDEP Waste Hauler ID No. 33782		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S			
City, State Randolph, NJ 07869					Disposal Date TBD	City, State Tullytown, PA			
Completed by Nikica Mrda			Title President		Signature 	Date 04/10/2018			

RECEIVED

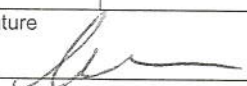
APR 18 2018

CONTROL & RECORDS

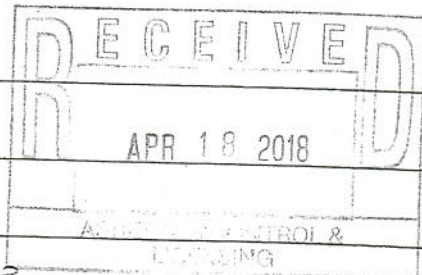


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Check 17501

Date of Notification (1) 4/11/18		Name of Building Owner/Operator (2) RCB Urban Renewal, LLC c/o PCD Capital LLC							
Agencies Notified	Type Notification	Street Address 350 Main Road, Suite 201							
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montville NJ 07045							
		Name of Contact Anthony Ciallella	Telephone Number 908-897-0730						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 171 West Fort Lee Road		Square Feet 3200	# of Floors 2						
City (5) Bogota		Bldg. Age 68							
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)		ASCM No.	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) 4/11/18	Scheduled Completion Date (11) 6/11/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Roof			X	entire roof	1,200 SF	X			
Roof			X	tar & flashing	1,280 SF	X			
Roof			X	window glazing	13 windows	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS/FAIRLESS LANDFILL				
City, State Freehold		Disposal Date TBD		City, State Morrisville PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 4/11/18			





Date of Notification (1): **4/12/18**

Name of Building Owner/Operator (2): **Joe Bamert**

Agencies Notified: ☐ JEPA, ☐ JDEP, ☒ DOL, ☒ DOH, ☐ DCA

Type Notification: ☒ Initial Notification, ☐ Amended Notification, ☒ EMERGENCY, ☐ Cancellation

Street Address: [REDACTED]

City, State, Zip Code: **West NY, NJ, 07093**

Name of Contact: **Joe Bamert**

Telephone Number: [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3): **Joe Bamert**

Street Address: [REDACTED]

City (5): **West New York**

County (6): **Hudson**

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

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

Square Feet: [REDACTED]

# of Floors: [REDACTED]

Bldg. Age: [REDACTED]

Current Use (Prior if being demolished): **Residence**

Name of Monitoring Firm hired by Building Owner (8): **N/A**

ASCM No.: **67**

Street Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Name of Abatement Contractor (9): **AZTECH MANAGEMENT, Inc.**

Street Address: **86 Christopher St.**

City, State, Zip Code: **Montclair, NJ 07042**

Project Manager for Monitoring Firm: [REDACTED]

Telephone Number: **N/A**

Scheduled Start Date (10): **04-16-18**

Sched. Completion Date (11): **04-18-18**

Month Day Year: [REDACTED]

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

Street Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Scope of Work (Check all that apply)

☒  $\geq 3$  sf or  $\geq 1$  lf

☐  $\geq 160$  sf or  $\geq 260$  lf

☒ Renovation

☐ Demolition

☐ Full Containment with Negative Pressure

☒ Mini-Enclosure

☒ Glovebag Procedure

☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
<b>Basement</b>			<b>X</b>	<b>25 LF: Pipe insulation</b>	<b>25 LF</b>	<b>X</b>			

Name of Registered Waste Hauler: **AZTECH MANAGEMENT, INC.**

NJDEP Waste Hauler ID No.: **17040**

Cubic Yards of Waste: **0.5**

Name of Registered Landfill: **Minerva Enterprise INC**

City, State: **Montclair, NJ 07042**

Disposal Date: **4/19/18**

City, State: **Waynesburg, Ohio, 44688**

Completed By (Print or Type): **Constantine Vivian**

Title: **President**

Signature: *Constantine Vivian*

Date: **4/12/18**



# PAID

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

Date of Notification (1):

4/13/18

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

Gary Gelston

Street Address

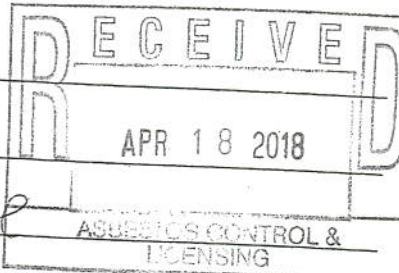
City, State, Zip Code

Montclair, NJ 07042

Name of Contact

Gary

Telephone Number



Name of Facility Where Abatement is Taking Place (3)

Gary Gelston

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)

Residence

Name of Monitoring Firm hired by Building Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

67

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)

4-23-18  
Month Day Year

Sched. Completion Date (11)

4-25-18  
Month Day Year

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

☒ >3 sf or >2 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ Non-Friable Procedure

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

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

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	C
V	I	P	L
A	R	S	S
L		U	U
		L	R
		.	E

Basement

crawl space

Pipe insulation

90 LF

Pipe insulation

20 LF

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No. 17040

Cubic Yards of Waste 1.5

Name of Registered Landfill

Minerva Enterprise INC

City, State

Montclair, NJ 07042

Disposal Date

4/26/18

City, State

Waynesburg Ohio 44688

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

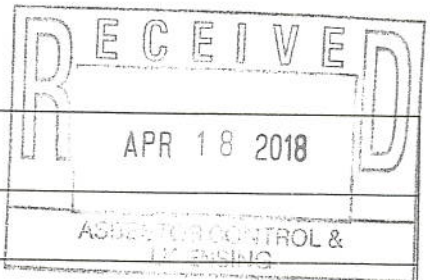
Constantine Vivian


Date

4/13/18



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



Date of Notification (1) <b>04 / 11 / 18</b>		Name of Building Owner/Operator (2) <b>The College of New Jersey</b>		<b>RECEIVED</b> APR 18 2018 ASBESTOS CONTROL & REMEDIATION					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>2000 Pennington Road</b>		City, State, Zip Code <b>Ewing, NJ 08628</b>		Name of Contact <b>Amanda Radosti</b>					
				Telephone Number <b>609-771-2881</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>The College of New Jersey - Travers and Wolfe Hall</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>2000 Pennington Road</b>				Square Feet <b>50,000</b>					
City (5) <b>Ewing</b>				# of Floors <b>10</b>					
County (6) <b>Mercer</b>				Bldg. Age <b>60</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence Hall</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>					
Street Address <b>344 West State Street</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>John Duggan</b>		Telephone No. <b>609-656-8101</b>		License No. <b>00842</b>					
Start Date (10) <b>04 / 25 / 18</b>		Scheduled Completion Date (11) <b>05 / 04 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Elevator Equipment Rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster (O&M Hole Drilling)	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator Equipment Rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Louver Caulk	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator Equipment Rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Caulk	42 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator Equipment Rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Doors	2 Each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>05/04/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>4/11/18</b>			



CH0804

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

Print Form

**RECEIVED**

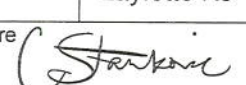
APR 18 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/9/2018		Name of Building Owner/Operator (2) EWA Moonachie 77, LLC							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	100 Passaic Avenue							
		City, State, Zip Code							
		Fairfield, NJ 07004							
		Name of Contact	Telephone Number						
		Gregory Wovna	908-319-4176						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 77 Moonachie Ave		Type of Facility (4)							
Street Address 77 Moonachie Ave		<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) Moonachie Avenue		Square Feet 100000	# of Floors 1						
		Bldg. Age 54							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office Space							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) Incinia Contracting, Inc						
Street Address 1130 West Chestnut Street		Street Address 1360 Clifton Avenue Unit 365							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 9734943762	Telephone No. 9734509500						
			License No. 01036						
Start Date (10) 4/23/2018	Scheduled Completion Date (11) 5/4/2018	Name of OSHA Monitor Incinia Contracting, Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Avenue Unit 365							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		City, State, Zip Code Clifton, NJ 07012							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Front Office		X	X	VAT	1934 SF	X			
Ground- Throughout		X	X	Muddled Pipe Joint Insulation	100 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641/JA464	Cubic Yards of Waste 40 YRDS	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Milena Zoric		Title Director		Signature		Date 4/9/2018			

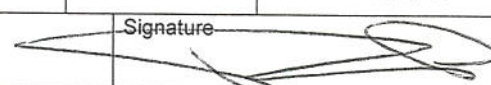


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/16/2018		Name of Building Owner/Operator (2) Cheryl Swartz and Wendy Stoltman							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code Sparta NJ 07871							
		Name of Contact Marko Stankovic, Project Manager	Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)							
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Sparta	Square Feet 1300	# of Floors 2	Bldg. Age 90						
County (6) Sussex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-570-2645						
			License No. 01334						
Start Date (10) 4/27/2018	Scheduled Completion Date (11) 5/4/2018	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr							
<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 Sparta NJ 07871							
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 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
Garage		X		ACM Pipes	25 LF	X			
Furnace Room		X		Duct Insulation	10 SF	X			
Laundry Room		X		Floor Tiles	80 SF	X			
Name of Registered Waste Hauler OWNER		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 7	Name of Registered Landfill Sussex County Landfill					
City, State			Disposal Date	City, State Lafayette NJ					
Completed by Corey Stankovic		Title CEO	Signature 			Date 4/16/2018			

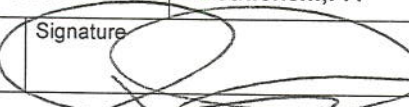


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <b>04 / 17 / 18</b>		Name of Building Owner/Operator (2) <b>General Growth Properties</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   <b>APR 18 2018</b> </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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>585 From Road</b>							
		City, State, Zip Code <b>Paramus, NJ 07652</b>							
		Name of Contact <b>Kelly Webb</b>	Telephone Number <b>312-960-5000</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Sears Departement Store</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>585 Form Road</b>									
City (5) <b>Paramus, NJ 07652</b>				Square Feet <b>10,000</b>	# of Floors <b>2</b>				
				Bldg. Age <b>45</b>					
County (6) <b>Bergen</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone No. <b>908-577-6171</b>	Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>					
Start Date (10) <b>03 / 26 / 18</b>	Scheduled Completion Date (11) <b>10 / 31 / 18</b>		Name of OSHA Monitor <b>Testor Tech</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-7:00PM</b> PM- AM			Street Address <b>10 59 Jackson Avenue</b>						
			City, State, Zip Code <b>LIC NY 11101</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 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
Second Floor Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Styrofoam Glue Dots	10,000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	25,650SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>100</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>05/31 /18</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Project Manager</b>		Signature 		Date <b>4/17</b>			




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

Date of Notification (1) <div style="text-align: center;">04 / 17 / 18</div>		Name of Building Owner/Operator (2) <b>General Growth Properties</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  APR 18 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>585 From Road</b>							
		City, State, Zip Code <b>Paramus, NJ 07652</b>							
		Name of Contact <b>Kelly Webb</b>							
				Telephone Number <b>312-960-5000</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Sears Departement Store</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>585 Form Road</b>									
City (5) <b>Paramus, NJ 07652</b>				Square Feet <b>10,000</b>	# of Floors <b>2</b>				
				Bldg. Age <b>45</b>					
County (6) <b>Bergen</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>			Street Address <b>47 Foster Road</b>						
City, State, Zip Code <b>Union NJ 07083</b>			City, State, Zip Code <b>Staten Island NY 10309</b>						
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone No. <b>908-577-6171</b>	Telephone No. <b>718-605-6256</b>	License No. <b>00774</b>					
Start Date (10) <div style="text-align: center;">03 / 26 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 18</div>		Name of OSHA Monitor <b>Testor Tech</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-7:00PM</b> / ____ PM - ____ AM			Street Address <b>10 59 Jackson Avenue</b>						
			City, State, Zip Code <b>LIC NY 11101</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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Second Floor Throughout</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Styrofoam Glue Dots</b>	<b>10,000SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Floor Throughout</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>VAT</b>	<b>25,650SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>		Cubic Yards of Waste <b>100</b>	Name of Registered Landfill <b>IESI</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>05/31 /18</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Project Manager</b>		Signature 		Date <b>4/17</b>			




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

Date of Notification (1) <b>04 / 17 / 18</b>		Name of Building Owner/Operator (2) <b>General Growth Properties</b>							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>585 From Road</b>							
		City, State, Zip Code <b>Paramus, NJ 07652</b>							
		Name of Contact <b>Kelly Webb</b>	Telephone Number <b>312-960-5000</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Sears Departement Store</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>585 Form Road</b>		Square Feet <b>10,000</b>	# of Floors <b>2</b>						
City (5) <b>Paramus, NJ 07652</b>		Bldg. Age <b>45</b>							
County (6) <b>Bergen</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone No. <b>908-577-6171</b>	Telephone No. <b>718-605-6256</b>						
License No. <b>00774</b>									
Start Date (10) <b>03 / 26 / 18</b>	Scheduled Completion Date (11) <b>10 / 31 / 18</b>	Name of OSHA Monitor <b>Testor Tech</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-7:00PM</b> PM- AM		Street Address <b>10 59 Jackson Avenue</b>							
		City, State, Zip Code <b>LIC NY 11101</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Second Floor Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Styrofoam Glue Dots	10,000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	25,650SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>100</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>05/31 /18</b>	City, State <b>Bethlehem, PA</b>						
Completed By (Print or Type) <b>Ralph Barnhardt</b>	Title <b>Project Manager</b>		Signature 				Date <b>4/17</b>		



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

Date of Notification (1) <div style="text-align: center;">03 / 15 / 18</div>		Name of Building Owner/Operator (2) <b>General Growth Properties</b>							
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 <b>585 From Road</b>							
		City, State, Zip Code <b>Paramus, NJ 07652</b>							
		Name of Contact <b>Kelly Webb</b>	Telephone Number <b>312-960-5000</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Sears Departement Store</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>585 Form Road</b>									
City (5) <b>Paramus, NJ 07652</b>		Square Feet <b>10,000</b>	# of Floors <b>2</b>						
County (6) <b>Bergen</b>		County Code (7)(STATE USE ONLY)	Bldg. Age <b>45</b>						
Name of Monitoring Firm hired by Building Owner (8) <b>Hillmann Consulting</b>		ASCM No. <b>62252</b>	Name of Abatement Contractor (9) <b>JVN Restoration Inc</b>						
Street Address <b>1600 Route 22 East</b>		Street Address <b>47 Foster Road</b>							
City, State, Zip Code <b>Union NJ 07083</b>		City, State, Zip Code <b>Staten Island NY 10309</b>							
Project Manager for Monitoring Firm <b>Tammy Lomax</b>		Telephone No. <b>908-577-6171</b>	Telephone No. <b>718-605-6256</b>						
Start Date (10) <div style="text-align: center;">03 / 26 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 18</div>	License No. <b>00774</b>						
Name of OSHA Monitor <b>Testor Tech</b>									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-7:00PM</b> / ____ PM - ____ AM		Street Address <b>10 59 Jackson Avenue</b>							
City, State, Zip Code <b>LIC NY 11101</b>									
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>NJ-566</b>	Cubic Yards of Waste <b>100</b>	Name of Registered Landfill <b>IESI</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>05/31 /18</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Ralph Barnhardt</b>		Title <b>Project Manager</b>		Signature 			Date <b>03-15-18</b>		







hook

"OPEN"

Print Form

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

NOTIFICATION

Date of Notification (1) <b>4/12/2018</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</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 checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <b>4000 HADLEY ROAD</b>		City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
Name of Contact <b>MARK MARSAN</b>		Telephone Number <b>862-214-4979</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</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>727 ABBOTT BLVD</b>		Square Feet <b>Appx 4000</b>							
City (5) <b>FORT LEE</b>		# of Floors <b>2</b>							
County (6) <b>BERGEN</b>		Bldg. Age <b>Appx 90 yrs</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SUB STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>							
Street Address <b>64 BROAD STREET</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Telephone No. <b>732-290-2217</b>		Telephone No. <b>732-432-8350</b>							
Start Date (10) <b>4/11/18</b>		License No. <b>01111</b>							
Scheduled Completion Date (11) <b>5/31/18</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Necessary operators only</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>WINDOWS, DOORS</b>		<b>X</b>		<b>ACM CAULKING</b>	<b>128 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>		Cubic Yards of Waste <b>Appx 10</b>		Name of Registered Landfill <b>FAIRLESS</b>			
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <b>Carol Raimo</b>		Date <b>4/12/2018</b>			



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

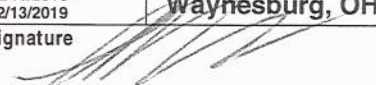
Date of Notification (1) <b>3/29/2018</b>		Name of Building Owner/Operator (2) PSE&G		APR 13 2018	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 HADLEY ROAD  City, State, Zip Code SOUTH PLAINFIELD, NJ 07080  Name of Contact <b>MARK MARSAN</b>  Telephone Number <b>862-214-4979</b>	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) <b>PSE &amp; G</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>727 ABBOTT BLVD</b>			Square Feet <b>Appx 4000</b>	# of Floors <b>2</b>	Bldg. Age <b>Appx 90 YRS</b>
City (5) <b>FORT LEE</b>			Current Use (Prior if being demolished) <b>SUB STATION</b>		
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.			
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882			
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		License No. 01111	
Start Date (10) <b>4/11/18</b>		Scheduled Completion Date (11) <b>4/20/18</b>		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA 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: <b>Necessary operators only</b>				Street Address 396 WHITEHEAD AVE.	
				City, State, Zip Code SOUTH RIVER, NJ 08882	
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) 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)
WINDOWS, DOORS		X		ACM CAULKING	128 LF
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125		Cubic Yards of Waste <b>Appx 10</b>	Name of Registered Landfill FAIRLESS
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>	Date 3/29/2018



**PAID**

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

Check No. **4945**

Date of Notification (1) <b>February 12, 2018</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ</b>						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP Not required per State Reg. 10-2004 <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 # <b>02</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Goethals Bridge, 2777 Goethal Road North</b> City, State, Zip Code <b>Staten Island, NY 10303-8413</b> Name of Contact <b>Uday Mehta</b> Telephone Number <b>201-595-4881</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Goethals Bridge - New Jersey Side of Bridge</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>2777 Goethals Road North</b>		Square Feet <b>440,758</b>						
City (5) <b>Staten Island, NY 10303-8413</b>		# of Floors <b>1</b>	Bldg. Age <b>88 +/-</b>					
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Bridge</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>BSI Services and Solutions (NYC) Inc.,</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K. Restoration Company, Inc.</b>					
Street Address <b>121 West 36th Street, 3rd. Floor</b>		Street Address <b>223 Randolph Avenue</b>						
City, State, Zip Code <b>New York, NY 10018</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>						
Project Manager for Monitoring Firm <b>Dmitry Khusidman</b>	Telephone No. <b>212 290 6323</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>					
Start Date (10) <b>February 14, 2018</b>	Scheduled Completion Date (11) <b>February 12, 2019</b>	Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</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>Non-friable exterior work</b>		Street Address <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071</b>						
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Bridge to Nowhere</b>	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Parapet) - South Side	<b>2000 In ft</b>	<input checked="" type="checkbox"/>		
				Concrete Encased Transite Pipe (Duct Bank) - South Side	<b>250 In ft</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Jimmy Byrne Trucking</b>		NJDEP Waste Hauler ID No. <b>19551</b>	Cubic Yards of Waste <b>125</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc</b>				
City, State <b>Bronx</b>		Disposal Date <b>02/15/2018 - 02/13/2019</b>		City, State <b>Waynesburg, OH</b>				
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>		Signature 			Date <b>4/13/2018</b>		



DATA

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

Check  
# 10328

Date of Notification (1) <b>4-16-18</b>		Name of Building Owner/Operator (2) <b>William Cheung</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>Mountainside NJ 07092</b>						
		Name of Contact <b>William Cheung</b>	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Westfield NJ 07090</b>		Square Feet	# of Floors <b>2</b>						
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <b>70+</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>4-26-18</b>	Scheduled Completion Date (11) <b>4-27-18</b>	Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 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
<b>1 Floor Walls</b>		<b>X</b>		<b>Pipe Insulation</b>	<b>30 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>4-27-18</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>4-16-18</b>			



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

MO#24776113915

Date of Notification (1) 04 / 12 / 18		Name of Building Owner/Operator (2) Gerard Raho	
Agencies Notified <input 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 [REDACTED] City, State, Zip Code Madison, NJ 07940 Name of Contact Gerard Raho Telephone Number [REDACTED]	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Madison, NJ 07940		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 04 / 21 / 18	Scheduled Completion Date (11) 04 / 23 / 18	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	230 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 Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 04/12/18

ASB-41

MAY 11

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



Apr 12 2018 08:43am

P001/001

New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
PO Box 369  
Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975

APPROVED	
NJ Dept. of Health & Senior Services	
Paul C. Horner	
(signature)	
Date: 4/12/18	Time: 8:33 AM

### NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION	
Date of Notification: 04 / 11 / 2018	
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> Emergency (must include justification)	
Type of Work: <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation	
II. BUILDING INFORMATION	
Name of Building Owner/Operator: Teryell Jackson	
Street Address: [REDACTED] City: Somerset State: NJ Zip: 08873	
Name of Contact: Teryell Jackson Telephone No.: [REDACTED]	
III. FACILITY INFORMATION	
Name of Facility Where Work Activity is to Take Place: Jackson Residence	
Describe Facility Use: Residence	
Street Address: [REDACTED] City: Somerset State: NJ Zip: 08873	
County Name: Somerset County Code (State Use Only):	
Scheduled Start Date: 04 / 19 / 2018 Scheduled Completion Date: 04 / 20 / 2018	
Occupancy Status During Activity (check only one):	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Activity	
<input type="checkbox"/> Activity Performed Outside Normal Facility Hours—Describe: _____	
<input type="checkbox"/> Other—Describe: _____	
Scope of Work (check all that apply):	
<input checked="" type="checkbox"/> Floor Tile Square Footage: 500 SF Percentage Asbestos: %	
<input checked="" type="checkbox"/> Mastic Square Footage: 500 SF Percentage Asbestos: %	
IV. CONTRACTOR INFORMATION	
Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099	
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052	
New Jersey Asbestos License Number (if applicable): 00842	
Monitoring Firm (if applicable): Mgmt. & Eniro. Consulting Services Telephone No.: 609-298-4070	
V. SIGNATURE	
Completed By (type or print legibly): Christina Lynch Title: Vice President of Operations	
Signature: [Signature] Date: April 11, 2018	



wack

ASB-41  
JAN 13

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




6722

Print Form

PAID

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

Date of Notification (1) 4/12/18		Name of Building Owner/Operator (2) Cumberland County Improvement Authority							
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 2 N High Street							
		City, State, Zip Code Millville NJ 08332							
		Name of Contact Pepi Dragotta	Telephone Number 609-405-0807						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Warehouse		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 west Park Ave		Square Feet 1000+	# of Floors 2						
City (5) Vineland NJ 08360		Bldg. Age 35+							
County (6) Cumberland	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) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 4/26/18	Scheduled Completion Date (11) 4/30/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input 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
Mezzanine Are			x	Floor Tile & Mastic	350 SF	x			
Warehouse ceiling			x	Transite Panels	128 SF	x			
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787	Cubic Yards of Waste 3	Name of Registered Landfill Cumberland County landfill					
City, State West Berlin NJ		Disposal Date 4/30/18		City, State Millville NJ 08096					
Completed by Anthony T Perna		Title President		Signature 			Date 4/12/18		



27081

PAID

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

RECEIVED  
APR 13 2018

Date of Notification (1) <b>04 / 11 / 18</b>		Name of Building Owner/Operator (2) <b>Camden County College Wilson Complex</b>						
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 <b>200 College Drive</b> City, State, Zip Code <b>Blackwood NJ. 08012</b>						
		Name of Contact <b>Chris Sabatino</b>	Telephone Number <b>856-227-7200-4128</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Camden County College Wilson Complex</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>200 College Drive</b>								
City (5) <b>Blackwood</b>		Square Feet <b>25500</b>	# of Floors <b>2</b> Bldg. Age <b>+/- 70</b>					
County (6) <b>Camden</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>Pennoni Associates</b>		ASCM No.	Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>					
Street Address <b>515 Grove St. Suite B</b>		Street Address <b>8436 Enterprise Avenue</b>						
City, State, Zip Code <b>Haddon Heights NJ. 08035</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>						
Project Manager for Monitoring Firm <b>Allan LLOYD</b>	Telephone No. <b>215-407-0585</b>	Telephone No. <b>215-365-5810</b>	License No. <b>1156</b>					
Start Date (10) <b>04 / 23 / 18</b>	Scheduled Completion Date (11) <b>09 / 30 / 18</b>	Name of OSHA Monitor <b>USA Environmental Management, Inc</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM-5:30PM</b> PM- AM		Street Address <b>8436 Enterprise Avenue</b> City, State, Zip Code <b>Philadelphia, PA 19153</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 type="checkbox"/> Renovation <input checked="" 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	Encapsulate
<b>SEE ATTACHED SHEET</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>150</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>New Castle, DE</b>		Disposal Date <b>9/30/18</b>		City, State <b>Waynesburg, OH</b>				
Completed By (Print or Type) <b>Kevin Meldrum</b>	Title <b>Project Manager</b>	Signature <i>Kevin Meldrum</i>			Date <b>4/11/18</b>			



[illegible]



04/10/2018 07:47AM 9736301770

PAGE 03/04

MO#24776114703

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:20 and 8:16)

Date of Notification (1) 04 / 10 / 18		Name of Building Owner/Operator (2) D. Jackson Coleman	
Agencies Notified <input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Haworth, NJ 07641 Name of Contact D. Jackson Coleman	
Telephone Number [REDACTED]		[REDACTED]	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Haworth, NJ 07641 County (6) Bergen		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.) Square Footage # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED] Street Address [REDACTED] City, State, Zip Code [REDACTED]		ASCM No. [REDACTED] Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127	
Project Manager for Monitoring Firm [REDACTED] Telephone No. [REDACTED]		Name of OSHA Monitor Bovigovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fair Lawn, NJ 07410	
Start Date (10) 04 / 11 / 18 Scheduled Completion Date (11) 04 / 12 / 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: _____ AM _____ PM _____ PM _____ AM	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <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-Frangible 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 SIF or LF)	
Basement-boiler room		Pipe insulation	
10 LF		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]	
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033765 Cubic Yards of Waste TBD Name of Registered Landfill F.R.R. Inc. City, State Indiantown, PA	
Completed By (Print or Type) N. Jevtic ASBESTOS MAY 11		Title Owner Signature [REDACTED] Date 04/10/18	

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



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

Page 1 (Initial)

PAID

Date of Notification (1) 4-06-2018		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (Scope-See page 2) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address 2201 Chapel Hill Campus
			City, State & Zip Code Cherry Hill, NJ 08002
			Name of Contact Michael McCloskey
		Telephone Number 609-472-0640	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jefferson Health-Admin Corridor Demo Enabling			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 2201 Chapel Hill Campus			Square Feet 250,000		
City (5) Cherry Hill, NJ			County (6) Camden		County Code (7)
			# of Floors 2		
			Bldg. Age 52		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			ASCM No.		
Street Address 3370 Progress Drive, Suite J			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code Bensalem, PA, 19020			Street Address 2115 Hamilton Ave, Suite 202		
Project Manager for Monitoring Firm Mr. Mike Panepresso			Telephone Number 215-244-1300		License Number 01185
Scheduled Start Date (10) 3-23-2018		Scheduled Completion Date (11) 5-11-2018		Name of OSHA Monitor J&S Environmental Laboratories, Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Project to be conducted 6:00pm to 2:00am-weekdays Describe: Project to be conducted 12:00 noon to 8:00pm-weekends <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf             | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|   |  | <input type="checkbox"/> Glove Bag Procedures                               |
|   |  | <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Hallway Reading room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster Ceiling	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Hallway @ Nuclear Medicine 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster Ceiling	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Plant Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings & Pipe Insulation	65 each/15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement -Outside Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Infection Control Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Proofing	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor-Ram next to Infection control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Proofing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 		Date 4-06-2018

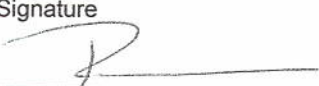


2844

PAID

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

Page 2 - Amended  
Scope Below

Date of Notification (1) 4-6-2018		Name of Building Owner / Operator (2) Kennedy University Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended (Scope-See page 2) <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2201 Chapel Hill Campus							
		City, State & Zip Code Cherry Hill, NJ 08002							
		Name of Contact Michael McCloskey	Telephone Number 609-472-0640						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jefferson Health-Admin Corridor Demo Enabling		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 2201 Chapel Hill Campus		Square Feet 250,000	# of Floors 2						
City (5) Cherry Hill, NJ	County (6) Camden	Bldg. Age 52							
County Code (7)		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC						
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Bensalem, PA, 19020		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	Telephone Number 609-914-4279						
License Number 01185									
Scheduled Start Date (10) 3-23-2018	Scheduled Completion Date (11) 5-11-2018	Name of OSHA Monitor J&S Environmental Laboratories, Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Project to be conducted 6:00pm to 2:00am-weekdays Describe: Project to be conducted 12:00 noon to 8:00pm-weekends <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West							
		City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ 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"/> Glove Bag Procedures <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2 <sup>nd</sup> floor (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite windows	735 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> floor (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite windows	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admin Corridor- per area (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire proofing	380 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 			Date 4-6-2018			



PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Permitted to NJAC 8:26B until 12/23/2019)

DOL - 10 DAY PAGE 02/03

1057

APPROVED APR 1 2018

Date of Notification (1) <b>3/23/18</b>		Name of Building Owner/Operator (2) <b>AFFILIATED MR</b>	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including notification) <input type="checkbox"/> Cancellation	
Street Address <b>301 S. LIVINGSTONE AVE SUITE 201</b>		City, State, Zip Code <b>LIVINGSTON, N.J. 07039</b>	
Name of Facility Where Abatement is Taking Place (3) <b>APARTMENT BLDG</b>		Telephone Number <b>973-335-2600</b>	
Street Address <b>468-494 PLEASANT VALLEY Way</b>		Type of Facility (4) <input checked="" type="checkbox"/> Single Family (1-12) <input type="checkbox"/> Multi-Family (13-199) <input type="checkbox"/> Commercial (200-999) <input type="checkbox"/> Industrial (1000-9999) <input type="checkbox"/> Other (Specify)	
City (5) <b>WEST ORANGE</b>		County Code (7) (STATE USE ONLY) <b>ESSEX</b>	
Density (6) <b>ESSEX</b>		Squamous Cell Carcinoma (SCC) (8) <b>24.0%</b>	
Name of Monitoring Firm Hired by Building Owner (9)		ASCM No.	
Street Address		Name of Abatement Contractor (10)	
City, State, Zip Code		Street Address <b>185 Midland Ave</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, NJ 07743</b>	
Telephone No.		Telephone No. <b>201-282-5841</b>	
Start Date (10) <b>3/23/18</b>		Scheduled Completion Date (11) <b>3/30/18</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>Omega Environmental Services Inc</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 251 sq ft or less <input checked="" type="checkbox"/> 2501 sq ft or less <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Full Containment with Negative Pressure		Street Address <b>280 Huyler Street</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) <b>BOILER ROOM</b>		Is Location Normally Used Solely by Maintenance/Outside Staff? (13) <b>Yes</b>	
Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, WWT, or other miscellaneous)		Amount (Approximate SF or LF) <b>70LF</b>	
<b>PIPE INSULATION</b>		<b>75SF</b>	
Name of Registered Waste Handler <b>Newark Carting Inc.</b>		NJDEP Waste Handler ID No. <b>04508</b>	
City, State <b>Newark, NJ 07105</b>		Cubic Yards of Waste <b>3</b>	
Completed by <b>Joseph Vaccaro</b>		Title <b>Vice President</b>	
Signature <b>J. Vaccaro</b>		Date <b>3/23/18</b>	



15181

PAID

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

RECEIVED  
APR 18 2018

Date of Notification (1) 4/10/2018		Name of Building Owner/Operator (2) North Hudson Community Action Corp	
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		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 800 31st Street		City, State, Zip Code Union City, NJ 07087	
Name of Contact Ms. Lesley Frank		Tel. Number 201.210.0100	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 5301 Broadway		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) West New York	County (6) Hudson	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Whitman		ASCM No. 00110	
Street Address 7 Pleasant Hill Rd		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code Cranbury, NJ 08512		Street Address 135-137 McBride Ave	
Project Manager for Monitoring Firm KevinLovely		Telephone Number 609 298 5520	
Telephone Number 609 298 5520		License Number 00809	
Scheduled Start Date (10) 4/23/2018		Scheduled Completion Date (11) 4/30/2018	
Name of OSHA Monitor MTM Metro Corporation		Street Address 135-137 McBride Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____		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 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)
Boiler Room	X	Breaching Insulation	250 SF
Boiler Room	X	Pipe, Elbow and Joints insulation	600LF
Boiler Room	X	Boiler Insulation & Cement	300 SF
Boiler Room	X		300 SF
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 20
City, State 135-137 McBride Ave		Name of Reg. Landfill Tullitown	
Disp. Date 5/01/2018		City, State Tullytown, PA	
Completed by (Print or Type) Mike Damevski	Title Project manager	Signature Mike Damevski	Date 4/10/2018

ASB-41

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



State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:69 and 12:129)

**CK# 5074**

**PA**

**APR 13 2018**

Date of Notification (1) <b>4/11/18</b>		Name of Building Owner/Operator (2) <b>Joe Burnett - LSP Management + LLC</b>	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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	<b>12 Third St</b>	<b>Rumson, New Jersey</b>
		Name of Contact <b>Joe</b>	Telephone Number <b>732 5464646</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>LSP Management Property</b>		Type of Facility (4)	
Street Address <b>23 Third St</b>		<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.)	
City (5) <b>Rumson</b>	Square Feet <b>1800</b>	# of Floors <b>1</b>	Bldg. Age <b>50+</b>
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	License No.
		<b>732 2941757</b>	<b>00029</b>
Start Date (10) <b>4/20/18</b>	Scheduled Completion Date (11) <b>4/27/18</b>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7am-7pm</b>		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 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
<b>Bedroom</b>			<input checked="" type="checkbox"/>	<b>floor + w</b>	<b>150 lf</b>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <b>Ace Insulation Co Inc</b>	NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Chriss</b>
City, State <b>Bohls Neck, NJ</b>	Disposal Date <b>4/27/18</b>	City, State <b>Easton, PA</b>	
Completed by <b>Breem's</b>	Title <b>Secretary Treasurer</b>	Signature <b>Breem's</b>	Date <b>4/11/18</b>



6571

Print Form

PAID

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

Date of Notification (1) 4/12/18		Name of Building Owner/Operator (2) Miz Construction							
Agencies Notified	Type Notification	Street Address 212 2nd St, Suite 302							
<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 Lakewood, NJ 08701							
		Name of Contact Moshe	Telephone Number 347-388-7021						
<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 1036	# of Floors Bldg. Age						
City (5) Lakewood									
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 4/22/18	Scheduled Completion Date (11) 4/24/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
INTERIOR				Floor Tile	150SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 4/24/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			



6571

PAID

Print Form

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

Date of Notification (1) 4/12/18		Name of Building Owner/Operator (2) Magnico Contracting		APR 18 2018					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 6 Fernwood Rd City, State, Zip Code Livingston, NJ 07039 Name of Contact Moshe Braude Telephone Number 732-682-5695					
<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 1515						
City (5) Livingston			# of Floors		Bldg. Age				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	License No. 1200				
Start Date (10) 4/22/18		Scheduled Completion Date (11) 4/25/18		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:				Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				Siding	3000	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 15	Name of Registered Landfill IESI				
City, State NEWARK, NJ				Disposal Date 4/25/18	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			



PAGE 02/04

PAID  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Form 44-2 NJAC 8:60 and 12:120)

Check 4547 APR 18 2018



04/11/2018 09:06 2012620321

AMAC

PAGE 02/03

PAID

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

Check # 1003  
APR 12 2018

Date of Notification (1) <b>4/10/18</b>		Name of Building Owner/Operator (2) <b>MID STATE MALL</b>			
Agencies Notified	Type Notification	Street Address <b>300 RT 18</b>			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>EAST BRUNSWICK NJ 08816</b>			
		Name of Contact <b>JOHN</b>		Telephone Number <b>973-808-4443</b>	
Name of Facility Where Abatement is Taking Place (3) <b>MID STATE MALL</b>					
Street Address <b>300 RT 18</b>		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.)			
City (5) <b>EAST BRUNSWICK</b>		Square Feet <b>45,000</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>	
County (6) <b>MIDDLESEX</b>		County Code (7) (STATES USE ONLY)		Current Use (Prior to being demolished) <b>STORING / WAREHOUSE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>A. Mac Contractors, Inc.</b>		
Street Address		Street Address <b>185 Vreeland Ave.</b>			
City, State, Zip Code		City, State, Zip Code <b>Midland Park, N.J.</b>			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>201-262-6841</b>	License No. <b>00158</b>	
Start Date (10) <b>4/10/18</b>		Scheduled Completion Date (11) <b>4/13/18</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>APPROX 8:00 PM</b>		Street Address <b>280 Huyler Street</b>			
		City, State, Zip Code <b>Hackensack, N.J. 07606</b>			
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> 20 or more sq ft <input checked="" type="checkbox"/> 2100 or more sq ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Enclosure (*) and Non-Flexible Procedure	
Location of Asbestos-Containing Material (ACM) In Facility (12) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
<b>BACK HALL</b>			<b>X</b>	<b>VAT</b>	<b>1600 SF</b>
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>	
City, State <b>Newark, N.J. 07105</b>		Disposal Date <b>4/10/18</b>		City, State <b>Philadelphia, PA 08072</b>	
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature <b>R. McDonald</b>	Date <b>4/10/18</b>	

ASB-41 (R-06-06)

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



MO 25066008270

Print Form

PAID


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

Date of Notification (1) 04/10/2018		Name of Building Owner/Operator (2) Maureen Graham-Childs		APR 18 2018	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> [Redacted] City, State, Zip Code East Orange NJ 07017	
		Name of Contact Maureen Graham-Childs		Telephone Number [Redacted]	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Maureen Graham-Childs				Type of Facility (4)	
Street Address [Redacted]				<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.)	
City (5) East Orange				Square Feet	# of Floors
County (6) Essex		County Code (7) (STATE USE ONLY)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) BP Removal LLC	
Street Address				Street Address 8600 Newkirk Avenue	
City, State, Zip Code				City, State, Zip Code North Bergen, NJ 07047	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-682-0422	License No. 01360
Start Date (10) 04/20/2018		Scheduled Completion Date (11) 04/25/2018		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)
	Yes	No	N/A		
Basement		x		TSI (Pipe Insulation)	200
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Mngmt Grows North
City, State Hillside, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Bryan Parra		Title Owner		Signature 	Date 04/10/2018



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

*Check 17540*

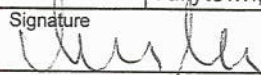
Date of Notification (1) 4/12/18		Name of Building Owner/Operator (2) Sam & Sons Inc.							
Agencies Notified	Type Notification	Street Address 16 Tyne Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Kendall Parke NJ 08824							
		Name of Contact Sam	Telephone Number 908-420-3666						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		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) Westfield		Square Feet 2200	# of Floors 2						
		Bldg. Age 72							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 4/21/18	Scheduled Completion Date (11) 4/30/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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 Siding			x	siding	1,200 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS/FAIRLESS LANDFILL					
City, State Freehold		Disposal Date TBD		City, State Morrisville PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 4/12/18			



Project #

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

Check # 4270

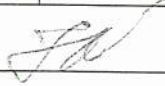
Date of Notification (1) 04/11/2018		Name of Building Owner/Operator (2) Pat Hammond							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 Parsippany Troy Hills Name of Contact Pat Hammond 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) Parsippany Troy Hills		Square Feet	# of Floors						
County (6) Morris	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)						
Street Address		Nick Restoration LLC							
City, State, Zip Code		Street Address							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 05/01/2018		Scheduled Completion Date (11) 05/02/2018	Name of OSHA Monitor IRIS						
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: <u>3PM</u>		2333 Rt 22 West							
Scope of Work (Check All That Apply)		City, State, Zip Code							
<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
Basement-Crawl Space Area				TSI	100 LF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Nick Restoration LLC		0033782	TBD	G.R.O.W.S					
City, State		Disposal Date		City, State					
Randolph, NJ		TBD		Tullytown, Pa					
Completed by		Title	Signature			Date			
Nikica Mrda		President				04/11/2018			

1698

PAID

Print Form

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

Date of Notification (1) 04/11/2018		Name of Building Owner/Operator (2) Scott Mixer							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042  Name of Contact Scott Mixer							
		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		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 N/A	# of Floors N/A						
City (5) Montclair		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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. 973-345-8685	License No. 01311						
Start Date (10) 04/13/2018	Scheduled Completion Date (11) 04/14/2018	Name of OSHA Monitor D&S Abatement, 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>Occupied</u>		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 type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
1st floor		X		Pipe Insulation	16 LF	X			
1st floor		X		Duct Insulation	60 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 Ned Joksimovic		Title Project Manager		Signature 			Date 04/11/2018		



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

<b>Date of Notification (1)</b> <div style="text-align: center; font-size: 1.2em;">4 / 13 / 18</div>		<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 <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	

APR 13 2018

<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 53A			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Square Feet 42,776</td> <td style="width: 33%;"># of Floors 2</td> <td style="width: 33%;">Bldg. Age 45</td> </tr> </table>	Square Feet 42,776	# of Floors 2	Bldg. Age 45													
Square Feet 42,776	# of Floors 2	Bldg. Age 45																	
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> VACANT																
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION																
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD																	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901																	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Telephone Number 845-369-7500</td> <td style="width: 50%;">License Number 1101</td> </tr> </table>	Telephone Number 845-369-7500	License Number 1101														
Telephone Number 845-369-7500	License Number 1101																		
<b>Expected State Date (10)</b> 4 / 17 / 18		<b>Sched. Completion Date (11)</b> 4 / 30 / 18																	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe MONDAY-FRIDAY 5:30PM-12:30AM		<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> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Demolition</td> <td><input checked="" type="checkbox"/> Renovation</td> <td><input type="checkbox"/> Full Containment with Negative Pressure</td> <td><input type="checkbox"/> WET WIPE &amp; HEPA VAC</td> </tr> <tr> <td><input checked="" type="checkbox"/> &gt;3SF OR LF</td> <td></td> <td><input checked="" type="checkbox"/> Mini Enclo.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> &gt;160 SF OR 260 LF</td> <td></td> <td><input checked="" type="checkbox"/> Glovebag Procedure</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> Non-Friable Procedure</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> WET WIPE & HEPA VAC	<input checked="" type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/> Mini Enclo.		<input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Glovebag Procedure				<input checked="" type="checkbox"/> Non-Friable Procedure	
<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> WET WIPE & HEPA VAC																
<input checked="" type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/> Mini Enclo.																	
<input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Glovebag Procedure																	
		<input checked="" type="checkbox"/> Non-Friable Procedure																	

Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> 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			
						REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR JANITOR CLOSET			X	VAT & MASTIC	45 SQ. FT.	X			
<b>Name of Registered Waste Hauler</b> FREEHOLD CARTING 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 2	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15					
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 04/16-04/30/18		<b>City, State</b> MONTGOMERY, PA 17752					
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 		<b>Date</b> 4/13/18			



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

CK 32007

<b>Date of Notification (1)</b> 4 / 05 / 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>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> PATRICIA JOHNSON	<b>Telephone Number</b> 732-594-7746

APR 18 2018

<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 53A			<b>Square Feet</b> 42,776
<b>City (5)</b> RAHWAY			<b># of Floors</b> 2
<b>County (6)</b> UNION		<b>County Code (7) (STATE USE ONLY)</b>	<b>Bldg. Age</b> 45
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			<b>Current Use (Prior if being demolished)</b> VACANT
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Expected State Date (10)</b> 4 / 16 / 18		<b>Telephone Number</b> 845-369-7500	
<b>Sched. Completion Date (11)</b> 4 / 30 / 18		<b>License Number</b> 1101	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe MONDAY-FRIDAY 5:30PM-12:30AM		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encl. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR JANITOR CLOSET			X	VAT & MASTIC	45 SQ. FT.	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTING 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 2	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 
		<b>Disposal Date</b> 04/16-04/30/18	<b>Date</b> 4/18/18



NO 42

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

VIA U.S. MAIL  
CH# 4288

Date of Notification (1) 4/12/18		Name of Building Owner/Operator (2) Mrs KATHLEEN FITZGERALD	
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 RED BANK N.J. 07701 Name of Contact Mrs K. FITZGERALD Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) [REDACTED] Street Address [REDACTED] City (5) Red BANK N.J. 07701 County (6) MONMOUTH County Code (7) (STATE USE ONLY)		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 building, etc.) Square Feet 3000 # of Floors 2 Bldg. 90 Current Use (Prior if being demolished) HOUSE	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED] Street Address [REDACTED] City, State, Zip Code		ASCM No. [REDACTED] Name of Abatement Contractor (9) NOVATECH INC Street Address P.O. Box 814 City, State, Zip Code Old Bridge N.J. 08857 Telephone No. 732 232-7500 License No. 00806	
Project Manager for Monitoring Firm [REDACTED] Telephone No. [REDACTED]		Start Date (10) 4/21/18 Scheduled Completion Date (11) 5/1/18	
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 <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor NOVATECH INC Street Address P.O. Box 814 City, State, Zip Code Old Bridge N.J. 08857	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥23 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 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) 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) Removal Repair
BASEMENT	X	PIPE INSULATION	<120 YF X
Name of Registered Waste Hauler NOVATECH INC City, State Old Bridge N.J. 08857		NJDEP Waste Hauler ID No. 18501 Cubic Yards of Waste 3 Disposal Date 5/2/18	Name of Registered Landfill GROWS City, State Horseshoe PA. Date 4/12/18
Completed by CARLOS AMEIDA Title PRESIDENT		Signature [Signature] Date 4/12/18	



2489

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

Date of Notification (1) <u>04</u> / <u>13</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>PDI Inc.</b>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  APR 18 2018  ASBESTOS UNIT </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>400 Chestnut Ridge Rd.</b> City, State, Zip Code <b>Woodcliff Lake, NJ 07677</b>			
		Name of Contact <b>William Cavazzini</b>		Telephone Number <b>845-792-5086</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PDI Corporate Office</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>400 Chestnut Ridge Rd.</b>									
City (5) <b>Woodcliff Lake</b>			Square Feet	# of Floors	Bldg. Age				
County (6) <b>Bergen</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Competent Supervisor</b>		ASCM No.		Name of Abatement Contractor (9) <b>Academy Construction Inc.</b>					
Street Address		Street Address <b>205 Rt. 46 West Suite 14</b>							
City, State, Zip Code		City, State, Zip Code <b>Totowa, NJ 07512</b>							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>973-832-4244</b>	License No. <b>01155</b>				
Start Date (10) <u>04</u> / <u>23</u> / <u>18</u>		Scheduled Completion Date (11) <u>04</u> / <u>30</u> / <u>18</u>		Name of OSHA Monitor <b>Same as above</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					
				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 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
Electrical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe elbows	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>Academy Construction Inc.</b>		NJDEP Waste Hauler ID No. <b>034422</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Totowa, NJ</b>				Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA</b>				
Completed By (Print or Type) <b>JOHN GELESKI</b>		Title <b>PROJECT MANAGER</b>		Signature <i>[Signature]</i>		Date <b>04/13/18</b>			



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

**PAID**

*ck 50*

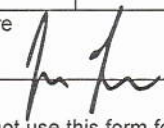
Date of Notification 4/9/18		Name of Building Owner / Operator (2) <b>Al Holcomb</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  APR 13 2018  ACQUITTANCE </div>	
Agencies Notified	Type of Notification	Street Address			
EPA	Emergency Notification	[REDACTED]			
X DEP X DOL X DOH DCA	X Initial Notification Amended Notification Cancellation	City, State & Zip Code <b>Princeton, NJ 08540</b> Name of Contact <b>Al Holcomb</b>			
				Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4)		
Street Address [REDACTED]			School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)		
City (5) <b>Princeton</b>	County (6) <b>Mercer</b>	County Code (7)	Square Feet <b>2,500</b>	# of Floors <b>2</b>	Bldg. Age <b>70+</b>
			Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>			Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Matawan, NJ 07716</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>		License Number <b>00714</b>
Scheduled Start Date (10) <b>4/23/18</b>	Scheduled Completion Date (11) <b>4/27/18</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address <b>443 Schoolhouse Road</b> City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
Demolition Large Project X Quantity is $\geq 3$ SF or $\geq 3$ LF ACM Quantity is $\geq 160$ SF or $\geq 260$ LF ACM			Full Containment with Negative Pressure X Mini-Enclosure Glovebag Other: <b>Non-friable</b>		
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)	
<b>Living Room</b>	<b>N/A</b>	<b>Joint Compound</b>	<b>126 SF</b>	<b>Removal</b>	
<b>Closet</b>	<b>N/A</b>	<b>Joint Compound</b>	<b>85 SF</b>	<b>Removal</b>	
<b>Basement Stairs</b>	<b>N/A</b>	<b>Joint Compound</b>	<b>150 SF</b>	<b>Removal</b>	
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>5</b>	Name of Registered Landfill <b>Cumberland County</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>4/27/18</b>	City, State <b>Newburg, PA</b>		
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Manager</b>	Signature <i>Dominick Tringali</i>		Date <b>4/9/18</b>



noCK

**\*Project off hold**

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

Date of Notification (1) 04/13/18		Name of Building Owner/Operator (2) Studio Park 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1800 E State Street, Suite 220  City, State, Zip Code Hamilton, NJ 08609  Name of Contact Michael Competielle  Telephone Number 609-658-4210						
	<b>FACILITY INFORMATION</b>								
	Name of Facility Where Abatement is Taking Place (3) Metal shack roof  Street Address 1800 E State Street  City (5) Hamilton  County (6) Mercer		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  Square Feet 6000  # of Floors 1  Bldg. Age Unknown						
	County Code (7) (STATE USE ONLY) _____  Name of Monitoring Firm Hired by Building Owner (8) n/a  Street Address   City, State, Zip Code		Current Use (Prior if being demolished) Construction material storage  Name of Abatement Contractor (9) SA2 LLC  Street Address 1800 Federal Street  City, State, Zip Code Camden, NJ 08105  Telephone No. 856 630 3288  License No. 01303						
Start Date (10) 04/07/18  Scheduled Completion Date (11) 05/01/18		Name of OSHA Monitor Self monitor  Street Address   City, State, Zip Code							
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>Occupied</u>									
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <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         </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roofing material	5200	x			
Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 43	Name of Registered Landfill Grows Landfill					
City, State Hainsport, NJ			Disposal Date Ongoing	City, State Morrisville, PA					
Completed by Jeff Yekenchik		Title Owner	Signature 			Date 04/13/18			