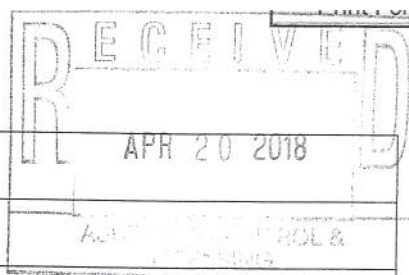


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/15/2018		Name of Building Owner/Operator (2) Carolina Ocampo							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ 07028							
		Name of Contact Carolina Ocampo	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Carolina Ocampo's Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Elizabeth		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address		Street Address 105 Van Riper Ave							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm		Telephone No. 201-899-9008	License No. 01336						
Start Date (10) 4/15/2018	Scheduled Completion Date (11) 5/20/2018	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	9LF	X			
Basement		X		TSI Material	22SF	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 1YD	Name of Registered Landfill 110 Sand Company					
City, State		Disposal Date		City, State Melville, NY 11747					
Completed by Darko Raloski		Title Project Manager		Signature			Date 4/15/2018		

Choolwood

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

**RECEIVED** Print Form  
 APR 20 2018  
 ACTING SUPERVISOR CONTROL & LICENSING

Date of Notification (1) 4/17/2018		Name of Building Owner/Operator (2) DPF Chester LLC							
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 518 17th Street, Suite 1700		City, State, Zip Code Denver, C.O. 80202							
Name of Contact Mr. Arthur Betz		Telephone Number (303)869-4600							
Name of Facility Where Abatement is Taking Place (3) Former Burger King									
Street Address 141 Route 206		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) Chester	County (6) Morris	Square Feet 2,000	# of Floors 1						
County Code (7) (STATE USE ONLY)		Bldg. Age 50+							
Name of Monitoring Firm Hired by Building Owner (8) Dynamic Earth		Current Use (Prior if being demolished) Burger King							
Street Address 245 Main St.		Name of Abatement Contractor (9) Hazmat Diagnostic LLC							
City, State, Zip Code Chester, NJ 07930		Street Address 16 Glenwild Ave							
Project Manager for Monitoring Firm David Backman		City, State, Zip Code Bloomingdale, NJ 07403							
Telephone No. (908)879-7095		Telephone No. (973)928-3995							
Start Date (10) 4/28/2018		License No. 01181							
Scheduled Completion Date (11) 5/30/2018		Name of OSHA Monitor Hazmat diagnostic LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 16 Glenwild Ave							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Bloomingdale, NJ 07403							
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 Doors/Windows		X		Caulking	300LF	X			
Exterior Roof Flushing		X		Roof Flushing(Perimeter)	612SF	X			
Exterior Flushing on Roof Units		X		Roof Flushing(Mech.)	250SF	X			
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S.			
City, State Bloomingdale, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tatiana Rotaru		Title Clerk		Signature <i>Rotaru</i>		Date 4/17/2018			



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

Pg 1  
CR # 3350

Date of Notification (1) <div style="text-align: center;">4 / 18 / 18</div>		Name of Building Owner/Operator (2) <b>Verizon</b>		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">APR 20 2018</div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>15 East Montgomery Place, Lower Level</b>		
		City, State, Zip Code <b>Pittsburgh, PA 15212</b>		
		Name of Contact <b>Anthony Porta</b>		
		Telephone Number <b>412-633-4021</b>		AIR QUALITY CONTROL & EMERGENCY RESPONSE

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Verizon Paulsboro CO</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>220 W Broad St.</b>			Square Feet		
City (5) <b>Paulsboro</b>			# of Floors		Bldg. Age
County (6) <b>Gloucester</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>		
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone No. <b>215-365-5810</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>	
Start Date (10) <div style="text-align: center;">5 / 7 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">5 / 11 / 18</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / <b>5:00 PM - 1:30 AM</b>			Street Address <b>1123 BEAVER STREET</b>		
			City, State, Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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
Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	330 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	110 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>	Signature <i>Brian Scafiro / gk</i>		Date <b>4-18-18</b>	

ASB-41  
MAY 11 **B 5 18047**

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



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

Pg. 2  
Ch# 3350

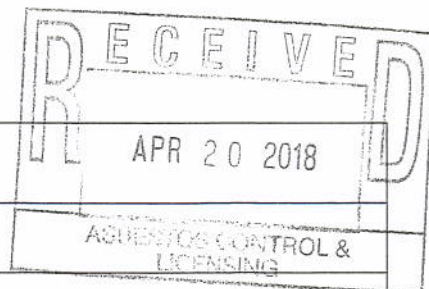
Date of Notification (1) <div style="text-align: center;">4 / 18 / 18</div>		Name of Building Owner/Operator (2) <b>Verizon</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> 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>15 East Montgomery Place, Lower Level</b>							
		City, State, Zip Code <b>Pittsburgh, PA 15212</b>							
		Name of Contact <b>Anthony Porta</b>	Telephone Number <b>412-633-4021</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Paulsboro CO</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>220 W Broad St.</b>									
City (5) <b>Paulsboro</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Gloucester</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Management</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Mark Jenkins</b>	Telephone No. <b>215-365-5810</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>						
Start Date (10) <div style="text-align: center;">5 / 7 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">5 / 11 / 18</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/5:00PM-1:30AM		Street Address <b>1123 BEAVER STREET</b>							
		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Louver Caulk	32 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Louver Caulk	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>NEW CASTLE, DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro/gu</i>			Date <b>4-18-18</b>			

BS18047



Ch16007

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



Date of Notification (1) 4 / 16 / 18		Name of Building Owner/Operator (2) Manahawkin Acquisition, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>0</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 444 South Fulton Ave. City, State, Zip Code Mount Vernon, NY 10553 Name of Contact Dan Katz Telephone Number 914-667-6400							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Acme Manahawkin		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 609 East Bay Ave.		Square Feet 27,900							
City (5) Manahawkin, NJ 08050		# of Floors 1	Bldg. Age 45+						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commerical							
Name of Monitoring Firm Hired by Building Owner (8) Vertex	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 4 / 30 / 18	Scheduled Completion Date (11) 5 / 25 / 18	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u>3</u> AM		Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Main Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	2700 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 Richard Burns & Co	NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Community Landfill						
City, State Phila., PA	Disposal Date TBD	City, State Birdsboro, PA							
Completed By (Print or Type) Mark Griffin	Title Estimator	Signature 				Date 4/16/18			



PAID

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

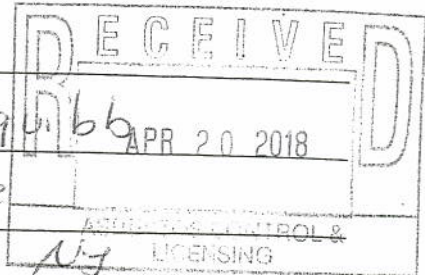
CR # 3351

Date of Notification (1) 4 / 18 / 48		Name of Building Owner/Operator (2) E.I. duPont de Nemours		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  APR 20 2018  CONTROL &amp; INSURING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Cheesequake Road							
		City, State, Zip Code Parlin, NJ 08859							
		Name of Contact Nichol Reinhold		Telephone Number 732-613-2400					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility - Bldg. 2011				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 250 Cheesequake Road									
City (5) Parlin				Square Feet	# of Floors				
County (6) Middlesex				County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC				Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 3 Terri Lane				Street Address 1123 BEAVER STREET					
City, State, Zip Code Burlington, NJ 08016				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 5 / 3 / 18		Scheduled Completion Date (11) 6 / 22 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ _____ PM- _____ AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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									
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 Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	1280 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	61 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	175 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"/>
Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 15 Cu Yd	Name of Registered Landfill Fairless Landfill				
City, State Bristol, PA 19007				Disposal Date 6/22/18	City, State Fairless Hills, PA 19047				
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature Gino Pizzigoni/gp		Date 4-18-18			

ASB-41  
MAY 11 GI18096

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





Date of Notification (1)  
10/21/18

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

Type Notification  
☐ Initial Notification  
☒ Amended Notification  
☐ Cancellation

Name of Building Owner/Operator (2)  
Bristol Myers Squibb

Street Address  
1 Squibb Drive

City, State, Zip Code  
New Brunswick NJ

Name of Contact  
Philip Desposito

Telephone Number  
732 227 5000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Bristol-Myers Squibb

Street Address  
1 Squibb Drive

City (5)  
New Brunswick

County (6)  
Middlesex

County Code (7)  
00104

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

Square Feet  
31000

# of Floors  
2

Bldg. Age  
75

Current Use (Prior if being demolished)  
Laboratory and Offices

Name of Monitoring Firm Hired by Building Owner (8)  
Environmental Health Inv

ASCM No.  
00104

Street Address  
655 West shore trail

City, State, Zip Code  
Sparta NJ 07871

Project Manager for Monitoring Firm  
Bill Kerbel

Telephone Number  
973-729-8644

Name of Abatement Contractor (9)  
Advanced Specialty Contractors

Street Address  
2400 Main St Extension Suite 10

City, State, Zip Code  
Sayreville NJ 08872

Telephone Number  
732-525-0100

License Number  
00750

Scheduled Start Date (10)  
10/21/18

Sched. Completion Date (11)  
10/16/18

Occupancy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: Bld vacated

Name of OSHA Monitor  
Environmental Tactics Inc

Street Address  
64 Broad Street

City, State, Zip Code  
Matawan, NJ 07747

Scope of Work (Check all that apply)

- ☒ Demolition  
☒ >3 sf or >3 lf  
☒ >160 sf or >260 lf
- ☐ Renovation
- ☒ 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	E	N	C	E
98 A Annex	X	Floor tile	4350 SF					
Roof	X	Roof tar Flashing	5020 SF					
Throughout Bld	X	Fire doors	60 ea					
Out side	X	Window Chalking	42					

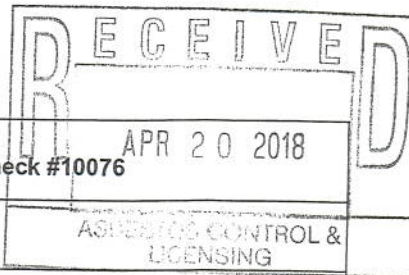
Name of Registered Waste Hauler <u>Freehold Cartage</u>	NJDEP Waste Hauler ID No. <u>15939</u>	Cubic Yards of Waste <u>5000</u>	Name of Registered Landfill <u>Grows Landfill</u>
City, State <u>Freehold, NJ</u>	Disposal Date <u>(4-16-18)</u>	City, State <u>Morrisville</u>	

Completed By (Print or Type) <u>Kurt Nyle</u>	Title <u>Branch Manager</u>	Signature <u>Kurt Nyle</u>	Date <u>4-13-18</u>
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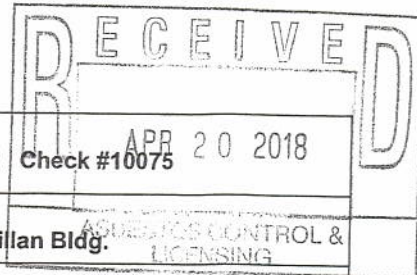
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 4 / 18 / 18		Name of Building Owner/Operator (2) Middle Township Public Schools / Job # Check #10076							
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>216 South Main Street</b> City, State, Zip Code <b>Cape May Court House, NJ 08210</b> Name of Contact <b>Administration</b>							
		Telephone Number <b>609-465-1800</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Middle Township ES #1</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>215 Eldredge Rd.</b>		Square Feet							
City (5) <b>Cape May Court House, NJ 08210</b>		# of Floors							
County (6) <b>Cape May</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>School</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
City, State, Zip Code		Street Address <b>30 Maple Ave. PO Box 25</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>08009Lumberton, NJ 08048</b>							
Telephone No.		Telephone No. <b>609-265-2107</b>							
Start Date (10) 4 / 27 / 18		License No. <b>00529</b>							
Scheduled Completion Date (11) 5 / 1 / 18		Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe 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"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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>Pink Building Roof</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roofing tar @ chimney</b>	<b>12 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/1/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>4/18/18</b>			



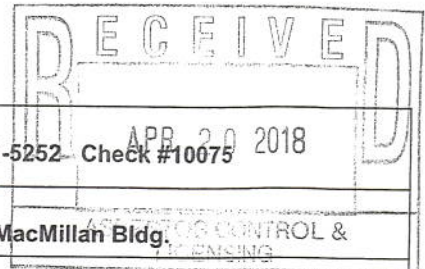
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>4 / 18 / 18</b>		Name of Building Owner/Operator (2) <b>Trustees of Princeton / Job #1801-5252</b>		Check # <b>10075</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>Trustees of Princeton University E.A. MacMillan Bldg.</b> City, State, Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortego, P.E.</b>					
				Telephone Number <b>609-258-1841</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Firestone Library Phase 6B-6D--- PG1</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>One Washington Road</b>				Square Feet <b>1,000,000</b>					
City (5) <b>Princeton</b>				# of Floors <b>8</b>					
County (6) <b>Mercer</b>				Bldg. Age <b>72</b>					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>University Library</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No. <b>00003</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>1253 North Church Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Michael R. Keehn</b>		Telephone No. <b>856-840-8800 X</b>		Telephone No. <b>609-265-2107</b> License No. <b>00529</b>					
Start Date (10) <b>2 / 21 / 18</b>		Scheduled Completion Date (11) <b>9 / 30 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe 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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Phases 6B-6D- Levels 1 & 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,145 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phases 6B-6D- Levels 1 & 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	3,775 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phases 6B-6D- Levels 1 & 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Acoustical Ceiling Plaster	5,395 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phases 6B-6D- Levels 1 & 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spline ceiling tiles	56	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>9/30/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>4/18/18</b>			



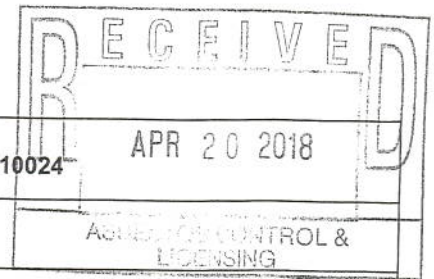
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>4</u> / <u>18</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Trustees of Princeton</b> / Job #1801-5252 Check #10075							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Trustees of Princeton University E.A. MacMillan Bldg.</b> City, State, Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert Ortego, P.E.</b> Telephone Number <b>609-258-1841</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University – Firestone Library Phase 6B-6D--- PG2</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>One Washington Road</b>		Square Feet <b>1,000,000</b>							
City (5) <b>Princeton</b>		# of Floors <b>8</b>							
County (6) <b>Mercer</b>		Bldg. Age <b>72</b>							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>University Library</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No. <b>00003</b>							
Street Address <b>1253 North Church Street</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
Project Manager for Monitoring Firm <b>Michael R. Keehn</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Telephone No. <b>856-840-8800 X</b>		Telephone No. <b>609-265-2107</b>							
License No. <b>00529</b>		Name of OSHA Monitor <b>EMSL Analytical</b>							
Start Date (10) <u>2</u> / <u>21</u> / <u>18</u>		Scheduled Completion Date (11) <u>9</u> / <u>30</u> / <u>18</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 Route 130 North</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 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		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
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
Phases 6B-6D- Levels 1 & 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite Panels	56 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phases 6B-6D- Levels 1 & 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator enclosure liner	48 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Fl. Office Area Columns 13G & 13H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sprayed on Fireproofing	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Fl. Office Area Columns 13G & 13H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>9/30/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>		Signature 			Date <b>4/18/18</b>			



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



Date of Notification (1) <b>4 / 18 / 18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1802-5272</b>		Check # <b>10024</b>		APR 20 2018			
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>3</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</b>		ASBESTOS CONTROL & LICENSING			
Name of Contact <b>Ryan Thomasen</b>				Telephone Number <b>973-941-8155</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Plainfield Gas Facility</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>40 Rock Avenue</b>				Square Feet		# of Floors			
City (5) <b>Plainfield, NJ 07036</b>				Bldg. Age					
County (6) <b>Union</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>District Office</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <b>609-265-2107</b>		License No. <b>00529</b>			
Start Date (10) <b>4 / 18 / 18</b>		Scheduled Completion Date (11) <b>4 / 27 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe 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 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
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Tar	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Walking Pads	600 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"/>
Name of Registered Waste Hauler <b>Environmental Transport Group</b>		NJDEP Waste Hauler ID No. <b>NJD0006920</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S.</b>				
City, State <b>Flanders, NJ 07836</b>		Disposal Date <b>4/27/18</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>4/18/18</b>			

Ch 10072

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 5:16)

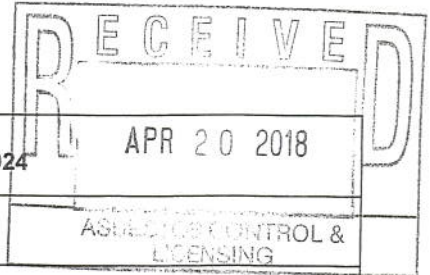
PAID

RECEIVED  
APR 20 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4 / 17 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1802-5274		Check #10072					
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 #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ					
		Name of Contact Ryan Thomasen		Telephone Number 973-941-8155					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Oakland Gas Facility			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 20 Van Dooren Drive			Square Feet						
City (5) Oakland, NJ 07436			# of Floors						
County (6) Bergen			Bldg. Age						
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) District Office							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm		Telephone No.		License No. 00529					
Start Date (10) 4 / 16 / 18		Scheduled Completion Date (11) 4 / 30 / 18		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar & Paper	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	270 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"/>
Name of Registered Waste Hauler Environmental Transport Group		NJDEP Waste Hauler ID No. NJD0006920		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Flanders, NJ		Disposal Date 4/30/18		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature Gmt		Date 4/17/18			



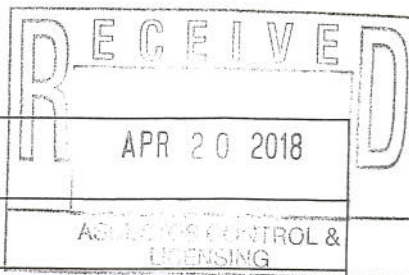
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



<b>Date of Notification (1)</b> <u>4</u> / <u>11</u> / <u>18</u>		<b>Name of Building Owner/Operator (2)</b> <b>PSE&amp;G / Job # 1802-5272</b> <b>Check #10024</b>							
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	<b>Type Notification</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>Street Address</b> <b>4000 Hadley Road</b> <b>City, State, Zip Code</b> <b>South Plainfield, NJ</b> <b>Name of Contact</b> <b>Ryan Thomasen</b> <b>Telephone Number</b> <b>973-941-8155</b>							
<b>FACILITY INFORMATION</b>									
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>PSE&amp;G- Plainfield Gas Facility</b>		<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 (i.e., private and commercial buildings, homes, etc.)							
<b>Street Address</b> <b>40 Rock Avenue</b>		<b>Square Feet</b> <b># of Floors</b> <b>Bldg. Age</b>							
<b>City (5)</b> <b>Plainfield, NJ 07036</b>		<b>Current Use (Prior if being demolished)</b> <b>District Office</b>							
<b>County (6)</b> <b>Union</b>		<b>County Code (7) (STATE USE ONLY)</b>							
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> <b>NA</b>		<b>ASCM No.</b> <b>Name of Abatement Contractor (9)</b> <b>AbateTech, Inc.</b>							
<b>Street Address</b> <b>30 Maple Ave. PO Box 25</b>		<b>City, State, Zip Code</b> <b>Lumberton, NJ 08048</b>							
<b>Project Manager for Monitoring Firm</b> <b>Telephone No.</b> <b>609-265-2107</b>		<b>License No.</b> <b>00529</b>							
<b>Start Date (10)</b> <u>4</u> / <u>18</u> / <u>18</u>		<b>Scheduled Completion Date (11)</b> <u>4</u> / <u>24</u> / <u>18</u>							
<b>Occupancy Status During Abatement (Check only one)</b> <input 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		<b>Name of OSHA Monitor</b> <b>EMSL Analytical</b>							
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition		<input 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							
<b>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</b>	<b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b> Yes      No      N/A		<b>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b>				
	Removal      Repair      Encapsulate      Enclosure								
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Tar	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Walking Pads	600 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"/>
<b>Name of Registered Waste Hauler</b> <b>Environmental Transport Group</b>		<b>NJDEP Waste Hauler ID No.</b> <b>NJD0006920</b>		<b>Cubic Yards of Waste</b> <b>40</b>		<b>Name of Registered Landfill</b> <b>G.R.O.W.S.</b>			
<b>City, State</b> <b>Flanders, NJ 07836</b>		<b>Disposal Date</b> <b>4/24/18</b>		<b>City, State</b> <b>Morrisville, PA</b>					
<b>Completed By (Print or Type)</b> <b>Gwendolyn Trumbetti</b>		<b>Title</b> <b>Operations Coordinator</b>		<b>Signature</b> 		<b>Date</b> <b>4/17/18</b>			



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



Date of Notification (1) 4 / 17 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1802-5274		Check #
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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ		
		Name of Contact Ryan Thomasen	Telephone Number 973-941-8155	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) PSE&G- Oakland Gas Facility		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 20 Van Dooren Drive		Square Feet	# of Floors
City (5) Oakland, NJ 07436		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) District Office	
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 4 / 16 / 18	Scheduled Completion Date (11) 4 / 30 / 18	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

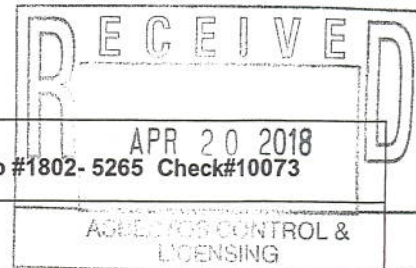
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar & Paper	50 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"/>

Name of Registered Waste Hauler Environmental Transport Group	NJDEP Waste Hauler ID No. NJD0006920	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Flanders, NJ	Disposal Date 4/30/18	City, State Morrisville, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>	Date 4/17/18



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



Date of Notification (1) <b>4 / 18 / 18</b>		Name of Building Owner/Operator (2) <b>Robert Wood Johnson Hospital / Job #1802- 5265 Check#10073</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>One Robert Wood Johnson Place</b>							
		City, State, Zip Code <b>New Brunswick, NJ 08901</b>							
		Name of Contact <b>Kristen Bell</b>	Telephone Number <b>732-937-8701</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Robert Wood Johnson Hospital</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>One Robert Wood Johnson Place</b>		Square Feet	# of Floors						
City (5) <b>New Brunswick</b>		Bldg. Age							
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hospital</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Omega Environmental</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>280 Huyler Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>South Hackensack, NJ 07606</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Geiser Fajardo</b>	Telephone No. <b>201-489-8700</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) <b>4 / 30 / 18</b>	Scheduled Completion Date (11) <b>6 / 11 / 18</b>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe 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 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
<b>Exterior 2<sup>nd</sup> Floor 58 Building</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Caulk/glazing</b>	<b>300 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>12</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>6/11/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>			Signature 	Date <b>4/18/18</b>				



CH 5936

**PAID**  
 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:69 and 12:120)

Print Form

**RECEIVED**

APR 20 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/19/18		Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University							
Agencies Notified	Type Notification	Street Address EA McMillan Building							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08544							
		Name of Contact Bob Ortego	Telephone Number 609-258-1841						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Princeton		Square Feet 3,200	# of Floors 3						
		Bldg. Age 80							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied Residence							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 1253 N. Church Street		Street Address 303B National Road							
City, State, Zip Code Moorestown, NJ		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 856-840-8800	License No. 01161						
Start Date (10) 4/30/18	Scheduled Completion Date (11) 5/2/18	Name of OSHA Monitor EMS							
Occupancy Status During Abatement (Check Only One)		Street Address 200 US Route 130 North							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: hours - 8 am - 4:30 pm - Area isolated and regulated		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Bath room 207A		X		Linoleum	90 SF	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 5	Name of Registered Landfill GROWS					
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Joe White		Title Project Manager		Signature <i>Joe White</i>				Date 4/19/18	



CH1175

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:126)

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p.1  
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Print Form  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 04/02/2018		Name of Building Owner/Operator (2) FEDERICO COLLINS	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ENGLEWOOD, NJ 07631	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact FEDERICO	
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Telephone Number	
Street Address		Type of Facility (4)	
City (5) ENGLEWOOD, NJ 07631		<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.)	
County (6) BERGEN		Square Feet 2200	# of Floors 2
County Code (7) (STATE USE ONLY)		Bldg. Age 97	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (If being demolished)	
Street Address		Name of Abatement Contractor (9)	
City, State, Zip Code		NORTH EAST ENVIRONMENTAL LLC.	
Project Manager for Monitoring Firm		Street Address 1126 51st STREET	
Telephone No.		City, State, Zip Code NORTH BERGEN, NJ 07047	
Start Date (10) 04/03/2018		Telephone No. 201-776-0642	License No. 1300
Scheduled Completion Date (11) 04/03/2018		Name of OSHA Monitor ENVIRO-PROB. INC.	
Occupancy Status During Abatement (Check Only One)		Street Address 108 LIBERTY ST	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code METUCHEN, NJ	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe:			
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> 2160 sf or 2260 ft			
<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 ("I") 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)
BASEMENT	Yes No N/A X	PIPE FITTINGS	16 LF.
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
TRI-STATE ASSOC.	18581	760	MINE W/ ENTERPRISE, INC.
City, State BRONX, NY.	Disposal Date	City, State	
Completed by CARLOS ESQUIVEL	TITLE MANAGER	WYANDOTHSBURG, OHIO	
Signature		Date	
		04/02/2018	

ASB-41 (R-03-06)

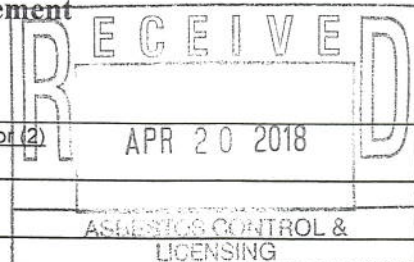
Do not use this form for asbestos abatement exempted activities.



## State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

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Date of Notification (1) <b>April 12, 2018</b>		Name of Building Owner/Operator (2) <b>Bloomfield College</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification Amended Certification Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>467 Franklin Street</b>		City, State, Zip Code <b>Bloomfield, NJ 07003</b>	
Name of Contact <b>Jack Mc Grane</b>		Telephone Number <b>973-748-6656</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Bloomfield College- Schweitzer Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>2,000</b> # of Floors: <b>3</b> Bldg. Age: <b>50+ years</b>	
Street Address <b>18 Austin Place</b>		Current Use (prior if being demolished):	
City (5) <b>Bloomfield</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Envirovision, inc.</b>		ASCM No.	
Street Address <b>20-21 Wagaraw Road, Bldg # 35E</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Telephone Number <b>973-636-9145</b>		Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>May 8, 2018</b>		Scheduled Completion Date (11) <b>May 14<sup>th</sup> 2018</b>	
Name of OSHA Monitor <b>EMSL Inc.</b>		Street Address <b>1056 Stelton Road</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: <b>Non-Occupied</b>		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Tent /Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <input checked="" type="checkbox"/> Wrap & Cut			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Dining Hall & RA Apartment	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	TSI VAT & Mastic	120' 400 sf
Abatement Type Remove Repair Encap Enclose			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 20
Name of Registered Landfill Meadowfill Landfill		Disposal Date May 14, 2018	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>April 12, 2018</b>

GAC # 2018-625



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

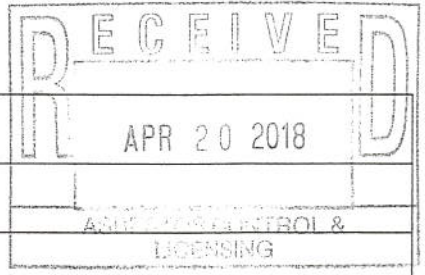
CK 4563

Date of Notification (1) <b>4/16/18</b>		Name of Building Owner/Operator (2) <b>MS. JANET ZDANOWICZ</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b> APR 20 2018         </div>							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code <b>ROTHERTFORD, NJ, 07070</b>					
				Name of Contact <b>MS. ZDANOWICZ</b>		Telephone Number					
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <b>MS. JANET ZDANOWICZ</b>				Type of Facility (4)							
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>ROTHERTFORD</b>				Square Feet <b>1800</b>		# of Floors <b>2</b>					
County (6) <b>BERGEN</b>				County Code (7) (STATE USE ONLY)		Bldg. Age <b>1940</b>					
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Street Address				Name of Abatement Contractor (9) <b>Best Removal Inc.</b>							
City, State, Zip Code				Street Address <b>450 South River Street</b>							
Project Manager for Monitoring Firm				City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Telephone No.				Telephone No. <b>201-329-7444</b>							
Start Date (10) <b>4/27/18</b>				License No. <b>00388</b>							
Scheduled Completion Date (11) <b>4/28/17</b>				Name of OSHA Monitor <b>Omega Environmental</b>							
Occupancy Status During Abatement (Check Only One)				Street Address <b>280 Huyler Street</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00AM TO 5:00PM</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 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) <b>BASEMENT</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>THERMAL INSULATION</b>		Amount (Specify SF or LF) <b>85LF</b>		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <b>Best Removal Inc</b>				NJDEP Waste Hauler ID No. <b>17109</b>		Cubic Yards of Waste <b>2 1/2</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>[Signature]</i>		Date <b>4/16/18</b>			



CH 6723

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



Date of Notification (1) 4/16/18		Name of Building Owner/Operator (2) Thomas Keller Private Home							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Ship Bottom NJ 08008							
		Name of Contact Tom							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Thomas Keller Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Ship Bottom NJ 08008		Square Feet 1000 +	# of Floors 2						
		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856-753-9800						
			License No. 00727						
Start Date (10) 4/25/18	Scheduled Completion Date (11) 5/2/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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			x	floor tile	700 SF	x			
2nd floor bedrooms			x	floor tile	700 sf	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 5/2/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President		Signature 			Date 4/16/18		



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

Check  
# 10335

RECEIVED

APR 20 2018

Date of Notification (1) <b>4-18-18</b>		Name of Building Owner/Operator (2) <b>I2 Ventures</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>701 Main Street</b> City, State, Zip Code <b>Belmar NJ 07719</b>							
		Name of Contact <b>Joe Kurze</b>	Telephone Number <b>732-757-8702</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Store Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>500 Main Street</b>									
City (5) <b>Belmar NJ 07719</b>		Square Feet	# of Floors <b>2</b>						
County (6) <b>Monmouth</b>		Bldg. Age <b>50+-</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Stores</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>April 28, 2018</b>	Scheduled Completion Date (11) <b>May 11, 2018</b>								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <b>EPC Technologies Inc</b>							
		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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>Roof</b>	<input checked="" type="checkbox"/>			<b>Roofing Material</b>	<b>8500SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>by 5-11-18</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>4-18-18</b>			



# PAID

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

CK-1550

Date of Notification (1) <b>April 17, 2018</b>		Name of Building Owner/Operator (2) <b>Ethicon, Inc.</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   APR 20 2018 </div>	
Agencies Notified		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		<b>PO Box 151</b>  City, State, Zip Code <b>Somerville, NJ 08876</b>			
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact <b>Project Manager</b>			
		Telephone Number <b>973-641-1736</b>		CONTROL & INSURING	


  

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Ethicon</b>		Type of Facility (4)	
Street Address <b>Route 22 W</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Somerville</b>		Square Feet	# of Floors <b>3</b>
County (6) <b>Somerset</b>		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Facility</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc</b>		ASCM No.	
Street Address <b>220 Church Street</b>		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>	
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		Street Address <b>1500 Kings HWY N, STE 209</b>	
Project Manager for Monitoring Firm <b>Project Manager</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>	
Telephone No. <b>(908) 218-1108</b>		Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>
Start Date (10) <b>11/17/17</b>	Scheduled Completion Date (11) <b>11/17/18</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code <b>Cherry Hill, NJ 08034</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 checked="" type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) In Facility (13) <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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Inside Bldg		<input checked="" type="checkbox"/>		VAT, Mastic & Carpet	TBD	<input checked="" type="checkbox"/>			
ATC Basement Mechanical Room	<input checked="" type="checkbox"/>			Mechanical Pipes fittings	5	<input checked="" type="checkbox"/>			
ATC Building 1AU2 MR	<input checked="" type="checkbox"/>			"-"	6	<input checked="" type="checkbox"/>			

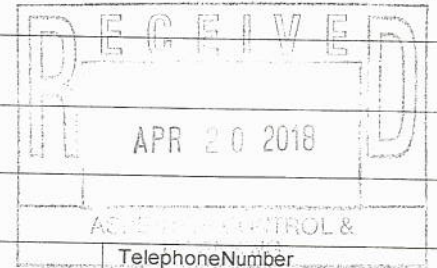
  

Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>0.1</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>	
City, State <b>Newark, NJ</b>		Disposal Date <b>11/17/18</b>		City, State <b>Imperial, PA 15126</b>	
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 	Date <b>4/17/18</b>	



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

1395




Date of Notification (1) <b>February 14, 2018</b>		Name of Building Owner/Operator (2) <b>Ethicon, Inc.</b>						
Agencies Notified	Type Notification	Street Address <b>PO Box 151</b>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Somerville, NJ 08876</b>						
		Name of Contact <b>Project Manager</b>	Telephone Number <b>973-641-1736</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Ethicon</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>Route 22 W</b>		Square Feet	# of Floors <b>3</b>					
City (5) <b>Somerville</b>		Bldg. Age						
County (6) <b>Somerset</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Facility</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>					
Street Address <b>220 Church Street</b>		Street Address <b>1500 Kings HWY N, STE 209</b>						
City, State, Zip Code <b>Bridgewater, NJ 08807</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>						
Project Manager for Monitoring Firm <b>Project Manager</b>		Telephone No. <b>(908) 218-1108</b>	Telephone No. <b>(973) 759 - 5000</b>					
Start Date (10) <b>11/17/17</b>		Scheduled Completion Date (11) <b>11/17/18</b>	License No. <b>00781</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>The MACK Group, LLC.</b>						
		Street Address <b>1500 Kings HWY N, STE 209</b>						
		City, State, Zip Code <b>Cherry Hill, NJ 08034</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 checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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>Inside Bldg</b>		<input checked="" type="checkbox"/>	<b>VAT, Mastic &amp; Carpet</b>	<b>TBD</b>	<input checked="" type="checkbox"/>			
<b>ATC Basement Mechanical Room</b>	<input checked="" type="checkbox"/>		<b>Mechanical Pipes fittings</b>	<b>5</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>22253</b>	Cubic Yards of Waste <b>0.1</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>				
City, State <b>Newark, NJ</b>		Disposal Date <b>11/17/18</b>		City, State <b>Imperial, PA 15126</b>				
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 	Date <b>2/14/18</b>				

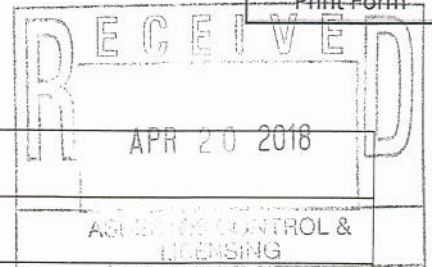


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

1422

Date of Notification (1) <b>November 16, 2017</b>		Name of Building Owner/Operator (2) <b>Ethicon, Inc.</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   APR 20 2018 </div>					
Agencies Notified		Street Address							
Type Notification		City, State, Zip Code							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>PO Box 151</b> <b>Somerville, NJ 08876</b>							
<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact <b>Project Manager</b>		Telephone Number <b>973-641-1736</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ethicon</b>				Type of Facility (4)					
Street Address <b>Route 22 W</b>				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>Somerville</b>				Square Feet	Bldg. Age				
County (6) <b>Somerset</b>				<b>3</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Facility</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc</b>		ASCM No.		Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>					
Street Address <b>220 Church Street</b>				Street Address <b>1500 Kings HWY N, STE 209</b>					
City, State, Zip Code <b>Bridgewater, NJ 08807</b>				City, State, Zip Code <b>Cherry Hill, NJ 08034</b>					
Project Manager for Monitoring Firm <b>Project Manager</b>		Telephone No. <b>(908) 218-1108</b>		Telephone No. <b>(973) 759 - 5000</b>	License No. <b>00781</b>				
Start Date (10) <b>11/17/17</b>		Scheduled Completion Date (11) <b>11/17/18</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>					
Occupancy Status During Abatement (Check Only One)				Street Address <b>1500 Kings HWY N, STE 209</b>					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code <b>Cherry Hill, NJ 08034</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 checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>TBD</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Inside Bldg</b>		<input checked="" type="checkbox"/>		<b>VAT, Mastic &amp; Carpet</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting</b>		NJ DEP Waste Hauler ID No. <b>22253</b>		Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>BFI Imperial Landfill</b>				
City, State <b>Newark, NJ</b>				Disposal Date <b>11/17/18</b>	City, State <b>Imperial, PA 15126</b>				
Completed by <b>Michael Cooper</b>		Title <b>President</b>		Signature 			Date <b>11/16/17</b>		

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



Date of Notification (1) 04/10/18		Check #3159		Name of Building Owner/Operator (2) Our Lady of Grace					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 400 Kamena St  City, State, Zip Code Fairview, NJ, 07022  Name of Contact Victor					
				Telephone Number 201-240-9843					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Grace School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 400 Kamena St.				Square Feet 3,000+					
City (5) Fairview				# of Floors 3					
County (6) Bergen				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 426 69th st							
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07093							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700					
Start Date (10) 04/21/18		Scheduled Completion Date (11) 04/23/18		License No. 10174					
Name of OSHA Monitor N/A									
Occupancy Status During Abatement (Check Only One)				Street Address N/A					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Machine Room		X		Asbestos Elbows	4LF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste N/A		Name of Registered Landfill Minerva Entreprise			
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature 		Date 04/10/18			



# PAID

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

# RECEIVED

APR 20 2018  
ASBESTOS CONTROL & LICENSING

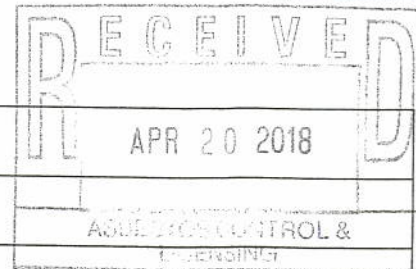
CH4566

Date of Notification (1) <b>4/17/18</b>		Name of Building Owner/Operator (2) <b>MR. PAUL KRAIVANGER</b>					
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING				
<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 <b>FAIR LAWN, NJ, 07410</b>					
		Name of Contact <b>MR. KRAIVANGER</b>	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>MR. PAUL KRAIVANGER</b>		Type of Facility (4)					
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>FAIR LAWN</b>	Square Feet <b>1800</b>	# of Floors <b>2</b>	Bldg. Age <b>1940</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)		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.				
Start Date (10) <b>5/2/18</b>		Scheduled Completion Date (11) <b>5/3/18</b>					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor					
<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>8:00AM TO 5:00PM</b>		Street Address					
		City, State, Zip Code					
Scope of Work (Check All That Apply)		<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					
<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					
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			
				Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT/CRAWL SPACE</b>	Yes No N/A	<b>THERMAL INSULATION</b>	<b>100 LF</b>	<b>X</b>			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
<b>Best Removal Inc</b>		<b>17109</b>	<b>2 1/2 CY</b>	<b>Minerva Enterprises, LLC</b>			
City, State		Disposal Date	City, State				
<b>Hackensack, NJ 07601</b>		<b>5/3/18</b>	<b>Waynesburg, OH 44688</b>				
Completed by		Title	Signature	Date			
<b>J. Maiorano</b>		<b>Estimator</b>	<i>[Signature]</i>	<b>4/17/18</b>			



CH1404

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

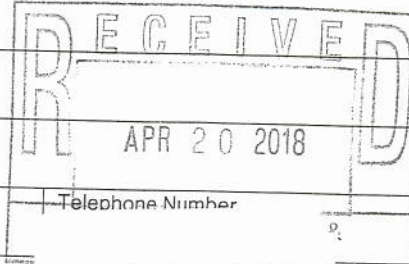


Date of Notification (1) 04-03-18		Name of Building Owner/Operator (2) Rubenstein Properties							
Agencies Notified	Type Notification	Street Address 101 East Main St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Little Falls, NJ 07424							
		Name of Contact Dave Burkart	Telephone Number (973) 256-6644						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial Property Building # 4		Type of Facility (4)							
Street Address 101 East Main St.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Little Falls		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 04-05-18		Scheduled Completion Date (11) 9-05-18	Telephone No. 201 216-9603						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Delfa Contracting LLC							
<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: 7:00 am- 5:00 pm		Street Address 522 7th St.							
		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input 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
1st Floor		x		Pipe Insulation	1100 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 04-30--18		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 04-03-18			

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

**PAID**

*Check 17546*



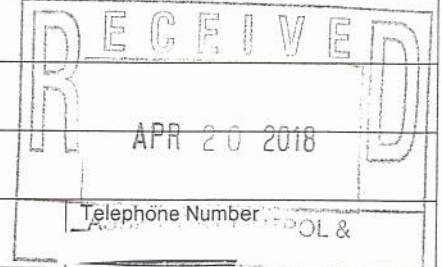
Date of Notification (1) 4/16/18		Name of Building Owner/Operator (2) Vairavapillai Rajeswaran							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills NJ 07078							
		Name of Contact Korina Down	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Short Hills		Square Feet 2300	# of Floors 2						
County (6) Essex		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/25/18	Scheduled Completion Date (11) 5/4/18	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	floor tile	350 SF	X			
Name of Registered Waste Hauler Tony's Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers LANDFILL					
City, State Freehold		Disposal Date TBD		City, State Exton PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 4/16/18			



PAID

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

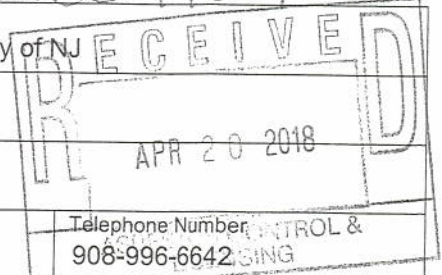
Check 17547



Date of Notification (1) 4/16/18		Name of Building Owner/Operator (2) Donna Hansen							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood NJ 07450							
		Name of Contact Donna	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ridgewood		Square Feet 2200	# of Floors 2						
County (6) Bergen		Bldg. Age 64							
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) 4/26/18	Scheduled Completion Date (11) 5/5/18	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: <u>basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	pipe insulation	120 SF	X			
Name of Registered Waste Hauler Freehold Cargate		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Westen Berks Landfill					
City, State Freehold		Disposal Date TBD		City, State Birdsboro PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 4/16/18			

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

*Check 17544*

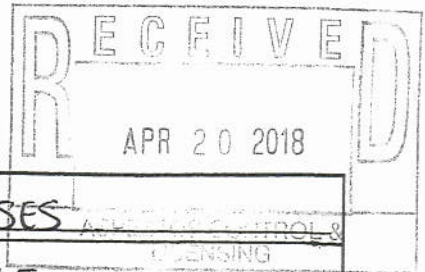


Date of Notification (1) 4/13/18		Name of Building Owner/Operator (2) Plymouth Rock Management Company of NJ							
Agencies Notified	Type Notification	Street Address PO Box 902							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lincroft, NJ 07738							
		Name of Contact Ron Hartpence	Telephone Number 908-996-6642						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Milltown		Square Feet 2200	# of Floors 2						
County (6) Middlesex		Bldg. Age 72							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 4/23/18	Scheduled Completion Date (11) 5/4/18	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: <u>basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	floor tile	480 SF	X			
Name of Registered Waste Hauler Tony's Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers LANDFILL					
City, State Freehold		Disposal Date TBD		City, State Exton PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 4/13/18		



CH4514

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



Date of Notification (1) <b>4-13-18</b>		Name of Building Owner/Operator (2) <b>MASE ENTERPRISES</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1401 ARKANSAS AVE</b>							
		City, State, Zip Code <b>ATLANTIC CITY N.J.</b>							
		Name of Contact <b>ANDY</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>BRIGANTINE</b>	Square Feet <b>1500SF</b>	# of Floors <b>2</b>	Bldg. Age <b>50+</b>						
County (6) <b>ATLANTIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMMO INC.</b>							
Street Address		Street Address <b>369 S SPRUCE AVE</b>							
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>							
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>00444</b>						
Start Date (10) <b>4-23-18</b>	Scheduled Completion Date (11) <b>4-30-18</b>	Name of OSHA Monitor <b>N/A</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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>SIDING</b>			<b>X</b>	<b>TRAN SITE</b>	<b>2250SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEMMO INC</b>	NJDEP Waste Hauler ID No. <b>15904</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>ACU A</b>						
City, State <b>MAPLE SHADE N.J</b>		Disposal Date	City, State <b>PLEASANTVILLE</b>						
Completed By <b>MICHAEL KLEMM</b>	Title <b>PRET.</b>	Signature <i>[Signature]</i>	Date <b>4-13-18</b>						

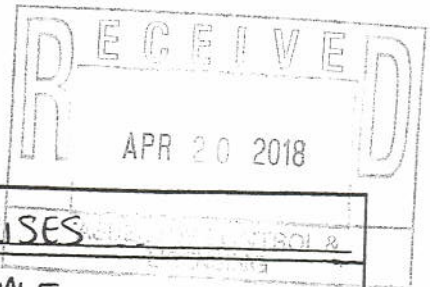
ASB-41

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



# PAID

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



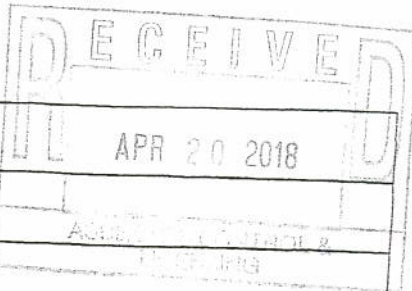
CH4514

Date of Notification (1) <b>4-13-18</b>		Name of Building Owner/Operator (2) <b>MAISE ENTERPRISES</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1401 ARKANSAS AVE</b> City, State, Zip Code <b>ATLANTIC CITY N.J.</b> Name of Contact <b>ANDY</b> Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>1500SF</b>	# of Floors <b>2</b>
City (5) <b>BRIGHTON</b>		Bldg. Age <b>50+</b>	
County (6) <b>ATLANTIC</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMMO INC.</b>	
Street Address		Street Address <b>369 S SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856-779-0472</b>	License No. <b>00444</b>
Start Date (10) <b>4-23-18</b>	Scheduled Completion Date (11) <b>4-30-18</b>	Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>SIDING</b>		<b>X</b>	<b>TRANSITE</b>
			<b>1250 SF</b>
Name of Registered Waste Hauler <b>KLEMMO INC</b>		NJDEP Waste Hauler ID No. <b>13904</b>	Cubic Yards of Waste <b>3</b>
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date	Name of Registered Landfill <b>ACU A</b>
City, State <b>PLEASANTVILLE</b>		Signature <b>[Signature]</b>	Date <b>4-13-18</b>
Completed By <b>Michael Klemm</b>		Title <b>PREP.</b>	



Ch 5058

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



Date of Notification (1) 4/13/18		Name of Building Owner/Operator (2) Delphi						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 19 Swell NJ 08080						
Name of Facility Where Abatement is Taking Place (3) Bedford Hills		Name of Contact Lars						
Street Address [REDACTED]		Telephone Number 609 805 4947						
City (5) Salem		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
County (6) Salem	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors					
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Current Use (Prior if being demolished)						
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Contractors LLC						
City, State, Zip Code		Street Address 1212 Burlington Ave						
Project Manager for Monitoring Firm		City, State, Zip Code Delanco NJ 08015						
Telephone No.		Telephone No. 609-346-5916						
Start Date (10) 4/24/18		License No. C1070						
Scheduled Completion Date (11) 5/24/18		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address						
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) out side	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding	Amount (Specify SF or LF) 2500 SF	Abatement Type		
	Removal	Repair	Enclosure					
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20847	Cubic Yards of Waste	Name of Registered Landfill WM of PA				
City, State Delanco NJ		Disposal Date TBD	City, State Pittsford PA					
Completed by Joseph T Hall		Title V. President	Signature [Signature]		Date 4/13/18			



CH 5056

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

RECEIVED  
APR 20 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1)

4/13/18

Agencies Notified<sup>1</sup>

☒ EPA  
☒ DEP  
☒ DOL

☒ DOH  
☒ DCA

Type Notification

☐ Initial  
☐ Amended  
☐ Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

Name of Building Owner/Operator (2)

Delphi

Street Address

120 Box 19

City, State, Zip Code

Swell NJ 08080

Name of Contact

Gary

Telephone Number

609 805 4942

Name of Facility Where Abatement is Taking Place (3)

Resident

FACILITY INFORMATION

Street Address

[Redacted]

Type of Facility (4)

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

City (5)

Salmon

County (6)

Salmon

Square Feet

# 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)

ASCM No.

Name of Abatement Contractor (9)

Street Address

1212 Burlington Ave

City, State, Zip Code

Delanco NJ 08015

Telephone No.

609-346-5916

License No.

01070

Name of OSHA Monitor

Street Address

City, State, Zip Code

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Start Date (10)

4/23/18

Scheduled Completion Date (11)

5/23/18

Occupancy Status During Abatement (Check Only One)

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

Scope of Work (Check All That Apply)

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

☐ Renovation  
☒ Demolition

☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

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

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

Yes No N/A

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

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulation Enclosure

Basement

Siding

2500 SF

Name of Registered Waste Hauler

AMM LLC

NJDEP Waste Hauler ID No.  
20847

Cubic Yards of Waste

Name of Registered Landfill

WM of PA

City, State

Delanco NJ

Completed by

Joseph T. Hall

Title

V. President

Disposal Date

1.3.18

City, State

Delanco NJ

Signature

Date

4/13/18



CK 5058

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

**RECEIVED**  
 APR 20 2018  
 DEPT. OF ENVIRONMENTAL PROTECTION  
 DIVISION OF ASBESTOS ABATEMENT

Date of Notification (1) <b>4/13/18</b>		Name of Building Owner/Operator (2) <b>Robert Chojacki</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	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>420 Burlington Ave</b>						
			City, State, Zip Code <b>Delanco NJ 08075</b>						
		Name of Contact <b>Robert</b>	Telephone Number <b>856 764 3627</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Resident</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>2300</b>	# of Floors <b>2</b>						
City (5) <b>Delanco</b>		Bldg. Age <b>100</b>							
County (6) <b>Burlington</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Ami Joe Abatement Contractors LLC</b>						
Street Address		Street Address <b>1212 Burlington Ave</b>							
City, State, Zip Code		City, State, Zip Code <b>Delanco NJ 08075</b>							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <b>609-346-5916</b>						
Start Date (10) <b>4/23/18</b>		Scheduled Completion Date (11) <b>5/23/18</b>	License No. <b>C1070</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							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) <b>Basement</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) <b>pipe</b>	Amount (Specify SF or LF) <b>700 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
						<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Ami Joe LLC</b>		NJDEP Waste Hauler ID No. <b>20547</b>	Cubic Yards of Waste	Name of Registered Landfill <b>WM of PA</b>					
City, State <b>Delanco NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Burlington Pa</b>					
Completed by <b>Joseph T Hill</b>		Title <b>V. President</b>	Signature 	Date <b>4/13/18</b>					

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



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

RECEIVED  
MAN  
APR 20 2018  
07510  
Telephone Number

ASB-41 (R-06-08)

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



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

**RECEIVED**

APR 20 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/11/18		Name of Building Owner/Operator (2) Residence							
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 Montclair, NJ 07042							
		Name of Contact Mostafa Solaiman	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Montclair		Square Feet 2820	# of Floors 3						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 104						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
Start Date (10) 4/23/18		Scheduled Completion Date (11) 4/28/18	License No. 01316						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
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 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
Basement (furnace area)		X		Pipe Wrap	40 LF	X			
Basement (above ceiling)		X		Pipe Wrap	70 LF	X			
Basement (front wall)		X		Pipe Wrap	15 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ				Disposal Date	City, State Penn Argyle, PA				
Completed by Alison Lamers		Title Office Manager		Signature <i>Alamers</i>	Date 4/11/18				



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

Check # 3102

**PAID**

**GAC Project # 060-18**

Date of Notification (1) <b>April 17, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) <b>GIBBONS AL, BLDG# 8408</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)</b> <b>74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b> City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
City (5) <b>NEW BRUNSWICK</b>		Telephone Number <b>848-445-2550</b>	
County (6) <b>MIDDLESEX</b>		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
County Code (7) (State Use Only)		APR 20 2018 AIR QUALITY CONTROL & EMERGENCY	
<b>FACILITY INFORMATION</b>			
Street Address <b>DOUGLASS CAMPUS</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
ASCM No. <b>00098</b>		Street Address <b>511 MAIN STREET</b>	
Street Address <b>3 TERRI LANE</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Telephone Number <b>973-492-0477</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		License Number <b>00840</b>	
Scheduled Start Date (10) <b>04/27/18</b>		Scheduled Completion Date (11) <b>04/29/18</b>	
Name of OSHA Monitor <b>ENVIROVISION, INC.</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥ 3 sf or &gt;3 lf  <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf                 </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition                 </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove bag Procedure / Wrap &amp; Cut  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure                 </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Kitchen</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES      NO      NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>120 SF</b>
Abatement Type Remove   Repair   Encap   Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Cubic Yards of Waste: <b>5 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>04/29/2018</b>	
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>			
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	
Signature <i>Raymond C. Pedalino</i>		Date <b>April 17, 2018</b>	

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



Print Form

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APR 20 2018

CH 2043

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

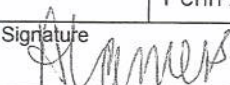
Date of Notification (1) 4/9/2018		Name of Building Owner/Operator (2) Residence	
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Orange, NJ 07052	
		Name of Contact Sandra Eisner	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) West Orange, NJ 07052		Square Feet 1,519	# of Floors 3
County (6) Essex County		Bldg. Age 93	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services	
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue	
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205	Telephone No. 844-462-7465
Telephone No. 201-349-2666		License No. 01316	
Start Date (10) 4/19/18	Scheduled Completion Date (11) 4/24/18	Name of OSHA Monitor A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354	
<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 South Orange, NJ 07079	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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 wrap	4 LF	X			
Basement		X		elbows	8-10				

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill	
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA	
Completed by Alison Lamers		Title Office Manager	Signature 	Date 4/9/2018	



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

Check # 309

GAC Project # 060-18

**PAID**

Date of Notification (1) <b>April 10, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) <b>PHARMACY, BLDG# 3750</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
City (5) <b>PISCATAWAY</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
County (6) <b>MIDDLESEX</b>		County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City State, ZipCode <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	
Scheduled Start Date (10) <b>04/20/18</b>		Scheduled Completion Date (11) <b>04/23/18</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (4 WEEKEND PHASES, 24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>018 Corridor</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	
Amount (Specify SF or LF) <b>400 SF</b>		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Cubic Yards of Waste: <b>10 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>04/23/2018</b>	
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>		215-736-1700	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	
Signature <i>Raymond C. Pedalino</i>		Date <b>April 10, 2018</b>	

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



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

Chaf # 3098

**PAID**

**GAC Project # 060-18**

<b>Date of Notification (1)</b> <b>April 10, 2018</b>			<b>Name of Building Owner/Operator (2)</b> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<b>Street Address</b> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT (REHS)</b> <b>74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b> <b>City, State, Zip Code</b> <b>PISCATAWAY, NJ 08854</b>	
		<b>Name of Contact</b> <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		<b>Telephone Number</b> <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>MEDICAL SCIENCE, BLDG# 7257</b>			<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 (i.e. private & commercial buildings, homes, etc.) <b>Sq. Feet: N/A      # of Floors: 8      Bldg. Age: 60+ years</b>		
<b>Street Address</b> <b>RBHS NEWARK CAMPUS</b>			<b>Current Use (prior if being demolished): ACADEMIC</b>		
<b>City (5)</b> <b>NEWARK</b>	<b>County (6)</b> <b>ESSEX</b>	<b>County Code (7)</b> <b>(State Use Only)</b>			
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>ATC</b>		<b>ASCM No.</b> <b>00098</b>	<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
<b>Street Address</b> <b>3 TERRI LANE</b>		<b>Street Address</b> <b>511 MAIN STREET</b>			
<b>City, State, Zip Code</b> <b>BURLINGTON, NJ 08016</b>		<b>City State, Zip Code</b> <b>BUTLER, NJ 07405</b>			
<b>Project Manager for Monitoring Firm</b> <b>BRIAN R. KEARNEY</b>		<b>Telephone Number</b> <b>609-386-8800</b>	<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>	
<b>Scheduled Start Date (10)</b> <b>04/20/18</b>		<b>Scheduled Completion Date (11)</b> <b>04/23/18</b>		<b>Name of OSHA Monitor</b> <b>ENVIROVISION, INC.</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM – 5AM Daily (4 WEEKEND PHASES, 24 HOURS &amp; WEEKENDS AS NEEDED)</b>			<b>Street Address</b> <b>20-21 WARGARAW ROAD, BLDG# 35E</b> <b>City, State, Zip Code</b> <b>FAIRLAWN, NJ 07410</b>		
<b>Scope of Work (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> &gt; 3 sf or &gt;3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove bag Procedure / Wrap &amp; Cut  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>					
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>B 619</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES   NO   NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>VAT</b>	<b>Amount (Specify SF or LF)</b> <b>1500 SF</b>	<b>Abatement Type</b> Remove   Repair   Encap   Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>B 619</b>	<input checked="" type="checkbox"/>	<b>TRANSITE</b>	<b>40 SF</b>	<input checked="" type="checkbox"/>	
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below #1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> <b>20 CY</b>	<b>Name of Registered Landfill</b> <b>G.R.O.W.S. North Landfill</b>	
<b>Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</b> <b>NJDEP # 12561</b> <b>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</b> <b>NJ DEP # 4509</b>			<b>Disposal Date</b> <b>04/23/2018</b>	<b>City, State</b> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>	
<b>Completed by (Print or Type)</b> <b>RAYMOND C. PEDALINO</b>		<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	<b>Signature</b> <i>Raymond C. Pedalino</i>		<b>Date</b> <b>April 10, 2018</b>

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



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

GAC Project # 060-18

Date of Notification (1) <b>April 13, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) <b>MEDICAL SCIENCE, BLDG# 7257</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
City (5) <b>NEWARK</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
County (6) <b>ESSEX</b>		County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Telephone Number <b>609-386-8800</b>		Telephone Number <b>973-492-0477</b>	
License Number <b>00840</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Scheduled Start Date (10) <b>04/20/18</b>		Scheduled Completion Date (11) <b>04/23/18</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (4 WEEKEND PHASES, 24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or &gt;3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove bag Procedure / Wrap &amp; Cut  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>B 619</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>1500 SF</b>
<b>B 619</b>	<input checked="" type="checkbox"/>	<b>TRANSITE</b>	<b>40 SF</b>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Cubic Yards of Waste: <b>20 CY</b>	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Disposal Date <b>04/23/2018</b>		City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	
Signature <i>Raymond C. Pedalino</i>		Date <b>April 13, 2018</b>	

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



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

GAC Project # 060-18

Date of Notification (1) <b>April 10, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number <b>848-445-2550</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MEDICAL SCIENCE, BLDG# 7257</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>8</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>RBHS NEWARK CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>04/20/18</b>	Scheduled Completion Date (11) <b>04/23/18</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM – 5AM Daily (4 WEEKEND PHASES, 24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)  <input type="checkbox"/> $\geq 3$ sf or $>3$ 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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
<b>B 619</b>	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>1500 SF</b>
<b>B 619</b>	<input checked="" type="checkbox"/>	<b>TRANSITE</b>	<b>40 SF</b>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>20 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>04/23/2018</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>April 10, 2018</b>

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



GAC Project #060-18

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

Date of Notification (1) <b>April 13, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)          74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>ITV STUDIO, BLDG# 4048</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>1</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>LIVINGSTON CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Telephone Number <b>609-386-8800</b>		Telephone Number <b>973-492-0477</b>	
License Number <b>00840</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Scheduled Start Date (10) <b>04/13/18</b>		Scheduled Completion Date (11) <b>04/16/18</b>	
Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM – 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>			
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> &gt; 3 sf or &gt;3 lf  <input checked="" type="checkbox"/> &gt; 160 sf or &gt; 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove bag Procedure / Wrap &amp; Cut  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>105A, 106</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>240 SF</b>
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Cubic Yards of Waste: <b>5 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>04/16/2018</b>	
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067          215-736-1700</b>			
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	
Signature <i>Raymond C. Pedalino</i>		Date <b>April 13, 2018</b>	

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



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

GAC Project # 060-18

Date of Notification (1) <b>April 6, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>LIVINGSTON CAMPUS</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
City (5) <b>PISCATAWAY</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
County (6) <b>MIDDLESEX</b>		County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	
Telephone Number <b>609-386-8800</b>		License Number <b>00840</b>	
Scheduled Start Date (10) <b>04/13/18</b>		Scheduled Completion Date (11) <b>04/16/18</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM – 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Scope of Work (Check all that apply)  <input type="checkbox"/> $\geq 3$ sf or $>3$ 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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>105A, 106</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>		Amount (Specify SF or LF) <b>240 SF</b>	
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Cubic Yards of Waste: <b>5 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>04/16/2018</b>	
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>		215-736-1700	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	
Signature <i>Raymond C. Pedalino</i>		Date <b>April 6, 2018</b>	

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



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

GAC Project # 060-18

Date of Notification (1) <b>March 27, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) <b>ITV STUDIO, BLDG# 4048</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
City (5) <b>PISCATAWAY</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
County (6) <b>MIDDLESEX</b>		County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	
Scheduled Start Date (10) <b>04/06/18</b>		Scheduled Completion Date (11) <b>04/09/18</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>1</b> Bldg. Age: <b>80+ years</b> Current Use (prior if being demolished): <b>ACADEMIC</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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>105A, 106</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>240 SF</b>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>04/09/2018</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>March 27, 2018</b>

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



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

check # 13095

GAC Project # 060-18

**PAID**

Date of Notification (1) <b>April 13, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 – new start and completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)          74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>
			City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number <b>848-445-2550</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>CAMDEN SCIENCE, BLDG# 7002</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>CAMDEN CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC OFFICES</b>	
City (5) <b>CAMDEN</b>	County (6) <b>CAMDEN</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>04/20/18</b>	Scheduled Completion Date (11) <b>04/23/18</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5 PM – 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $>3$ 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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>ROOMS 012, 015, 020</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI – Pipe Insulation</b>	Amount (Specify SF or LF) <b>&lt;9 LF</b>
			Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
			<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>04/23/2018</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>April 13, 2018</b>

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



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

**GAC Project # 060-18**

Date of Notification (1) <b>April 6, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 - new start and completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>CAMDEN SCIENCE, BLDG# 7002</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
City (5) <b>CAMDEN</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
County (6) <b>CAMDEN</b>		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
County Code (7) (State Use Only)		Telephone Number <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>CAMDEN SCIENCE, BLDG# 7002</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>CAMDEN CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC OFFICES</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
ASCM No. <b>00098</b>		Street Address <b>511 MAIN STREET</b>	
Street Address <b>3 TERRI LANE</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Telephone Number <b>973-492-0477</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		License Number <b>00840</b>	
Telephone Number <b>609-386-8800</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Scheduled Start Date (10) <b>04/13/18</b>		Scheduled Completion Date (11) <b>04/16/18</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5 PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or >3 If <input type="checkbox"/> ≥ 160 sf or ≥ 260 If <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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>ROOMS 012, 015, 020</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI - Pipe Insulation</b>		Amount (Specify SF or LF) <b>&lt;9 LF</b>	
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Cubic Yards of Waste: <b>5 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>04/16/2018</b>	
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>			
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	
Signature <i>Raymond C. Pedalino</i>		Date <b>April 6, 2018</b>	

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



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

GAC Project # 060-18

Date of Notification (1) <b>March 23, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – new start and completion dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
<div style="text-align: right;">APR 20 2018</div>			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>CAMDEN SCIENCE, BLDG# 7002</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>CAMDEN CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC OFFICES</b>	
City (5) <b>CAMDEN</b>	County (6) <b>CAMDEN</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	License Number <b>00840</b>
Telephone Number <b>609-386-8800</b>		Telephone Number <b>973-492-0477</b>	
Scheduled Start Date (10) <b>04/06/18</b>		Scheduled Completion Date (11) <b>04/09/18</b>	
Name of OSHA Monitor <b>ENVIROVISION, INC.</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5 PM – 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>ROOMS 012, 015, 020</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI – Pipe Insulation</b>	Amount (Specify SF or LF) <b>&lt;9 LF</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Disposal Date <b>04/09/2018</b>		City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>March 23, 2018</b>

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



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

**GAC Project # 060-18**

<u>Date of Notification (1)</u> <b>March 13, 2018</b>		<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
		<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>	
		<u>Name of Contact</u> <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	<u>Telephone Number</u> <b>848-445-2550</b>
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>CAMDEN SCIENCE, BLDG# 7002</b>		<u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> N/A <u># of Floors:</u> 4 <u>Bldg. Age:</u> 80+ years	
<u>Street Address</u> <b>CAMDEN CAMPUS</b>		<u>Current Use (prior if being demolished):</u> ACADEMIC OFFICES	
<u>City (5)</u> <b>CAMDEN</b>	<u>County (6)</u> <b>CAMDEN</b>	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>ATC</b>		<u>ASCM No.</u> <b>00098</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Street Address</u> <b>511 MAIN STREET</b>	
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>City, State, Zip Code</u> <b>BUTLER, NJ 07405</b>	
<u>Project Manager for Monitoring Firm</u> <b>BRIAN R. KEARNEY</b>	<u>Telephone Number</u> <b>609-386-8800</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>03/23/18</b>	<u>Scheduled Completion Date (11)</u> <b>03/26/18</b>	<u>Name of OSHA Monitor</u> <b>ENVIROVISION, INC.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5 PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		<u>Street Address</u> <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ 07410</b>	
<u>Scope of Work (Check all that apply)</u>  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> &gt; 3 sf or &gt;3 lf  <input type="checkbox"/> &gt; 160 sf or &gt; 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input checked="" type="checkbox"/> Glove bag Procedure / Wrap &amp; Cut  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>ROOMS 012, 015, 020</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES    NO    NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>TSI - Pipe Insulation</b>	<u>Amount (Specify SF or LF)</u> <b>&lt;9 LF</b>
			<u>Abatement Type</u> Remove    Repair    Encap    Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input checked="" type="checkbox"/>
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>	<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>	<u>Cubic Yards of Waste:</u> <b>5 CY</b>	<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561		<u>Disposal Date</u> <b>03/26/2018</b>	<u>City, State</u> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> 215-736-1700
<u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJ DEP # 4509			
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> <b>March 13, 2018</b>

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



Sheet # 13094

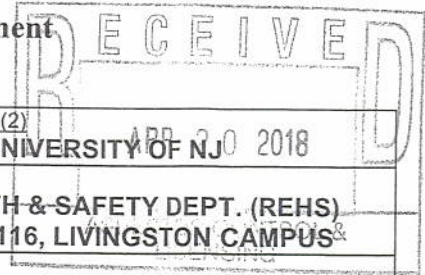
of New Jersey - Notification  
(Pursuant to N.J.A.C. 17:27)

RECEIVED  
HEALTH & SAFETY DEPT. (RENS)  
4116, LIVINGSTON CAMPUS  
APR 20 2010  
Telephone Number  
848-445-2550  
ASBESTOS CONTROL &  
LICENSING

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



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



**GAC Project # 060-18**

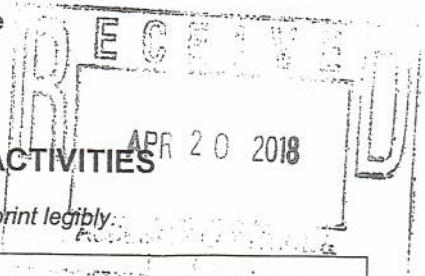
Date of Notification (1) <b>April 3, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification (4 Phases) <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)          74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>
			City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number <b>848-445-2550</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>SCHOOL OF DENTAL MEDICINE, BLDG# 7253</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>RBHS NEWARK CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>	Telephone Number <b>609-386-8800</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>04/13/18</b>	Scheduled Completion Date (11) <b>05/14/18</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM – 5AM Daily (4 WEEKEND PHASES, 24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> &gt; 3 sf or &gt;3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove bag Procedure / Wrap &amp; Cut  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>C-LEVEL SURGERY SUITES (4 PHASES)</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES    NO    NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>1100 SF</b>
			Abatement Type Remove    Repair    Encap    Enclose <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>20 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>05/14/2018</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>		Telephone Number <b>215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>April 3, 2018</b>

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



**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 / 16 / 2018

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

**II. BUILDING INFORMATION**

Name of Building Owner/Operator: Doug Shafer  
Street Address: [REDACTED] City: Roebling State: NJ Zip: 08554  
Name of Contact: Doug Shafer Telephone No.:

**III. FACILITY INFORMATION**

Name of Facility Where Work Activity is to Take Place: Shafer Residence  
Describe Facility Use: Residence  
Street Address: [REDACTED] City: Roebling State: NJ Zip: 08554  
County Name: Burlington County Code (State Use Only):   
Scheduled Start Date: 04 / 25 / 2018 Scheduled Completion Date: 04 / 26 / 2018

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity  
☐ Activity Performed Outside Normal Facility Hours—Describe:   
☐ Other—Describe:

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 27 SF Percentage Asbestos:  %  
☒ Mastic Square Footage: 27 SF Percentage Asbestos:  %

**IV. CONTRACTOR INFORMATION**

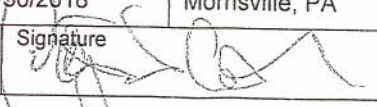
Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099  
Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052  
New Jersey Asbestos License Number (if applicable): 00842  
Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070

**V. SIGNATURE**

Completed By  
(type or print legibly): Christina Lynch Title: Vice President of Operations  
Signature: [Signature] Date: April 16, 2018



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

Date of Notification (1) 04/16/2018		Name of Building Owner/Operator (2) International Flavors & Fragrances, Inc.		Check No. -1080						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1515 State Highway 36  City, State, Zip Code Union Beach, New Jersey 07735  Name of Contact Gary Stapperfenne						
				Telephone Number 908-397-7702						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) International Flavors & Fragrances, Inc.			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1515 State Highway 36			Square Feet 10,000							
City (5) Union Beach, New Jersey 07735			# of Floors 2		Bldg. Age 50+					
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Educational Facility						
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation						
Street Address 555 South Broad Street				Street Address 606 McBride Ave						
City, State, Zip Code Glen Rock, New Jersey 07452				City, State, Zip Code Woodland Park, New Jersey						
Project Manager for Monitoring Firm Bruce Wolf		Telephone No 201-652-1119		Telephone No. 973-225-8400						
				License No. 01104						
Start Date (10) 04/27/2018		Scheduled Completion Date (11) 04/30/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC						
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>Friday 4PM Start, Remaining Days 8am Start</u>			Street Address 2333 Route 22 West							
			City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)					
						Abatement Type				
		Yes    No    N/A			Removal    Repair    Encapsulate    Enclosure					
Room 240				X	Elbows	17 (ea)	X			
Room 145				X	Elbows	40 (ea)	X			
Room 144				X	Elbows	3 (ea)	X			
Room 143				X	Elbows	20 (ea)	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5		Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 04/30/2018		City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 04/16/2018				



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

*Check # 3104  
\$400 -*

GAC Project # 060-18

**PAID**

Date of Notification (1) <b>April 17, 2018</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification (2 work areas) <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)                  74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b> City, State, Zip Code <b>PISCATAWAY, NJ 08854</b> Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b> Telephone Number <b>848-445-2550</b> 2018	
Name of Facility Where Abatement is Taking Place (3) <b>VAN NEST HALL, BLDG# 3001</b>			FACILITY INFORMATION		
Street Address <b>COLLEGE AVENUE CAMPUS</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>100+ years</b>		
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ACADEMIC</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>			Street Address <b>511 MAIN STREET</b>		
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>04/27/18</b>		Scheduled Completion Date (11) <b>05/07/18</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)			Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>2<sup>nd</sup> &amp; 3<sup>rd</sup> Floors (2 Phases/Work Areas)</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES   NO   NA <input checked="" type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	
				Amount (Specify SF or LF) <b>3950 SF</b>	
				Abatement Type Remove   Repair   Encap   Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>		Cubic Yards of Waste: <b>25 CY</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
				Disposal Date <b>05/07/2018</b>	
				City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>		Signature <i>Raymond C. Pedalino</i>	
				Date <b>April 17, 2018</b>	

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



3/01

## State of New Jersey - Notification of Asbestos Abatement

PAID

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED  
APR 20 2018

Date of Notification (1) <b>April 17, 2018</b>		Name of Building Owner/Operator (2) <b>The Valley Hospital</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA x DOL <input checked="" type="checkbox"/> DEP x DOH		Notification Type x Initial Notification x Amendment # 2 Emergency (including justification)	
Street Address <b>223 North Van Dien Avenue</b>		City, State, Zip Code <b>Ridgewood, NJ 07450-2736</b>	
Name of Contact <b>William Stasiak</b>		Telephone Number <b>201-447-8141</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>The Valley Hospital Cheel Wing Basement Rm# B430</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>Unknown</b> # of Floors: <b>4</b> Bldg. Age: <b>50+ years</b>	
Street Address <b>223 North Van Dien Avenue</b>		Current Use (prior if being demolished): <b>Hospital</b>	
City (5) <b>Ridgewood</b>	County (6) <b>Bergen</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Colden Corporation</b>		ASCM No.	
Street Address <b>28 Washington Street</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>Ballston Spa, NY 12020</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>Jim Miades</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Telephone Number <b>347.435.3561</b>		Telephone Number <b>973-492-0477</b>	
Scheduled Start Date (10) <b>April 20, 2018</b>		License Number <b>00840</b>	
Scheduled Completion Date (11) <b>May 31, 2018</b>		Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Cheel Bsmt-Room # B430 Adjacent Room</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT &amp; Mastic VAT &amp; Mastic</b>	Amount (Specify SF or LF) <b>300 sf 210 sf</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>20</b>	Name of Registered Landfill <b>Meadowfill Landfill/GROWS</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561</b>		Disposal Date <b>May 31, 2018</b>	City, State <b>Route 2, Box 68 Bridgeport, WVA 304-842-2784</b>
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>April 17, 2018</b>

GAC # 2018-633-002- New Start Date &amp; Additional VAT &amp; Mastic



3103

## State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

PAID

RECEIVED  
APR 20 2018

Date of Notification (1) <b>April 17, 2018</b>		Name of Building Owner/Operator (2) <b>Tension Envelope Corporation</b>	
Agencies Notified	Notification Type	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> XDEP <input checked="" type="checkbox"/> XDOH	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<b>19 Wesley Street</b> City, State, Zip Code <b>South Hackensack, NJ</b>	
		Name of Contact Jesse Lopez	Telephone Number 201.487.1880
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Tension Envelope</b>		Type of Facility (4)	
Street Address <b>19 Wesley Street</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>S. Hackensack</b>	County (6) <b>Bergen</b>	County Code (7) (State Use Only)	Sq. Feet: <b>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>80 years</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>EnviroVision Consultants inc.</b>		ASCM No. <b>00079</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>20-21 Wagaraw Road, Bldg # 35E</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Fairlawn, NJ 07410</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Fred Larson</b>	Telephone Number <b>973-636-9145</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>April 27, 2018</b>	Scheduled Completion Date (11) <b>April 30, 2018</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
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 - Describe Other - Describe:		<b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation Demolition	
		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Rat Room	<input checked="" type="checkbox"/>	TSI	45 lf
Boiler Rm & Hallway	<input checked="" type="checkbox"/>	TSI	40 lf
Production Floor	<input checked="" type="checkbox"/>	TSI	60 lf
Men's Locker Rm-Bath	<input checked="" type="checkbox"/>	TSI	30 lf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>15</b>	Name of Registered Landfill <b>G.R.O.W.S</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Disposal Date <b>April 30, 2018</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>Sr. Project Manager</b>	Signature <i>Marin Graure</i>	Date <b>April 17, 2018</b>

GAC # 2018-639



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

Date of Notification (1) 4/13/18		Name of Building Owner/Operator (2) Marianne Widmaier							
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 Belford, NJ 07718  Name of Contact MARIANNE							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Belford		Square Feet 1371	# of Floors Bldg. Age						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 4/25/18	Scheduled Completion Date (11) 5/16/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Plaster	4000SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 50	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 5/16/18	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		



C14 4513

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

RECEIVED

Date of Notification (1) <b>4-9-18</b>		Name of Building Owner/Operator (2) <b>HUMIT &amp; SONS EXCAVATING</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>561 SEASHORE RD</b>							
		City, State, Zip Code <b>CAPE MAY NJ 08204</b>							
		Name of Contact <b>JASON</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>AVALON</b>	Square Feet <b>1500</b>	# of Floors <b>2</b>	Bldg. Age <b>50+</b>						
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		Name of Abatement Contractor (9) <b>KLEWCO INC</b>							
Street Address		Street Address <b>369 S. SPRUCE AVE</b>							
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>							
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b># 00444</b>						
Start Date (10) <b>4-20-18</b>	Scheduled Completion Date (11) <b>4-28-18</b>	Name of OSHA Monitor <b>N/A</b>							
Occupancy Status During Abatement (Check only one): <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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>SIDING</b>			<b>X</b>	<b>TRANSITE</b>	<b>1500 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEWCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>CMCMVA</b>					
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date	City, State <b>WOODBINE</b>						
Completed By <b>MICHAEL KLEWCO</b>		Title <b>PRES.</b>	Signature <i>[Signature]</i>		Date <b>4-9-18</b>				



CK #4513

PAID

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

APR 20 2010

Date of Notification (1) <b>9-9-18</b>		Name of Building Owner/Operator (2) <b>HARBIAUGH DEVELOPERS</b>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>318 GLASSBORO RD</b> City, State, Zip Code <b>WOODBURY HEIGHTS N.J 08097</b> Name of Contact <b>SAME</b> Telephone Number					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet <b>1500</b>					
City (5) <b>AVIALON</b>		# of Floors <b>2</b>					
County (6) <b>CAPE MAY</b>		Bldg. Age <b>50+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>VACANT</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.					
Street Address		Name of Abatement Contractor (9) <b>KLEMCO INC</b>					
City, State, Zip Code		Street Address <b>369 S. SPRUCE AVE</b>					
Project Manager for Monitoring Firm		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>					
Telephone No.		Telephone No. <b>856 779-0472</b>					
Start Date (10) <b>4-19-18</b>		License No. <b>00444</b>					
Scheduled Completion Date (11) <b>4-27-18</b>		Name of OSHA Monitor <b>N/A</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>  <b>SIDING</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>1750 SF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
		<b>TRANSITE</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>KLEMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>5 yds</b>	Name of Registered Landfill <b>C. M. C. M. V. A</b>			
City, State <b>MAPLE SHADE N.J</b>		Disposal Date	City, State <b>WOODBURY N.J.</b>				
Completed By <b>MICHAEL KLEMM</b>	Title <b>SUPER</b>	Signature <i>[Signature]</i>	Date <b>4-9-18</b>				



CK # 4513

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

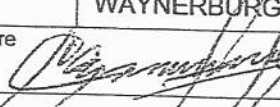
Date of Notification (1) <b>4-9-18</b>		Name of Building Owner/Operator (2) <b>JOHNATHAN HAWN EXCAVATING</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. BOX 198</b>	
		City, State, Zip Code <b>CAPE MAY COURT HOUSE</b>	
		Name of Contact <b>JOHN</b>	Telephone Number <b>609-780-3810</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>AVACON</b>		Square Feet <b>1500</b>	# of Floors <b>2</b>
County (6) <b>CAPE MAY</b>		Bldg. Age <b>50+</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N.A.</b>		Name of Abatement Contractor (9) <b>KLEWCO INC</b>	
Street Address		Street Address <b>369 S. SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE, N.J 08052</b>	
Project Manager for Monitoring Firm		Telephone No. <b>856-779-0472</b>	License No. <b>H 00444</b>
Start Date (10) <b>4-20-18</b>	Scheduled Completion Date (11) <b>4-28-18</b>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>SIDING</b>			<b>TURNASITE</b>
Name of Registered Waste Hauler <b>KLEWCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>3</b>
City, State <b>MAPLE SHADE N.J</b>		Name of Registered Landfill <b>C.M.C.M.V.A</b>	
Disposal Date		City, State <b>WOODBINE</b>	
Completed By <b>MICHAEL KLEWCO</b>	Title <b>SUP.</b>	Signature <b>MICHAEL KLEWCO</b>	Date <b>4-9-18</b>



1178

Print Form

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

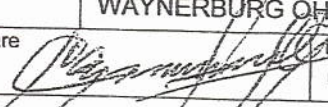
Date of Notification (1) 04/07/2018		Name of Building Owner/Operator (2) RYAN SORAFINE							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WYCKOFF NJ. 07481							
		Name of Contact RYAN SORAFINE	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 2,923	# of Floors 2						
City (5) WYCKOFF NJ. 07481 07481		Bldg. Age 94							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC						
Street Address _____		Street Address 1126 51ST.							
City, State, Zip Code _____		City, State, Zip Code NORTH BEEGEN NJ. 07047							
Project Manager for Monitoring Firm ENVIRO PROBE INC		Telephone No. 201-776-0642	License No. 01300						
Start Date (10) 04-16-2018	Scheduled Completion Date (11) 04-18-2018	Name of OSHA Monitor ENVIRO PROBE LABORATORIES							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 108 LIBERTY ST.							
		City, State, Zip Code METUCHEN NJ.							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		Floor Tile 9x9 & Masic Glue	1,276. SF.	x			
Name of Registered Waste Hauler TRI STATE TRANSFER		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE					
City, State BRONX NEW YORK		Disposal Date TBD		City, State WAYNERBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 04/07/2018					



1178

Print Form

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

Date of Notification (1) 04/07/2018		Name of Building Owner/Operator (2) RYAN SORAFINE						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>						
		City, State, Zip Code WYCKOFF NJ. 07481						
		Name of Contact RYAN SORAFINE	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet 2,923	# of Floors 2					
City (5) WYCKOFF NJ. 07481 07481		Bldg. Age 94						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC					
Street Address		Street Address 1126 51ST.						
City, State, Zip Code		City, State, Zip Code NORTH BEEGEN NJ. 07047						
Project Manager for Monitoring Firm ENVIRO PROBE INC		Telephone No. 201-776-0642	License No. 01300					
Start Date (10) 04-16-2018	Scheduled Completion Date (11) 04-18-2018	Name of OSHA Monitor ENVIRO PROBE LABORATORIES						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 108 LIBERTY ST.						
		City, State, Zip Code METUCHEN NJ.						
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 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
BASEMENT		X	Floor Tile 9x9 & Masic Glue	1,276. SF.	x			
Name of Registered Waste Hauler TRI STATE TRANSFER		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE				
City, State BRONX NEW YORK		Disposal Date TBD		City, State WAYNERBURG OHIO				
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 04/07/2018				

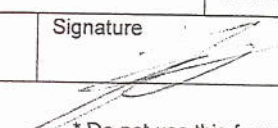


1291

FORM 1001

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

PAID

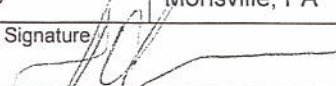
Date of Notification (1) 04/12/2018		Name of Building Owner/Operator (2) Daniel McCauley							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ 07036							
		Name of Contact Daniel McCauley	Telephone Number						
<b>FACILITY INFORMATION</b>									
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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1200	# of Floors 50+						
City (5) Linden		Bldg. Age 50+							
County (6) Union County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction LLC						
Street Address		Street Address 63 Leather Sticking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-264-9463						
Start Date (10) 04/24/2018		Scheduled Completion Date (11) 04/25/2018	License No. 01306						
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 Nari Construction LLC							
		Street Address 63 Leather Sticking Path							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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	136 LF	X		X	
Name of Registered Waste Hauler Nari Construction LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Igor Jezdimirovic		Title Project Manager		Signature 			Date 04-12-2018		



1702

Print Form

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

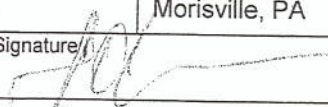
Date of Notification (1) 04/13/2018		Name of Building Owner/Operator (2) Manuel Padilla							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" 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 Nutley, NJ 07110							
		Name of Contact Manuel Padilla	Telephone Number 1						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Nutley		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
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) 04/18/2018		Scheduled Completion Date (11) 04/19/2018							
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 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
1st floor BASEMENT		X		Floor Tiles	500 SF	X			
						X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 04/13/2018		



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Print Form

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

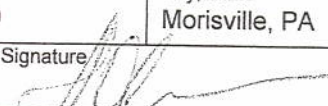
Date of Notification (1) 04/13/2018		Name of Building Owner/Operator (2) Rose DeSiena		APR 20 2018					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		[REDACTED] City, State, Zip Code Maplewood, NJ 07040					
Name of Contact Rena Spangler				Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Maplewood			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) 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.		Telephone No. 973-345-8685	License No. 01311				
Start Date (10) 04/26/2018		Scheduled Completion Date (11) 04/27/2018		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: <u>Occupied</u>				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	60 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 04/13/2018			



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Print Form

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

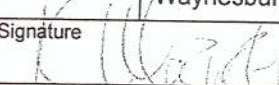
Date of Notification (1) 04/13/2018		Name of Building Owner/Operator (2) Karen Lee							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wyckoff, NJ 07481							
		Name of Contact Karen Lee	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) Wyckoff		Bldg. Age N/A							
County (6) Bergen	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) 04/25/2018	Scheduled Completion Date (11) 04/26/2018	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: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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	95 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 Oliver Hegedis		Title Project Manager		Signature 		Date 04/13/2018			



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

CHECK #5989

Date of Notification (1) 04-09-18		Name of Building Owner/Operator (2) Medco Health Solutions, Inc. (dba Express Scripts)							
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	100 Parsons Pond Dr.							
		City, State, Zip Code Franklin Lakes, NJ 07417							
		Name of Contact Mace Bell	Telephone Number (201) 269-2326						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 100 Parsons Pond Road		<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) Franklin Lakes		Square Feet 87,000	# of Floors 3						
		Bldg. Age 48 years							
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) BEM Systems, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 100 Passaic Ave		Street Address 200 Broad Street							
City, State, Zip Code Chatham, NJ 07928		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Venkat Balasubramanian		Telephone No. (908) 598-2600	Telephone No. 201-939-6565						
		License No. 00756							
Start Date (10) 04-24-18	Scheduled Completion Date (11) 06-30-18	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3A: Gym			x	Fireproofing	6,500SF	x			
3A: Corridor Wall			x	Sheetrock Compound	30SF	x			
2A: Kitchen Prep Area			x	Fireproofing	1,000SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Kevin Moriarty		Title Project Manager	Signature 	Date 04-09-18					



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

**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**

APR 20 2018

Date of Notification: 04 / 17 / 2018

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)  
Type of Work: ☐ Demolition ☒ Renovation

**II. BUILDING INFORMATION**

Name of Building Owner/Operator: Mark Guinan  
Street Address: [REDACTED] City: Collingswood State: NJ Zip: 08108  
Name of Contact: Mark Guinan Telephone No.:

**III. FACILITY INFORMATION**

Name of Facility Where Work Activity is to Take Place: Guinan Residence  
Describe Facility Use: Residence  
Street Address: [REDACTED] City: Collingswood State: NJ Zip: 08108  
County Name: Camden County Code (State Use Only):   
Scheduled Start Date: 04 / 26 / 2018 Scheduled Completion Date: 04 / 27 / 2018

**Occupancy Status During Activity (check only one):**

☒ Facility Closed/Vacated During Entire Activity  
☐ Activity Performed Outside Normal Facility Hours—Describe:   
☐ Other—Describe:

**Scope of Work (check all that apply):**

☒ Floor Tile Square Footage: 120 SF Percentage Asbestos: %  
☒ Mastic Square Footage: 120 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. & Enviro. Consulting Services Telephone No.: 609-298-4070

**V. SIGNATURE**

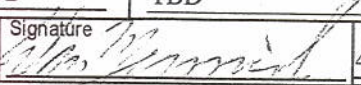
Completed By  
(type or print legibly): Christina Lynch Title: Vice President of Operations  
Signature: [Signature] Date: April 17, 2018



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

Date of Notification (1) <u>4/13/2018</u>		Name of Building Owner/Operator (2) <u>Borough Of Linenwold</u>							
Agencies Notified	Type Notification	Street Address <u>15 N. White Horse Pike</u>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <u>Lindenwold, NJ 08021</u>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <u>Derek Leary</u>	Telephone Number <u>856-783-2121</u>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Commercial Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)							
Street Address <u>419 N. White Horse Pike</u>		Square Feet <u>2500 SF</u>	# of Floors <u>1</u>						
City (s) <u>Lindenwold, NJ</u>		Bldg. Age <u>50 yrs</u>							
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Retail</u>							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <u>AEi2, LLC</u>							
Street Address		Street Address <u>361 E. Fleming Pike</u>							
City, State, Zip Code		City, State, Zip Code <u>Hammoncton, NJ 08037</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>						
Start Date (10) <u>4/22/18</u>	Scheduled Completion Date (11) <u>4/28/18</u>	Name of OSHA Monitor <u>AEi2, LLC</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>361 E. Fleming Pike</u>							
		City, State, Zip Code <u>Hammoncton, NJ 08037</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input 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	Encapsulation	Enclosure
Roof			X	Flashing	100 SF	X			
Window				Transite Window Panels	56 SF	X			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>ACUA</u>					
City, State <u>Hammoncton, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>					
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature 				Date <u>4/13/18</u>			

ASB-41

Do not use this form for asbestos licensure exempted activities.



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

PAID

Date of Notification (1) <b>APR 20 2018</b>		Name of Building Owner/Operator (2) <b>Jeff Capone</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	[REDACTED]	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	<b>Linden, NJ, 07036</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Jeff Capone</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Jeff Capone</b>			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5) <b>Linden</b>	County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			Current Use (Prior if being demolished) <b>Residence</b>		
Street Address			Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
City, State, Zip Code			Street Address <b>86 Christopher St.</b>		
Project Manager for Monitoring Firm			City, State, Zip Code <b>Montclair, NJ, 07042</b>		
Telephone Number <b>N/A</b>			Telephone Number <b>(973) 744-8800</b>		
Sched. Start Date (10) <b>04-27-18</b>			License Number <b>00371</b>		
Sched. Completion Date (11) <b>04-28-18</b>			Name of OSHA Monitor <b>N/A</b>		
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>OffHours Descript</u>					
<input type="checkbox"/> Other - Describe: <u>Other Occupancy Descript</u>					

Scope of Work (Check all that apply)

☒ >3 sf or >1 lf  
☐ >160 sf or >260 lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R	E	N	E	
Basement			X	Pipe insulation	110 LF	X				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>	NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>
City, State <b>Montclair, NJ 07042</b>	Disposal Date <b>4/30/18</b>	City, State <b>Wagnersburg, Ohio, 44688</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature <i>Constantine Vivian</i>	Date <b>4/16/18</b>



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

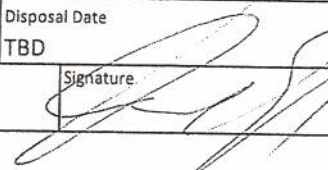
Check # 1065

Date of Notification (1) 4/16/18		Name of Building Owner/Operator (2) Bergen County Department of Public Works	
Agencies Notified	Type Notification	Street Address 1 Bergen County Plaza	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Hackensack, NJ, 07601	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Scott Luna	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number 201-336-6804	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bergen County Justice Center Courthouse		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address 10 Main St.			
City (5) Hackensack		Square Feet 342,797	# of Floors 5
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1957
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services, Inc		ASCM No. 00120	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 280 Huyler Street		Street Address 32 Willow Way	
City, State, Zip Code South Hackensack, NJ, 07606		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Alex Palets		Telephone No. 201-481-6209	Telephone No. 973-333-9176
Start Date (10) Pending Approval of Asbestos Permit From Bldg. Dept.		Scheduled Completion Date (11) 10/20/2018	License No. 01331
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: 08:00pm - 04:30am		Name of OSHA Monitor Envirovision Consultants, Inc.	
		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Please See Attached									
Name of Registered Waste Hauler Unicorn Contracting Corp.				NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 20+ CU YD	Name of Registered Landfill Fairless Hills Landfill			
City, State Woodland Park, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Dimo Golcev			Title General Manager	Signature 	Date 4/16/18				



APR 20 2018

[illegible]



ck 1087

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

Date of Notification (1) 03/26/2018		Name of Building Owner/Operator (2) Keith Geter		Check# Using Credit for Check No. 1040	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code South Orange, New Jersey 07079 Name of Contact Keith Geter Telephone Number	

APR 20 2018

Name of Facility Where Abatement is Taking Place (3) Private Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet 2,500	
City (5) South Orange, New Jersey 07079				# of Floors 2	
County (6) Essex				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Private Residence	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]				ASCM No.	
Street Address [REDACTED]				Name of Abatement Contractor (9) Lilich Corporation	
City, State, Zip Code [REDACTED]				Street Address 606 McBride Ave	
Project Manager for Monitoring Firm [REDACTED]				City, State, Zip Code Woodland Park, New Jersey	
Telephone No. [REDACTED]				Telephone No. 973-225-8400	
Start Date (10) 04/18/2018				License No. 01104	
Scheduled Completion Date (11) 04/19/2018				Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:					
Street Address 2333 Route 22 West					
City, State, Zip Code Union, NJ 07083					

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) [REDACTED]	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 of LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Basement	X			TSI	150 LF	X		

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Landfill	
City, State Woodland Park, New Jersey				Disposal Date 04/19/2018		City, State Morrisville, PA	
Completed by Adriana Olejarova				Title President		Signature [Signature]	
						Date 03/26/2018	



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



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BEST REMOVAL INC

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

Date of Notification (1) <b>4/17/18</b>		Name of Building Owner/Operator (2) <b>Ms. Alesia Calocci</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>WALLINGTON, NJ 07057</b> Name of Contact <b>MS. CALOCCI</b> Telephone Number [REDACTED]						
Name of Facility Where Abatement is Taking Place (3) <b>ALESIA CALOCCI</b>								
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> Subelement 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>WALLINGTON</b>	Square Feet <b>2010</b>	# of Floors <b>2</b>	Bldg. Age <b>1940</b>					
County (6) <b>BERGEN</b>	County Code (7) STATE USE ONLY	Current Use: (If being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>					
Street Address [REDACTED]		Street Address <b>450 South River Street</b>						
City, State, Zip Code [REDACTED]		City, State, Zip Code <b>Hackensack, NJ 07601</b>						
Project Manager for Monitoring Firm [REDACTED]		Telephone No. <b>201-329-1444</b>	Licence No. <b>00388</b>					
Start Date (10) <b>4/20/18</b>	Scheduled Completion Date (11) <b>4/21/18</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>8:00AM TO 5:00PM</b>		Street Address <b>280 Huyle Street</b> City, State, Zip Code <b>South Hackensack, NJ 07606</b>						
Scope of Work (Check All That Apply) <input type="checkbox"/> $\leq 5$ sf or $\leq 25$ ft <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Closed Procedure <input type="checkbox"/> Non-Enclosed (*) 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	Encapsulation
<b>BASEMENT</b>			<b>VAT</b>	<b>6400</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>31200</b>	Name of Registered Landfill <b>Larva Enterprises, LLC</b>				
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>4/23/18</b>	Signature <b>J. Maiorano</b>	City, State <b>Waynesburg, OH 44688</b>				
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Date <b>4/17/18</b>					

ASB-41 (R-06-09)

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