

PAID

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

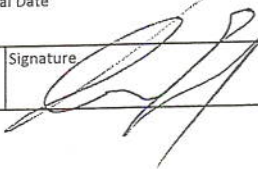
C/C # 134

Date of Notification (1) 4/25/19		Name of Building Owner/Operator (2) St. Joseph Regional Medical Center	
Agencies Notified	Type Notification	Street Address 703 Main Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Paterson, NJ 07503	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Glenn Mohring	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number 973-956-3591	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

RECEIVED  
APR 29 2019

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) St. Joseph's Regional Medical Center - 1st Fl Mechanical Room		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, home etc.)	
Street Address 224 Hamburg Turnpike		Square Feet 30,000+	# of Floors 3+
City (5) Wayne		Bldg. Age 50+	
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address		Street Address 32 Willow Way	
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 5/6/19	Scheduled Completion Date (11) 5/8/19	Name of OSHA Monitor Envirovision Consultants, 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: 7-4		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"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation	
<input type="checkbox"/> ≥160 sf or ≥260 lf		<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			Repair	Encapsulate	Enclosure
1st Fl Mechanical Room	X			Thermal System Insulation	60 SF			
1st Fl Mechanical Room	X			Pipe Fitting Insulation	11 ea			


Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 3+	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 	

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'25/19

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

ck # 134

Date of Notification (1) 4/23/19		Name of Building Owner/Operator (2) Montclair Township Board of Education		RECEIVED	
Agencies Notified	Type Notification	Street Address 22 Valley Rd		City, State, Zip Code Montclair, NJ 07042	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Emidio D'Andrea		Telephone Number 973-509-4000	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Watchung Elementary School			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 14 Garden Street			City (5) Montclair, NJ 07042		
County (6) Essex			County Code (7) (STATE USE ONLY) _____	Square Feet 40,000 SF	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.			ASCM No.	Current Use (Prior if being demolished) Elementary School	
Street Address 300 Grand Ave			Name of Abatement Contractor (9) Unicorn Contracting Corp.		
City, State, Zip Code Englewood, NJ 07631			Street Address 32 Willow Way		
Project Manager for Monitoring Firm Stephen Jaraczewski			Telephone No. (201) 569-6708	City, State, Zip Code Woodland Park, NJ 07424	License No. 01331
Start Date (10) 4/19/19		Scheduled Completion Date (11) 4/24/19		Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 20-21 Wagaraw Rd., Bldg. 35-E		
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			City, State, Zip Code Fair Lawn, NJ 07410		
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		
			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Annex Area - Crawl Space	X			Pipe Insulation	504 LF
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 5+	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 4/23/19					



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

Date of Notification (1) <b>4/25/19</b>		Name of Building Owner/Operator (2) <b>MR JOHN SHAFFER</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code <b>SUMMIT, NJ, 07901</b>
		Name of Contact <b>MR. R. KELLER</b>	Telephone Number [REDACTED]
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MR. SHAFFER</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>6000</b>	
City (5) <b>SUMMIT</b>		# of Floors <b>2</b>	
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
Street Address		Street Address <b>450 South River St</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>5/7/19</b>	Scheduled Completion Date (11) <b>5/8/19</b>	Name of OSHA Monitor <b>Omega Environmental</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>S. Hackensack, N.J. 0760</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>GARAGE</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 SURFACING</b>
			Amount (Specify SF or LF) <b>135 #</b>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>30 YS</b>
City, State <b>Hackensack, N.J. 07601</b>		Name of Registered Landfill <b>CUMBERLAND COUNTY LANDFILL</b>	
Disposal Date <b>5/8/19</b>		City, State <b>NEWBURGH, PA. 172</b>	
Completed by <b>J. MAIORANO</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>4/25/19</b>

ASB-41

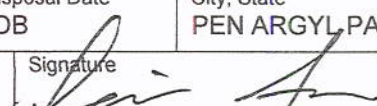
\* Do not use this form for asbestos licensure exempted activities.

Abatement Type			
Removal	Repair	Encapsulate	Enclosure
X			

**0-25/19**



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

Date of Notification (1) 4/24/2019 CHECK #0191			Name of Building Owner/Operator (2)			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  APR 23 2019  ASBESTOS ABATEMENT &amp;  LICENSING </div>				
Agencies Notified		Type Notification		Street Address					City, State, Zip Code	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		19 Hartel Lane					Montvale NJ, 07645	
				Name of Contact		Telephone Number				
				Tristan george						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3)						Type of Facility (4)				
Street Address						<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)				
19 Hartel Lane										
City (5)				Square Feet	# of Floors	Bldg. Age				
Montvale NJ, 07645				50X100	1FL	50 YRS				
County (6)			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
BERGEN					Empty					
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9)					
					ALL SOLUTIONS CONTRACTING INC					
Street Address				Street Address						
				24 CHURCH ST						
City, State, Zip Code				City, State, Zip Code						
				ELMWOOD PARK, NJ 07407						
Project Manager for Monitoring Firm			Telephone No.		Telephone No.		License No.			
					201 873 9418		01301			
Start Date (10)		Scheduled Completion Date (11)		Name of OSHA Monitor						
04/26/2019		04/28/2019		ALL SOLUTIONS CONTRACTING INC						
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: START 7:30 AM TO 4:30 PM						24 CHURCH ST				
						City, State, Zip Code				
						ELMWOOD PARK, NJ 07407				
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	Enclosure
Attic				X	Vermiculite		450sf	X		
Name of Registered Waste Hauler			NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
ATLANTIC CARTING					TDB		GRAND CENTRAL			
City, State					Disposal Date		City, State			
PEN ARGYL, PA 18072					TDB		PEN ARGYL, PA, 18072			
Completed by			Title		Signature		Date			
LUIS ARCILA			PRESIDENT				04/24/2019			



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

**PAID**

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Date of Notification (1) <b>4/25/19</b>		Name of Building Owner/Operator (2) <b>MARK SHILLING</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code <b>SUMMIT NJ 07901</b>
		Name of Contact <b>MR R KELLER</b>	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MARK SHILLING</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>6000</b>	# of Floors <b>3</b>
City (5) <b>SUMMIT</b>		Age <b>20</b>	
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>
Street Address		Street Address <b>450 South River St</b>	
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>5/6/19</b>	Scheduled Completion Date (11) <b>5/7/19</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 Huyler St</b>	
		City, State, Zip Code <b>S. Hackensack, N.J. 07601</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  <b>FIRST FLOOR RISER</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 SYSTEM INSULATION</b>
			Amount (Specify SF or LF) <b>12 LF</b>
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1/200</b>
City, State <b>Hackensack, N.J. 07601</b>		Name of Registered Landfill <b>CUMBERLAND COUNTY ANDFILL</b>	
Disposal Date <b>5/7/19</b>		City, State <b>NEWBURGH, PA. 17401</b>	
Completed by <b>J. MAIORANO</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>	Date <b>4/25/19</b>

ASB-41

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



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

MO#25686758160

*NOCK*

Cancellation

Date of Notification (1) 04 / 24 / 19		Name of Building Owner/Operator (2) Judy Gonnello					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Nutley, NJ 07110 Name of Contact Judy Gonnello Telephone Number 					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Private house Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City (5) Nutley, NJ 07110 County (6) Essex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. A e					
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127				
Start Date (10) 04 / 24 / 19	Scheduled Completion Date (11) 04 / 25 / 19	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
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							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type	Encapsulate	Enclosure
	Yes	No					
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA			
Completed By (Print or Type) N. Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 04/24/19		



OK 10680 PAID

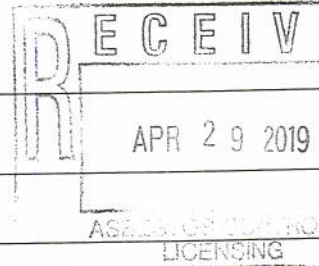
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
Check # 10680  
APR 29 2019


Date of Notification (1) 4-26-19		Name of Building Owner/Operator (2) Rapid Response DKT					
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 P.O. Box 2292 City, State, Zip Code Flemington NJ 08822					
		Name of Contact Eddie Coffman	Telephone Number 908-500-4514				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building etc.)					
Street Address [REDACTED]		homes,					
City (5) Manville NJ 08835	Square Feet	# of Floors 1	Bldg. ge 8				
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc				
Street Address P.O. Box 337		Street Address P.O. Box 337					
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609-758-3365	License No. 00364				
Start Date (10) May 6, 2019	Scheduled Completion Date (11) May 6, 2019	Name of OSHA Monitor EPC Technologies 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:		Street Address P.O. Box 337					
		City, State, Zip Code New Egypt NJ 08533					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input 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	
	Yes	No	N/A			Removal	Repair
Basement	X			Floor Tiles	800 SF	X	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management: PIA			
City, State New Egypt NJ		Disposal Date 5-7-19		City, State Morrisville PA			
Completed by Steve Schenker		Title President	Signature Steve Schenker	Date 4-26-18			



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

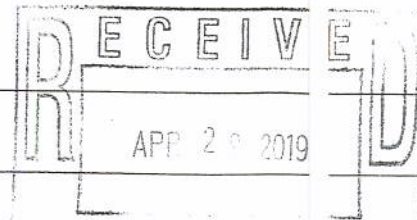


*NOCK*

Date of Notification (1) <b>4 / 25 / 19</b>			Name of Building Owner/Operator (2) <b>State of NJ DMVA BMB</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation		Street Address <b>101 Eggert Crossing Road</b> City, State, Zip Code <b>Lawrenceville, NJ 08648</b> Name of Contact <b>William McBride</b> Telephone Number <b>609-530-7136</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>DMVA - Teaneck Armory</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 building homes, etc.)	
Street Address <b>1799 Teaneck Road</b>				Square Feet <b>180,000</b>	# of Floors <b>2</b>
City (5) <b>Teneck</b>				Bldg. Area <b>50,100</b>	<b>d8</b>
County (6) <b>Bergen</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>government</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Whitman Co</b>		ASCM No.		Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>	
Street Address <b>7 Pleasant Hill Road</b>		Street Address <b>923 Haws Ave</b>			
City, State, Zip Code <b>Cranbury, NJ 08512</b>		City, State, Zip Code <b>Norristown, PA 19401</b>			
Project Manager for Monitoring Firm <b>Kevin Lovely</b>		Telephone No. <b>732-390-5858</b>		Telephone No. <b>610-239-9920</b>	License No. <b>00398</b>
Start Date (10) <b>4 / 22 / 19</b>		Scheduled Completion Date (11) <b>6 / 3 / 19</b>		Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-11:00PM/</b> _____ PM-_____ AM				Street Address <b>923 Haws Ave</b> City, State, Zip Code <b>Norristown, PA 19401</b>	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
<b>2<sup>nd</sup> floor mechanical room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>pipe insulation</b>	<b>400LF wrap/cut</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Freehold, NJ</b>		Disposal Date <b>6/3/19</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>James M. Kelly</b>		Title <b>Vice President</b>		Signature 	Date <b>4/2/19</b>



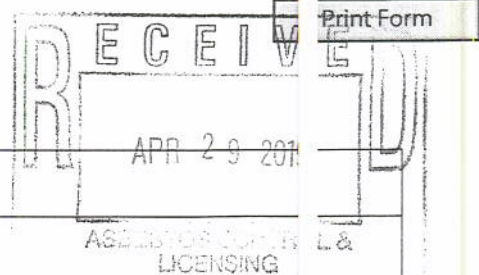
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>04 / 25 / 19</b>		Name of Building Owner/Operator (2) <b>Haney Kaufman</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>							
		City, State, Zip Code <b>Summit, NJ 07901</b>							
		Name of Contact <b>Haney Kaufman</b>	Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Private house</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 <div style="background-color: black; width: 100px; height: 15px;"></div>		City (5) <b>Summit, NJ 07901</b>							
County (6) <b>Union</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>Gr Tech LLC</b>						
Street Address		Street Address <b>576 Valley Road#283</b>							
City, State, Zip Code		City, State, Zip Code <b>Wayne, NJ 07470</b>							
Project Manager for Monitoring Firm		Telephone No. <b>973-638-1777</b>	License No. <b>01127</b>						
Start Date (10) <b>04 / 25 / 19</b>	Scheduled Completion Date (11) <b>04 / 26 / 19</b>	Name of OSHA Monitor <b>Envirovision Consultants, Inc</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>20-21 Wagaraw Road, Bldg.#34 A</b>							
		City, State, Zip Code <b>Fair Lawn, NJ 07410</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	250 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 <b>Gr Tech LLC</b>		NJDEP Waste Hauler ID No. <b>0033785</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>T.R.R.F. Inc</b>					
City, State <b>Wayne, NJ 07470</b>		Disposal Date <b>TBD</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>N.Jevtic</b>		Title <b>Owner</b>	Signature <i>N.Jevtic</i>			Date <b>04/25/2019</b>			

NOCK

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



Date of Notification (1) 04/24/2019		Name of Building Owner/Operator (2) Sheryl Casperino						
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 type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Totowa, NJ 07512						
		Name of Contact Sheryl Casperino	Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)						
Street Address 340 Totowa Road		Square Feet N/A	# of Floors N/A					
City (5) Totowa,		Bldg. Area N/A						
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Building						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311					
Start Date (10) 04/22/2019	Scheduled Completion Date (11) 04/25/2019	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 11 Rosengren Avenue						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No			N/A	Removal		
Basement		X	Pipe Insulation (wrap & cut)	240 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Lendfield				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 04/24/2019	



B &amp; G proj. #: 2019-91

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

\*\*\* Emergency \*\*\*

Check # 9261

Date of Notification (1) 04/12/2019		Name of Building Owner/Operator (2) Arlen Murphy	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Montclair, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Arlen Murphy	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Arlen Murphy			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter o (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Montclair, NJ 07042	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 04/25/2019		Sched. Completion Date (11) 04/26/2019	License Number 0031		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)					
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<input type="checkbox"/> Full Containment w/negative pressure		
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input checked="" type="checkbox"/> Glovebag procedure		
			<input type="checkbox"/> Non-friable procedure		

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	E
	Yes	No	N/A					
1st floor closet			X	pipe insulation	14 lf			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 04/26/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 04/22/2019



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

OK 9918

PAID

RECEIVED  
APR 23 2019

Date of Notification (1) <div style="display: flex; justify-content: space-around;"> <span>04</span> <span>/</span> <span>22</span> <span>/</span> <span>19</span> </div>			Name of Building Owner/Operator (2) <b>JACQUELINE LEWIS</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; height: 20px; width: 100%;"></div>	
		City, State, Zip Code <b>WILLINGBORO NJ 08046</b>		Name of Contact <b>JACQUELINE LEWIS</b>	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>SAME</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>SAME</b>					
City (5) <b>SAME</b>			Square Feet <b>1727</b>	# of Floors <b>2</b>	Bldg. <b>58</b>
County (6) <b>BURLINGTON</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>RESIDENTIAL</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>A.E.S.L</b>		ASCM No. <b>0021</b>		Name of Abatement Contractor (9) <b>CPR ENVIRONMENTAL SERVICE</b>	
Street Address <b>2200 PATTERSON PLANK RD UNIT 7</b>		Street Address <b>8421 HEGERMAN ST</b>			
City, State, Zip Code <b>NORTH BERGEN NJ 07047</b>		City, State, Zip Code <b>PHILADELPHIA PA 19136</b>			
Project Manager for Monitoring Firm <b>CARMELO ALTAMONTE</b>		Telephone No. <b>2012864-6583</b>		Telephone No. <b>215 333-5117</b>	License No. <b>01328</b>
Start Date (10) <div style="display: flex; justify-content: space-around;"> <span>4</span> <span>/</span> <span>23</span> <span>/</span> <span>19</span> </div>		Scheduled Completion Date (11) <div style="display: flex; justify-content: space-around;"> <span>4</span> <span>/</span> <span>24</span> <span>/</span> <span>19</span> </div>		Name of OSHA Monitor <b>SAME</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address <b>SAME</b>		
			City, State, Zip Code <b>SAME</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
FAMILY ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	283
DINING ROOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT	133
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler <b>CENTURY WASTE SERVICES</b>		NJDEP Waste Hauler ID No. <b>32787</b>		Cubic Yards of Waste	Name of Registered Landfill <b>WASTE MANAGEMENT</b>
City, State <b>ELIZABETH NJ</b>		Disposal Date		City, State <b>TULLYTOWN PA</b>	
Completed By (Print or Type) <b>ANTHONY JONES</b>		Title <b>PROJECT MANAGER</b>		Signature <i>Anthony Jones</i>	Date <b>4.23.19</b>



NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Non-Friable Notification  
Check #: 7388 & 7408

6600 - NJ

OK 7408

PAID

Date of Notification (1)

04/15/19

Name of Building Owner/Operator (2)

NJ Department of Transportation  
Street Address

P.O. Box 600

City, State, Zip Code

Trenton, NJ 08625-0600

Name of Contact

Michael DeAngelo

Telephone Number

609-530-2031

Agencies Notified Type Notification

☒ EPA☒ DEP☒ DOL☒ DOH☐ DCA☒ Initial Notification☐ Amended Notification☐ Cancellation

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Lafayette Maintenance Yard

Street Address

38 NJ-94

City (5)

County (6)

Sussex

County Code (7)  
(STATE USE ONLY)

Lafayette Twp., NJ 07848

Name of Monitoring Firm Hired by Building Owner (8)

Environmental Connection, Inc.  
Street Address120 North Warren Street  
City, State, Zip Code

Trenton, NJ 08608

Project Manager for Monitoring Firm Telephone Number

Dominick Dercole

609-392-4200

Scheduled Start Date (10)

04/29/19  
Month / Day / Year

Sched. Completion Date (11)

05/10/19  
Month / Day / Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility

Hours - Describe:

☐ Other - Describe:

Type of Facility (4)

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

Square Feet

40000

# of Floors

2

Bldg. Age

50

Current Use (Prior if being demolished)

Maintenance Yard

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue  
City, State, Zip Code

Clifton, NJ 07013-1935

Telephone Number

973-614-0377

License Number

00807

Name of OSHA Monitor

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue  
City, State, Zip Code

Clifton, NJ 07013

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
				REM OVAL	REPAIR	
Bldg. #1228 - break room & parts office	<input checked="" type="checkbox"/>	VAT & associated mastic	2,553 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bldg. #1229	<input checked="" type="checkbox"/>	VAT & associated mastic	170 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Name of Registered Waste Hauler

Newark Carting, Co.  
City, StateNJDEP Waste Hauler ID No.  
4509

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill

Grand Central Sanitary Landfill

City, State

Pen Argil, PA 18072

Newark, NJ

Completed By (Print or Type)

Bilyana Kulakovska

Title

Office Administrator

Signature

Date

4/15/19

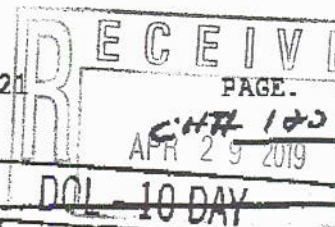
ASB-41  
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23.04.2019 07:17 AM A. Mac Contracting

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PAGE.

C.H. 100  
APR 25 2019

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:25)

**OK 1239 PAID**

Date of Notification (1) 4/23/19 Name of Building Owner/Operator (2) MR. + MRS. SENIOR

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

Type Notification: ☒ Initial, ☐ Amended, ☐ Amendment #, ☒ Emergency (including justification), ☐ Cancellation

City, State, Zip Code: SOUTH ORANGE NJ 07075

Name of Contact: ERIKA SENIOR

Telephone Number: 201-262-8841

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) SENIOR Type of Facility (4) ☐ School (K-12), ☒ Subchapter B (Other than K-12), ☒ Other (i.e. private & commercial buildings, homes, etc.)

Street Address: [REDACTED]

City (5) SOUTH ORANGE Square Feet 1650 # of Floors 2 Bldg. Age 64

County (6) ESSEX County Code (7) (STATE USE ONLY) RAJ Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8) ABOM No. Name of Abatement Contractor (9) A. Mac Contracting Inc.

Street Address: 185 Vreeland Ave.

City, State, Zip Code: Midland Park, NJ 07432

Project Manager for Monitoring Firm Telephone No. 201-262-8841 License No. 00156

Start Date (10) 4/23/19 Scheduled Completion Date (11) 4/29/19 Name of OSHA Monitor Omega Environmental Services Inc.

Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement, ☐ Abatement Performed Outside of Normal Facility Hours, ☐ Other - Describe: 280 Huyler Street

City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply): ☒ 25 or less sq ft, ☒ 250 or less sq ft, ☐ 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)			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
<u>Bathroom</u>			<u>X</u>	<u>Pipe</u>	<u>12 LF</u>	<u>X</u>		
<u>1st Floor</u>			<u>X</u>	<u>DUCT</u>	<u>6 SQ</u>			<u>X</u>

Name of Registered Waste Hauler: Newark Carting Inc. NJDEP Waste Hauler ID No.: 04500 Cubic Yards of Waste: 1 Name of Registered Landfill: Grand Central Sanitary Landfill

City, State: Newark, NJ 07105 Disposal Date: 4/23/19 City, State: Pen Argyl, PA 06072

Completed by: R. McDonald Title: President Signature: R. McDonald Date: 4/20/19



check #  
9325

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

RECEIVED  
APR 29 2019

Date of Notification (1) 04 / 23 / 19		Name of Building Owner/Operator (2) Trustees of Princeton University		ASBESTOS CONTROL & LICENSING			
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>E.A. MacMillian Building</b> City, State, Zip Code <b>Princeton, NJ 08544</b> Name of Contact <b>Robert F. Ortego, PE</b> Telephone Number <b>(609) 258-1841</b>			
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Springdale Apartments</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>53-59 College Road West</b>			Square Feet <b>7,000</b> # of Floors <b>3</b> Bldg. Age <b>70 yrs.</b>				
City (5) <b>Princeton</b>		County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY) <b>Current Use (Prior if being demolished) Apartments</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No. <b>00003</b>		Name of Abatement Contractor (9) <b>East Coast Haz Mat Removal, Inc.</b>			
Street Address <b>1253 North Church Street</b>		Street Address <b>494 East 41st Street</b>					
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Paterson, NJ 07504</b>					
Project Manager for Monitoring Firm <b>Michael R. Keehn</b>		Telephone No. <b>(856)-840-8800</b>		Telephone No. <b>973-345-0022</b> License No. <b>00507</b>			
Start Date (10) 05 / 02 / 19		Scheduled Completion Date (11) 05 / 20 / 19		Name of OSHA Monitor <b>Same as above</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-3:30PM/</b> PM-____AM			Street Address City, State, Zip Code				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> <i>WRAP + COT Procedures</i> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair/Encapsulate
Unit 53-Living rm. behind book cases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	32 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unit 59-Living rm. behind book cases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	32 LF	<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>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>2265</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Mgmt. - Fairless Hills</b>		
City, State <b>Freehold, NJ</b>		Disposal Date <b>May 2019</b>		City, State <b>Morrisville, PA</b>			
Completed By (Print or Type) <b>James Unger</b>		Title <b>Sr. Estimator/Project Mgr.</b>		Signature <i>James Unger</i>		Date <b>4-23-19</b>	



ate 4/23/19



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LICENSING

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

Print Form

OK 2364

2364 RECEIVED APR 29 2019

Date of Notification (1) 04/19/19		Name of Building Owner/Operator (2) K. Hovnanian at Cedar Grove					
Agencies Notified	Type Notification	Street Address 110 Fieldcrest Ave.					
<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 Edison, NJ 08837					
		Name of Contact John Crane	Telephone Number 732-225-4001				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Essex County Hospital		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)					
Street Address 204 Grove Ave.		Square Feet 0	# of Floors 0				
City (5) Cedar Grove		Bldg. Area 0					
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) demolition debris					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Lesco Services Inc.				
Street Address		Street Address 156 Maple Ave.					
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057					
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107				
Start Date (10) 04/29/19	Scheduled Completion Date (11) 05/04/19	Name of OSHA Monitor Leslaw Nalodka					
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 156 Maple Ave.					
		City, State, Zip Code Wallington, NJ 07057					
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		Enclosure
	Yes	No			N/A	Removal	
building 13			*	transite pipes mixed with concrete	80 Yards	CLEAN UP	
Name of Registered Waste Hauler Atlantic Carting Inc.		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste 80	Name of Registered Landfill GCSL			
City, State Wayne, NJ		Disposal Date 05/06/19		City, State Pen Argyl, PA			
Completed by Leslaw Nalodka		Title President	Signature <i>L Nalodka</i>		Date 04/19/19		



(K# 5303)

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

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**R E C E I V E D**

APR 29 2019

Date of Notification (1) <b>4/27/19</b>		Name of Building Owner/Operator (2) <b>From the Heavens, LLC</b>					
Agencies Notified	Type Notification	Street Address	City, State, Zip Code				
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>321 Herrod Blvd</b>	<b>Dayton, New Jersey 08810</b>				
		Name of Contact <b>Steven</b>	Telephone Number <b>702 245333</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>From the Heavens Property</b>		Type of Facility (4)					
Street Address <b>436 Brooks de Ave</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) <b>Oakhurst</b>	Square Feet <b>1600</b>	# of Floors <b>2</b>	Bldg. Age <b>60+</b>				
County (6) <b>Morristown</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)				
Street Address			<b>Acc Insulation Co, Inc</b>				
City, State, Zip Code			<b>95 Montrose Rd Colt Neck, NJ 07722</b>				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. / License No.				
			<b>702-2441757 / 00029</b>				
Start Date (10) <b>5/6/19</b>		Scheduled Completion Date (11) <b>3/14/19</b>					
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 Other - Describe: <b>7AM-7PM</b>		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Abatement Type
	Yes	No	N/A				
<b>exterior</b>			<b>X</b>	<b>Siding</b>	<b>1200 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Name of Registered Waste Hauler <b>Acc Insulation Co, Inc</b>		NJDEP Waste Hauler ID No. <b>12086</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Chrys</b>			
City, State <b>Colt Neck, New Jersey</b>		Disposal Date <b>5/14/19</b>	City, State <b>Easton, PA</b>				
Completed by <b>Breem G...</b>		Title <b>Secretary Treasurer</b>	Signature <i>[Signature]</i>	Date <b>4/27/19</b>			



CK # 4802

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

RECEIVED  
APR 29 2019

Date of Notification (1) <b>4-23-19</b>		Name of Building Owner/Operator (2) <b>TOM WELSH BUILDER</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <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>661 POMONA AVE</b>		City, State, Zip Code <b>HADDONFIELD N.J 08033</b>	
Name of Contact <b>TOM</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>[REDACTED]</b>		Square Feet <b>1000</b>	# of Floors <b>1</b>
City (5) <b>AVALON</b>		Current Use (Prior if being demolished) <b>VACANT</b>	
County (6) <b>CAPE MAY</b>		County Code (7) (STATE USE ONLY)	
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>5-7-19</b>		License No. <b>0137</b>	
Scheduled Completion Date (11) <b>5-17-19</b>		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
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		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) IN Facility (13) <b>SIDING</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>TRANSITE</b>	Amount (Specify SF or LF) <b>1250 SF</b>
Name of Registered Waste Hauler <b>KLEMCO INC</b>	NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>C.M.C.M.U</b>
City, State <b>MAPLE SHADE N.J</b>	Disposal Date	City, State <b>WOODBINE</b>	
Completed By <b>MICHAEL KLEMM</b>	Title <b>SUP.</b>	Signature <b>[Signature]</b>	Date <b>4-23-19</b>



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

RECEIVED  
APR 29 2011

Date of Notification (1) <u>4-23-11</u>		Name of Building Owner/Operator (2) <u>JOHNATHAN HAWN EXCAVATING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX 198</u>	
		City, State, Zip Code <u>CAPE MAY COURT HOUSE</u>	
		Name of Contact <u>JOHN</u>	Telephone Number <u>609-780-3110</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>2</u>
City (5) <u>STONE HARBOR</u>		Current Use (Prior if being demolished) <u>VACANT</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>N.A.</u>		Name of Abatement Contractor (9) <u>KLEWCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>H-01371</u>
Start Date (10) <u>5-2-11</u>		Scheduled Completion Date (11) <u>5-12-11</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: _____		Name of OSHA Monitor	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code	
<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	
<u>SIDING</u>		<u>X</u>	<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J.</u>		Name of Registered Landfill <u>C.M.C.M.U.</u>	
Disposal Date		City, State <u>WOODBINE</u>	
Completed By <u>MICHAEL KLEW</u>		Title <u>SUP.</u>	Signature <u>M. KLEW</u>
		Date <u>4-27-11</u>	



CK# 4802

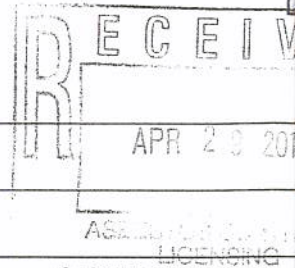
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <u>4-23-19</u>		Name of Building Owner/Operator (2) <u>D.L. MINER</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>11 CLERMONT DR. UNIT A</u>		City, State, Zip Code <u>CAPE MAY COURT HOUSE N.J. 08210</u>	
Name of Contact		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings homes, etc.)	
Street Address <u>[REDACTED]</u>		Square Feet <u>1500</u>	
City (5) <u>STONE HARBOR</u>		# of Floors <u>1</u>	
County (6) <u>CAPE MAY</u>		Bldg. # <u>50</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEWCO INC</u>	
City, State, Zip Code		Street Address <u>369 S. SPROUE AVE</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Telephone No.		Telephone No. <u>856-779-0422</u>	
Start Date (10) <u>5-2-19</u>		License No. <u>01371</u>	
Scheduled Completion Date (11) <u>5-12-19</u>		Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>		Amount (Specify SF or LF) <u>2250 SF</u>	
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NIDEP Waste Hauler ID No. <u>17909</u>	
City, State <u>MAPLE SHADE N.J.</u>		Cubic Yards of Waste <u>3</u>	
Disposal Date		Name of Registered Landfill <u>C.M.C.M.U.</u>	
City, State <u>WOODBINE</u>		Signature <u>[Signature]</u>	
Completed By <u>MICHAEL KLEWCO</u>		Title <u>SOP.</u>	
Date <u>4-23-19</u>		Date <u>4-23-19</u>	



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



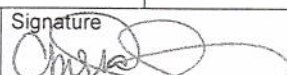
Date of Notification (1) 4/02/2019 CHECK #0172			Name of Building Owner/Operator (2)		
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		55 HAWKINS AVE	
				City, State, Zip Code PARSIPPANY NJ, 07054	
				Name of Contact GENE CRUZ	
				Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)	
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, etc.)	
City (5)				Square Feet 50X100	# of Floors 2 FLOORS
County (6) BERGEN				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OCCUPAID
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING	
Street Address 55 HAWKINS AVE			Street Address 24 CHURCH ST		
City, State, Zip Code PARSIPPANY NJ, 07054			City, State, Zip Code ELMWOOD NJ 07407		
Project Manager for Monitoring Firm			Telephone No.	Telephone No. 201 873 9418	License No. 01301
Start Date (10) 4/02/2019		Scheduled Completion Date (11) 4/03/2019		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING	
Occupancy Status During Abatement (Check Only One)				Street Address 24 CHURCH ST	
<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: 4:00 PM TO 11:00pm				City, State, Zip Code ELMWOOD NJ 07407	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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)
	Yes	No	N/A		
BASEMENT			X	PIPE INSULATION	7 LF
Name of Registered Waste Hauler ATLANTIC CARTING			NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL
City, State PEN ARGYL PA 18072			Disposal Date TDB		City, State PEN ARGYL PA 18072
Completed by LUIS ARCILA		Title PRESIDENT	Signature 		Date 4/02/2019



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

**RECEIVED**  
APR 29 2019

0450607 PAID

Date of Notification (1) <b>04 / 24 / 19</b>		Name of Building Owner/Operator (2) <b>Brookfield Properties Retail, Inc.</b>				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>350 N. Orleans Street, Suite 300</b>				
		City, State, Zip Code <b>Chicago, IL 60654</b>				
		Name of Contact <b>James Bereheiko</b>	Telephone Number <b>732-734-8642</b>			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>Woodbridge Center Mall</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>250 Woodbridge Center Drive</b>		Square Feet <b>1,633,000</b>	# of Floors <b>2</b>			
City (5) <b>Woodbridge</b>		County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY) <b>Commercial</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Laboratories, Inc.</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>				
Street Address <b>400 Street Road</b>		Street Address <b>623 Cutler Avenue</b>				
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>				
Project Manager for Monitoring Firm <b>Michael Panepresso</b>		Telephone No. <b>215-244-1300</b>	License No. <b>00842</b>			
Start Date (10) <b>05 / 17 / 19</b>	Scheduled Completion Date (11) <b>05 / 20 / 19</b>	Name of OSHA Monitor <b>Criterion Laboratories, Inc.</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM <b>9:00PM-7:00AM</b>		Street Address <b>3370 Progress Drive, Suite J</b>				
		City, State, Zip Code <b>Bensalem, PA 19020</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"/> 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			
Space 1025 Restroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Seam Caulk	10 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"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Fairless Landfill</b>		
City, State <b>Freehold, NJ</b>		Disposal Date <b>05/20/2019</b>		City, State <b>Morrisville, PA</b>		
Completed By (Print or Type) <b>Christina Lynch</b>	Title <b>Vice President of Operations</b>		Signature 		Date <b>4/24/19</b>	



PAID

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

Ck # 2105

Date of Notification (1) 04/25/19		Name of Building Owner/Operator (2) Dany Nissim		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  APR 29 2019 </div>	
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 Chatham, NJ Name of Contact Dany			
		Telephone Number [REDACTED]			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential 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, etc.)	
Street Address [REDACTED]		Square Feet 2000	# of Floors 2
City (5) Chatham		Bldg. Age 50+	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential House	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a		Street Address 360 Palisade Ave	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026
License No. 01255			
Start Date (10) 05/04/19	Scheduled Completion Date (11) 05/07/19	Name of OSHA Monitor Harmony Contracting Inc	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Exterior			x	Transite Shingles	2000 SF	x			
Basement			x	Pipe Insulation	15 LF	x			

Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Garfield, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by E. Cirovic	Title Secretary	Signature <i>E. Cirovic</i>	Date 04/25/19		



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

**RECEIVED**  
APR 29 2019

Date of Notification (1) 4/08/2019 CHECK #0173		Name of Building Owner/Operator (2)						
Agencies Notified	Type Notification	Street Address 388 PIERMONT RD						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CLOSTER, NJ 07624						
		Name of Contact JEANNE BELDEN	Telephone Number 1					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address 388 PIERMONT RD		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building etc.)						
City (5) CLOSTER, NJ 07624		Square Feet 50X100	# of Floors 2FL					
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) EMPTY						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		ALL SOLUTIONS CONTRACTING INC						
City, State, Zip Code		24 CHURCH ST						
Project Manager for Monitoring Firm		Telephone No. 201 873 9418	License No. 01301					
Start Date (10) 04/12/2019	Scheduled Completion Date (11) 04/13/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC						
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST						
<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:AM TO 3:30 PM		City, State, Zip Code ELMWOOD NJ 07407						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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		Encapsulate	Enclosure
	Yes	No			N/A	Removal		
BASEMENT			X	FLOOR TILE	180SF	X		
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL				
City, State PEN ARGYL PA 18072		Disposal Date TDB		City, State PEN ARGYL PA 18072				
Completed by LUIS ARCILA		Title PRESIDENT	Signature	Date 04/08/2019				



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

Date of Notification (1) 4/23/2019 CHECK #0187		Name of Building Owner/Operator (2)						
Agencies Notified	Type Notification	Street Address 75 EVERGREEN AVE						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code EDISON, NJ 08837						
		Name of Contact MARGARET LARDIERI	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address 75 EVERGREEN AVE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) EDISON, NJ 08837		Square Feet 50X100	# of Floors 1FL					
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OCCUPAID					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC					
Street Address		Street Address 24 CHURCH ST						
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK, NJ 07407						
Project Manager for Monitoring Firm		Telephone No. 201 873 9418	License No. 01301					
Start Date (10) 05/06/2019	Scheduled Completion Date (11) 05/07/2019	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC						
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST						
<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: START 7:30 AM TO 4:30 PM		City, State, Zip Code ELMWOOD PARK, NJ 07407						
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 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		Encapsulate	Enclosure
	Yes	No			N/A	Removal		
BASEMANT			X	PIPE INSULATION	55LF	X		
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL				
City, State PEN ARGYL, PA 18072			Disposal Date TDB	City, State PEN ARGYL, PA, 18072				
Completed by LUIS ARCILA		Title PRESIDENT	Signature		Date 04/23/2019			



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

OK 0189  
Date of Notification (1)  
4/23/2019 CHECK #0188

Name of Building Owner/Operator (2)

Agencies Notified

☒ EPA  
☐ DEP  
☒ DOL

☐ DOH  
☐ DCA

Type Notification

☐ Initial  
☐ Amended  
☐ Amendment # \_\_\_\_\_  
☒ Emergency (including justification)  
☐ Cancellation

Street Address

40 CUMBERLAND AVE

City, State, Zip Code

VERONA, NJ 07044

Name of Contact

CAREN DONAHUE

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Street Address

40 CUMBERLAND AVE

City (5)

VERONA, NJ 07044

County (6)

BERGEN

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

50X100

# of Floors

1FL

Bldg. Age

50 YRS

Current Use (Prior if being demolished)

OCCUPAID

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

ALL SOLUTIONS CONTRACTING INC

Street Address

24 CHURCH ST

City, State, Zip Code

ELMWOOD PARK, NJ 07407

Project Manager for Monitoring Firm

Telephone No.

201 873 9418

License No.

01301

Start Date (10)

04/24/2019

Scheduled Completion Date (11)

04/25/2019

Name of OSHA Monitor

ALL SOLUTIONS CONTRACTING INC

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☒ Other - Describe: START 7:30 AM TO 4:30 PM

Street Address  
24 CHURCH ST

City, State, Zip Code

ELMWOOD PARK, NJ 07407

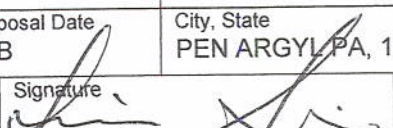
Scope of Work (Check All That Apply)

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

☒ Renovation  
☐ Demolition

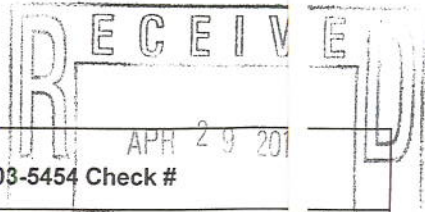
☒ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
BASEMANT			X	PIPE INSULATION	55LF	X			

Name of Registered Waste Hauler ATLANTIC CARTING	NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL
City, State PEN ARGYL, PA 18072	Disposal Date TDB	City, State PEN ARGYL, PA, 18072	
Completed by LUIS ARCILA	Title PRESIDENT	Signature 	Date 04/23/2019



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



*NOCK*

Date of Notification (1) <b>4 / 25 / 19</b>			Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1903-5454 Check #</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>10 Legion Place- Building A</b> City, State, Zip Code <b>Morristown, NJ 07960</b> Name of Contact <b>John Beirne</b>		
			Telephone Number <b>609-444-9922</b>		
	<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L</b> Street Address <b>31 Park Street</b> City (5) <b>Florham Park, NJ</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 building homes, etc.) Square Feet # of Floors Bldg. Age		
County (6) <b>Morris</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Substation</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 / 15 / 19</b>		Scheduled Completion Date (11) <b>5 / 31 / 19</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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	N/A		
<b>Exterior Pole#JC58A377.42</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Asbestos risers</b>	<b>16 LF</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>2</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>5/31/19</b>		Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 	
				Date <b>4-25-19</b>	



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

**RECEIVED**  
APR 29 2019

Date of Notification (1)  
4 / 24 / 19

Name of Building Owner/Operator (2)  
**JCP&L/FirstEnergy Company / Job #1901-5435** Check #

Agencies Notified  
☒ EPA  
☒ DOLWD  
☒ DHSS  
☐ DCA (NJAC 5:23-8)

Type Notification  
☐ Initial  
☒ Amended  
Amendment #2  
☐ Emergency (including justification)  
☐ Cancellation

Street Address  
**10 Legion Place- Building A**

City, State, Zip Code  
**Morristown, NJ 07960**

Name of Contact  
**Keith Slansky**

Telephone Number  
**973-955-7602**

**FACILITY INFORMATION**

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

Street Address  
**Route 71 & Asbury Ave MM564.13 to Rt. 71 & Deal Lake Rd. MM595.39**

City (5)  
**Neptune, NJ**

County (6)  
**Monmouth**

County Code (7)(STATE USE ONLY)

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

Square Feet # of Floors Bldg. Ag

Current Use (Prior if being demolished)  
**Substation**

Name of Monitoring Firm Hired by Building Owner (8)  
**ATC Associates**

ASCN No.

Name of Abatement Contractor (9)  
**AbateTech, Inc.**

Street Address  
**3 Terri Lane**

Street Address  
**30 Maple Ave. PO Box 25**

City, State, Zip Code  
**Burlington, NJ 08016**

City, State, Zip Code  
**Lumberton, NJ 08048**

Project Manager for Monitoring Firm  
**John Lutz**

Telephone No.  
**609-571-7522**

Telephone No.  
**609-265-2107**

License No.  
**00529**

Start Date (10)  
3 / 25 / 19

Scheduled Completion Date (11)  
5 / 31 / 19

Name of OSHA Monitor  
**EMSL Analytical**

Occupancy Status During Abatement (Check only one)  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ 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)

☒  $\geq 3$  sf or  $\geq 3$  lf ☒ Renovation ☐ Full Containment with Negative Pressure

☐  $\geq 160$  sf or  $\geq 260$  lf ☐ Demolition ☐ Mini-Enclosure

☒ 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	
Exterior Street Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Conduit	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler  
**AbateTech, Inc.**

NJDEP Waste Hauler ID No.  
**18750**

Cubic Yards of Waste  
**2**

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

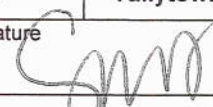
City, State  
**Lumberton, NJ**

Disposal Date  
**5/31/19**

City, State  
**Tullytown, PA**

Completed By (Print or Type)  
**Gwen Trumbetti**

Title  
**Operations Coordinator**

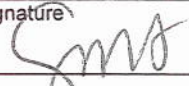
Signature  


Date  
**4-24-19**



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

RECEIVED  
APR 29 2019  
LICENSING

Date of Notification (1) <div style="text-align: center;">4 / 23 / 19</div>		Name of Building Owner/Operator (2) <b>Kean University / Job #1903-5448 Check #11218</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>100 Morris Avenue</b> City, State, Zip Code <b>Union, NJ 07083</b> Name of Contact <b>Suzanne Kupiec</b>						
		Telephone Number <b>908-737-4804</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Kean University- Dougall Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building; homes, etc.)						
Street Address <b>1000 Morris Avenue</b>		Square Feet # of Floors Bldg. Ag						
City (5) <b>Union, NJ 07083</b>								
County (6) <b>Union</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>University</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No.	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>Jim Guillard</b>	Telephone No. <b>856-840-8800</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>					
Start Date (10) <div style="text-align: center;">4 / 23 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">4 / 26 / 19</div>	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 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) <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	
Lobby	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<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>GROWS- Fairless</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>4/26/19</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 			Date <b>4-23-19</b>			



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

**RECEIVED**  
APR 29 2019  
Check#

Date of Notification (1) <b>4 / 19 / 19</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1904-5460</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b> Name of Contact <b>Patrick Dispoto</b>	
		Telephone Number <b>908-986-5741</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Madison Street Substation</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 building homes, etc.)	
Street Address <b>1160 Madison Street</b>		Square Feet # of Floors Bldg. A	
City (5) <b>Hoboken</b>			
County (6) <b>Hudson</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>		
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>James Proctor</b>		Telephone No. <b>609-704-8850</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>

Start Date (10) <b>4 / 22 / 19</b>	Scheduled Completion Date (11) <b>5 / 17 / 19</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

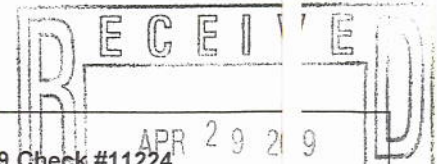
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <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		Enclosure
	Yes	No	N/A			Removal	Repair	
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Caulk	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Panels	95 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4KV Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Pipe	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Environmental Transport Group, INC.</b>		NJDEP Waste Hauler ID No. <b>000692061</b>	Cubic Yards of Waste <b>25</b>	Name of Registered Landfill <b>Grows- Fairless Landfill</b>	
City, State <b>Flanders, NJ</b>		Disposal Date <b>5/17/19</b>		City, State <b>Morrisville, PA 19067</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 		Date <b>4-19-19</b>	



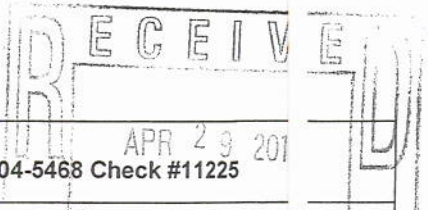
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>4 / 18 / 19</b>		Name of Building Owner/Operator (2) <b>Millville Public Schools / Job #1707-5179 Check #11224</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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>101 North 3<sup>rd</sup> Street</b> City, State, Zip Code <b>Millville, NJ 08332</b> Name of Contact <b>Bob Ryan</b>						
		Telephone Number <b>609-858-5395</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Millville Senior High School</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 building homes, etc.)						
Street Address <b>200 North Wade Blvd.</b>		Square Feet <b>200,000</b>	# of Floors <b>2</b>					
City (5) <b>Millville</b>		Bldg. Area <b>50+</b>						
County (6) <b>Cumberland</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Education</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Brinkerhoff Environmental Services, Inc.</b>	ASCM No. <b>00100</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>1805 Atlantic Avenue</b>		Street Address <b>30 Maple Ave. PO Box 25</b>						
City, State, Zip Code <b>Manasquan, NJ 08736</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>						
Project Manager for Monitoring Firm <b>Christopher Glowacki</b>	Telephone No. <b>732-859-0766</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>					
Start Date (10) <b>4 / 22 / 19</b>	Scheduled Completion Date (11) <b>4 / 26 / 19</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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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		Enclosure
	Yes	No	N/A			Removal	Repair	
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows & Associated Glazing	8 total	<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"/>
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>4/26/19</b>	City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>	Signature 			Date <b>4-18-19</b>		



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



Date of Notification (1) <b>4 / 18 / 19</b>			Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1904-5468 Check #11225</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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>10 Legion Place- Building A</b> City, State, Zip Code <b>Morristown, NJ 07960</b> Name of Contact <b>Matt Turner</b>				
				Telephone Number <b>215-221-9335</b>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L</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 building homes, etc.)				
Street Address <b>South Pearl &amp; Mohawk Drive</b>				Square Feet # of Floors Bldg. A				
City (5) <b>Red Bank, NJ</b>								
County (6) <b>Monmouth</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Substation</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 / 22 / 19</b>		Scheduled Completion Date (11) <b>4 / 22 / 19</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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Electrical Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>			
City, State <b>Lumberton, NJ</b>		Disposal Date <b>4/22/19</b>		City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>4-18-19</b>		



PAID

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

0091

Date of Notification (1) 04 / 09 / 19		Name of Building Owner / Operator (2) PSE&G		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 29 2010 AGENCY LICENSING </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				Street Address 2198 STANLEY TERRACE	
						City, State, Zip Code UNION, NJ	
				Name of Contact KEVIN KNIGHT		Telephone Number 732-850-3578	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) PSE&G				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)			
Street Address 2198 STANLEY TERRACE							
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 10,000	# Of Floors 1	Building Age 40 +		
				Current Use (Prior if being demolished) PRODUCTION/OFFICE			
Name of Monitoring Firm Hired by Bldg. Owner (8) LANGAN ENGINEERING				ASCM NO NORTHSTAR CONTRACTING GROUP, INC.			
Street Address 300 KIMBALL DR, 4TH FLOOR				Street Address 32 Williams Parkway			
City, State, Zip Code PARSIPPANY, NJ 07054				City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm BRIAN FEURY				Telephone Number 973-560-4857			
Schedul Start Date (10) 05 / 06 / 19		Sched. Completion Date (11) 06 / 21 / 19		Telephone Number 973-884-8682		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.			
				Street Address 32 Williams Parkway			
				City, State, Zip Code East Hanover, NJ 07936			
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing  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 M O V A L      R E P A I R      E N C A P S U L			
EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	WINDOW GLAZING	21 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ROOF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOFING & FLASHING	8,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ROOF	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	ROOF TAR	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OFFICES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAT/MASTIC	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler ENVIRONMENTAL TRANSPORT GROUP INC		NJDEP Waste Hauler ID No. *00692061	Cubic Yards Of Waste -100	Name of Registered Landfill FAIRLESS LANDFILL			
City, State FLANDERS, NJ		Disposal Date TBD	City, State MORRISVILLE, PA				
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 04/19/19		

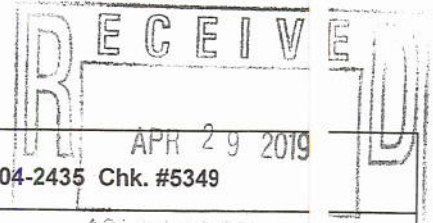


Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			E N C L O S U R
				R E M O V A L	R E P A I R	E N C A P S U L	
	YES NO N/A						
OFFICES	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT	350 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"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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



NO CK

Date of Notification (1) 4 / 26 / 19		Name of Building Owner/Operator (2) Elizabeth Cameron / Job #1904-2435 Chk. #5349						
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 <div style="background-color: black; width: 150px; height: 20px;"></div> City, State, Zip Code <b>East Brunswick NJ 08816</b> Name of Contact <b>Elizabeth Cameron</b>						
		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</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 building homes, etc.)						
Street Address <div style="background-color: black; width: 150px; height: 20px;"></div>		Square Feet <b>1,544</b>						
City (5) <b>East Brunswick</b>		# of Floors <b>2</b>						
County (6) <b>Middlesex</b>		Bldg. A <b>1962</b>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residential</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Enviromental</b>		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>						
Street Address <b>617 Stokes Road</b>		Street Address <b>3859 Sylon Boulevard</b>						
City, State, Zip Code <b>Medford.NJ 08055</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>						
Project Manager for Monitoring Firm <b>Mark Rubnitz</b>		Telephone No. <b>888-715-2211</b>	Telephone No. <b>609-702-0400</b>					
		License No. <b>00862</b>						
Start Date (10) 5 / 6 / 19	Scheduled Completion Date (11) 5 / 8 / 19	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 U.S. 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"/> Full Containment with Negative Pressure Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <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		Enclosure
	Yes	No	N/A			Removal	Repair	
Lower Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	700 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"/>
Name of Registered Waste Hauler <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>				
City, State <b>Lafayette, NJ</b>		Disposal Date <b>5/8/19</b>	City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kaysi Gruner</b>	Title <b>Office Assistant</b>	Signature 		Date <b>4/26/19</b>				



OK 1408

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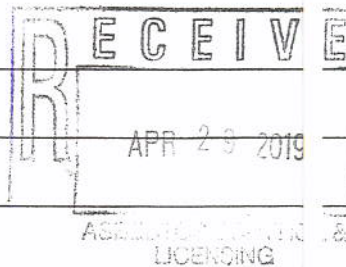
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED  
APR 29 2019  
ASBESTOS ABATEMENT  
LICENSING

Date of Notification (1) 04/22/2019		Name of Building Owner/Operator (2) MARCON RIDGEWOOD LLC.						
Agencies Notified	Type Notification	Street Address CHESTNUT ST. SUITE 101						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RIDGEWOOD, NJ. 07450						
		Name of Contact SUSANA MLENAK	Telephone Number 201-447 - 5675					
<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]								
City (5) RIDGEWOOD NJ. 07450		Square Feet 2,000	# of Floors 2					
County (6)		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.					
Street Address		Street Address 4919 BERGENLINE AVE,						
City, State, Zip Code		City, State, Zip Code WEST NEW YORK NJ. 07093						
Project Manager for Monitoring Firm		Telephone No. 201 776 0642	License No. 01300					
Start Date (10) 04/24/2019	Scheduled Completion Date (11) 04/25/2019	Name of OSHA Monitor EMSL ANALYTICAL INC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 307 W . 38 ST. City, State, Zip Code NEW YORK N.Y.						
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 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		Financial	Enclosure
	Yes	No			N/A	Removal		
Lower level room		X	FLOOR TILE	150 SF	X			
Name of Registered Waste Hauler TRI - STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC				
City, State BRONX N.Y		Disposal Date TBD		City, State WAYNESBURG OHIO				
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 04/22/2019				



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



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Date of Notification (1) 04/ 20/2019		Name of Building Owner/Operator (2) SHARA SHINBACH						
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ENGLEWOOD NJ.						
		Name of Contact SHARA	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) ENGLEWOOD NJ.		Square Feet 2,200	# of Floors 2					
		Bldg. Age 105						
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 4919 BERGENLINE AVE.						
City, State, Zip Code		City, State, Zip Code WEST NEW YORK NJ.						
Project Manager for Monitoring Firm		Telephone No. 201-776-0642	License No. 1300					
Start Date (10) 04/23/2019	Scheduled Completion Date (11) 04/24/2019	Name of OSHA Monitor ENVIRO-PROBE						
Occupancy Status During Abatement (Check Only One)		Street Address 108 LIBERTY ST.						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code METUCHEN NJ						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <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			Enclosure
	Yes	No			N/A	Removal	Repair	
BASEMENT		X	PIPE INSULATION	158 LF	X			
Name of Registered Waste Hauler TRI-STATE		NJDEP Waste Hauler ID No. 19958	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.				
City, State BRONX NY.		Disposal Date TBD	City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL	Title SAFETY MANAGER	Signature 	Date 04/20/2019					



Date of Notification (1) <b>April 23, 2019</b>		Name of Building Owner/Operator (2) <b>CELGENE CORPORATION</b>	
Agencies Notified <input checked="" 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>86 MORRIS AVENUE</b>		City, State, Zip Code <b>SUMMIT, NJ 07901</b>	
Name of Contact <b>MR. Janos Angeli - Director - Engineering &amp; Construction</b>		Telephone Number <b>(908) 897-4646</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>CELGENE CORPORATION - "I" BUILDING</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>86 MORRIS AVENUE</b>		Sq. Feet: <b>35,000</b> # of Floors: <b>2</b> Bldg. Age: <b>~70+ years</b>	
City (5) <b>SUMMIT</b>	County (6) <b>MORRIS</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>McCABE ENVIRONMENTAL SERVICES, LLC</b>		ASCM No. <b>00118</b>	
Street Address <b>464 VALLEY BROOK AVENUE #3A</b>		Current Use (prior if being demolished): <b>ADMINISTRATIVE OFFICE &amp; RESEARCH LABS</b>	
City, State, Zip Code <b>LYNDHURST, NJ 07071</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC</b>	
Project Manager for Monitoring Firm <b>JOHN CHIAVELLO</b>		Telephone Number <b>201-438-4839</b>	
Scheduled Start Date (10) <b>05/03/2019</b>		Scheduled Completion Date (11) <b>05/06/2019</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"/> Facility Occupied During Entire Period of Abatement, Area Vacated (NOT SUB 8 - Friday 8AM - Monday 6AM (24 hrs. & weekends as needed))		Street Address <b>268 MAIN STREET</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>I204/I204-1</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>Flooring &amp; Mastics (floor covering, cove base, etc.)</b>		Amount (Specify SF or LF) <b>350 SF</b>	
Abatement Type Remove Repair Enclose <input checked="" type="checkbox"/>		Abatement Type Remove Repair Enclose <input type="checkbox"/>	
Name of Reg. Waste Hauler <b>Newark Carting, Inc. Newark, NJ 04509</b>		NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	
Cubic Yards of Waste: <b>20 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Notes: <b>None</b>		Disposal Date <b>05/06/2019</b>	
City, State <b>100 New F d Mill Rd. Morrisville, a 19067 215-736-1100</b>		City, State <b>100 New F d Mill Rd. Morrisville, a 19067 215-736-1100</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 23, 2019</b>	



PAID

## State of New Jersey - Notification of Asbestos Abatement

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

Check # 3234

GAC Project # 060-18

Date of Notification (1) <b>April 24, 2019</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>NEWARK CAMPUS</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>		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>609-386-8800</b>		License Number <b>00840</b>	
Scheduled Start Date (10) <b>05/03/2019</b>		Scheduled Completion Date (11) <b>05/06/19</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 (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"/> $\geq 3$ 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 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>Room 341</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>100 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>2 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>05/06/2019</b>	
City, State <b>100 New Fair Mill Rd. Morrisville, Pa 19067 215-736-1000</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 24, 2019</b>		Date <b>April 24, 2019</b>	




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

RECEIVED  
APR 29 2019

OK 1551

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Date of Notification (1) 04/23/2019		Name of Building Owner/Operator (2) Pascack Valley Regional High School District						
Agencies Notified	Type Notification	Street Address 28 West Grand Avenue						
<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 Montvale, NJ 07645						
		Name of Contact Pamela Baxley	Telephone Number 201-358-7005					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Pascack Valley Regional High School Gymnasium		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, etc.)						
Street Address 200 Piermont Avenue		Square Feet 120,000	# of Floors 2					
City (5) Hillsdale, NJ 07642		Bldg. A 30+						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School Gymnasium						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc		ASCM No. 0057	Name of Abatement Contractor (9) Nari Construction, LLC					
Street Address P.O Box 385		Street Address 63 Leather Stocking Path						
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 862-264-9463					
Start Date (10) 05/06/2019		Scheduled Completion Date (11) 06/14/2019	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 Stocking Path						
		City, State, Zip Code Lincoln Park, NJ 07035						
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		Enclosure
	Yes	No	N/A			Removal	Repair	
Gymnasium Floor			X	Mercury Catalyzed Polyurethane	4375 SF	X		
Name of Registered Waste Hauler IWT Transport, Inc		NJDEP Waste Hauler ID No. NJR986628162	Cubic Yards of Waste 20 CY	Name of Registered Landfill Waste Management of Fairless, L C				
City, State Oakland, NJ		Disposal Date TBD		City, State Morrisville, PA 19067				
Completed by Igor Jezdimirovic		Title P. Manager	Signature 		Date 04/23/2019			

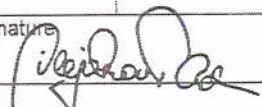


OK 1458

PAID

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

**RECEIVED**  
APR 29 2019  
check# 1458

Date of Notification (1) 4/24/2019		Name of Building Owner/Operator (2) 1266 Apartment Corp. & First Service Residential		check# 1458		
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 # _____ Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5 Horizon Road  City, State, Zip Code Fort Lee, New Jersey 07024  Name of Contact Michael Walsh  Telephone Number 201-224-6300		
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) Horizon 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 5 Horizon Road			Square Feet 30,000 # of Floors 4 Bldg. Age 50+			
City (5) Fort Lee, New Jersey 07024		County (6) Bergen		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Apartment Bldg		
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates Inc		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation		
Street Address 560 Sylvan Avenue, Suite 3065		Street Address 246 Union Boulevard				
City, State, Zip Code Englewood, New Jersey 07632		City, State, Zip Code Totowa, New Jersey 07512				
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708		Telephone No. 973-225-8400 License No. 01104		
Start Date (10) 05/06/2019		Scheduled Completion Date (11) 05/08/2019		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 type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West  City, State, Zip Code Union, NJ 07083			
Scope of Work (Check All That Apply)						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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 / Limited Containment <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
Lobby # 4 - First Floor Bathroom,		X	Elbows	26 LF	x	
Adjoining Area and Overhangs						
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill
City, State Totowa, New Jersey		Disposal Date 05/08/2019		City, State Morrisville, PA		
Completed by Adriana Olejarova		Title President		Signature 		Date 4/24/2019



04/22/2019 01:53PM 2013297440

BEST REMOVAL INC

CIC 5061

PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:25)

RECEIVED  
PAGE 02/02  
VOL -10 DA

Date of Notification (1) 4/22/19		Name of Building Owner/Operator (2) MR. SETH PROMISEL	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Modification <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 SHORT HILLS, NJ, 07078
		Name of Contact ML KUEHL	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR. SETH PROMISEL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare/Preschool (Childcare K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 4200	# of Floors 2
City (5) SHORT HILLS		Bldg. Age 1920	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (After if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Best Removal Inc	
City, State, Zip Code		Street Address 450 South River St	
		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444
			License No. 00388
Start Date (10) 4/26/19	Anticipated Completion Date (11) 4/27/19	Name of OSHA Monitor Omega Environmental	
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: 6:00 AM TO 5:00 PM		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 or more <input type="checkbox"/> 1 to 2 <input type="checkbox"/> 1 to 150 sq ft or less <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Hot Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (7) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) FLOOR	Is Location Normally Used Regularly by Maintenance/Custodial Staff? (12) Yes No N/A [ ] [ ] [x]	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, MTL, or other miscellaneous)	Amount (Specify SF or LF) 10 LF
Name of Registered Waste Handler Best Removal Inc		NJCSP Waste Handler ID No. 17109	Public Yards of Waste 127
City, State Hackensack, N.J. 07601		Disposal Date 4/29/19	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
City, State NEW BURG, PA. 7240		Signature J. MAIORANO	Date 4/22/19

APP-41

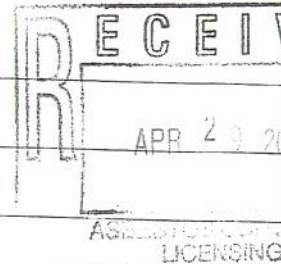
\* Do not use this form for asbestos removal exempted activities.



04/15/17

PAID

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

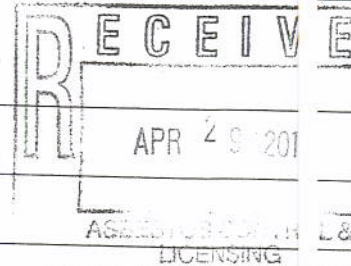


Date of Notification (1) 04/24/2019		Name of Building Owner/Operator (2) Mark Quartello	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood, NJ 07675	
		Name of Contact Mark Quartello	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Trader Joe's & Adjacent Vacant Space		Type of Facility (4)	
Street Address 20 Irvington Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building etc.)	
City (5) Westwood	Square Feet 16,195	# of Floors 1+Mezzanine	Bldg Age 60
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Trader Joe's & Adjacent Vacant Space	
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No.	Name of Abatement Contractor (9) United Safety LLC
Street Address 2333 Route 22 West		Street Address 22 Troy Lane	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-636-9145	Telephone No. 973-276-0099
Start Date (10) 04/22/2019	Scheduled Completion Date (11) 05/10/2019	License No. 01317	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor United Safety 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: 7:00am - 3:30pm Mon-Fri		Street Address 22 Troy Lane	
		City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
Continued Page 2			
1st FL Back Storage Room	X	Multi-Layered VAT	1,700 SF
1st FL Adjacent Vacant Space	X	Multi-Layered VAT Below	5,500 SF
		Plywood	
Name of Registered Waste Hauler R.E.D. TECHNOLOGIES LLC	NJDEP Waste Hauler ID No. 0036163	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises
City, State Portland, CT	Disposal Date TBD	City, State Waynesburg, OH	
Completed by Vanco Petkov	Title Project Manager	Signature 	Date 04/24/2019



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

PAID



Date of Notification (1) 04/24/2019		Name of Building Owner/Operator (2) Mark Quartello							
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 checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood, NJ 07675							
		Name of Contact Mark Quartello	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Trader Joe's & Adjacent Vacant Space		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, homes, etc.)							
Street Address 20 Irvington Street		Square Feet 16,195	# of Floors 1+Mezzanine						
City (5) Westwood		Bldg Age 60+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Trader Joe's & Adjacent Vacant Space							
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address 2333 Route 22 West		Street Address 22 Troy Lane							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-636-9145	Telephone No. 973-276-0099						
License No. 01317									
Start Date (10) 04/22/2019	Scheduled Completion Date (11) 05/10/2019	Name of OSHA Monitor United Safety 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: 7:00am - 3:30pm Mon-Fri		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
1st FL Back Storage Room		X		9x9 Olive Green/Gray VAT ONLY	560 SF	X			
1st FL Back Storage Room		X		Off White Joint Compound	2,200 SF	X			
2nd FL Mezzanine		X		9x9 Green/Gray VAT ONLY	810 SF	X			
1st FL Adjacent Vacant Space		X		12x12 Off White VAT ONLY	5,500 SF	X			
Name of Registered Waste Hauler R.E.D. TECHNOLOGIES LLC		NJDEP Waste Hauler ID No. 0036163	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Portland, CT		Disposal Date TBD		City, State Waynesburg, OH/Morrisville, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 04/24/2019			



PAID

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

C-998

Date of Notification 4/23/19		Name of Building Owner / Operator (2) <b>Saul Funeral Homes</b>		RECEIVED	
Agencies Notified	Type of Notification	Street Address		APR 29 2019	
EPA	Emergency Notification	P.O. Box 2997			
DEP	<input checked="" type="checkbox"/> Initial Notification	City, State & Zip Code			
<input checked="" type="checkbox"/> DOL	Amended Notification	Hamilton Square, NJ 08690			
<input checked="" type="checkbox"/> DOH	Cancellation	Name of Contact		Telephone Number	
DCA		Dawn Selover		609-687-0170	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Funeral Home</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>1740 Greenwood Ave</b>			Square Feet <b>4,000</b>	# of Floors <b>2</b>	Bldg. Age <b>70+</b>
City (5) <b>Hamilton</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Funeral Home</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>			
City, State & Zip Code <b>Matawan, NJ 07716</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>5/3/19</b>	Scheduled Completion Date (11) <b>5/9/19</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <b>Before noon</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>					
Large Project <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/>					
Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/>					
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input type="checkbox"/> Glovebag <input checked="" type="checkbox"/>					
Other: <b>Non-friable</b>					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify Removal, Repair, Encapsulation or sure)	
<b>Basement</b>	<b>N/A</b>	<b>TSI Pipe</b>	<b>60 LF</b>	<b>Removal</b>	
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>5</b>	Name of Registered Landfill <b>Cumberland County</b>	
City, State <b>Freehold, NJ</b>		Disposal Date <b>5/10/19</b>	City, State <b>Newburg, PA</b>		
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Manager</b>	Signature <i>Dominick Tringali</i>			Date <b>4/23/19</b>



**RECEIVED**  
APR 23 2019  
001 02610 DAY  
LICENSING

OK 9261  
B & G proj. #: 2019-91

**PAID**

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

Date of Notification (1) 04/22/19		Name of Building Owner/Operator (2) Arlen Murphy	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Montclair, NJ 07042	
Name of Contact Arlen Murphy		Telephone Number [REDACTED]	

**FACILITY INFORMATION**

Name of facility where abatement is taking place (3) Arlen Murphy			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Age		
City (5) Montclair, NJ 07042	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished residential)		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]		Street Address 105 Ryerson Road			
City, State, Zip Code [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973) 696-6869		Licenses Number 00378
Scheduled Start Date (10) 04/25/2019		Scheduled Completion Date (11) 04/26/2019			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input type="checkbox"/> Other-Describe:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & out	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> > 3 sf or > 3 lf	<input type="checkbox"/> ≥ 160 sf or ≥ 280 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure	

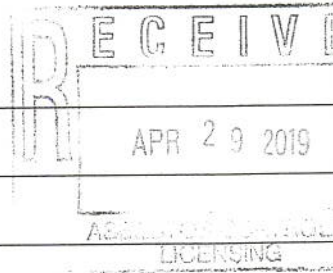
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair
	Yes	No	N/A				
1st floor closet			X	pipe insulation	14 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 04/26/2019	City, State Pen Argyl, PA	
Completed by (Print of Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 04/22/2019



CK 002730 PAID

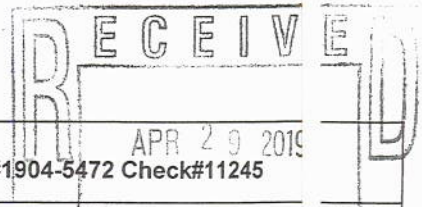
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 4/17/19		Name of Building Owner/Operator (2) NJDPMC		APR 29 2019	
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 33 West State St. City, State, Zip Code Trenton, NJ Name of Contact Regina Bruno Telephone Number 609-433-8745	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION				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, etc.)	
Street Address 40 Belmont Ave.				Square Feet 1,800	
City (5) South River, NJ				# of Floors 2	
County (6) Middlesex				Bldg. # 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned, BLUE ACRES			
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.		Name of Abatement Contractor (9) Yannuzzi Group, Inc.	
Street Address		Street Address 135 Kinnelon Rd.			
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-218-0880	
Start Date (10) 5/1/19		Scheduled Completion Date (11) 5/3/19		License No. 01228	
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 Yannuzzi Group, Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition  <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				Street Address 135 Kinnelon Rd. Suite 102 City, State, Zip Code Kinnelon, NJ 07405	
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)	
Interior Floor		x		VAT	
Porch Roof		x		Roofing Felt	
Name of Registered Waste Hauler Yannuzzi Group, Inc		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 1	
City, State Kinnelon, NJ		Disposal Date 5/16/19		Name of Registered Landfill Grows Fairless	
Completed by John Mucha		Title AHERA Project Designer		Signature <i>John Mucha</i>	
				Date 4/17/19	



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



OK 11245 PAID

Date of Notification (1) 4 / 25 / 19			Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1904-5472 Check#11245					
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 One Robert Wood Johnson Place City, State, Zip Code New Brunswick, NJ 08901 Name of Contact Kristen Bell Telephone Number 732-937-8701				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building homes, etc.)				
Street Address One Robert Wood Johnson Place				Square Feet				
City (5) New Brunswick				# of Floors				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital				
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.				
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25		City, State, Zip Code Lumberton, NJ 08048				
City, State, Zip Code South Hackensack, NJ 07606		Telephone No. 201-489-8700		License No. 00529				
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 609-265-2107		Name of OSHA Monitor EMSL Analytical				
Start Date (10) 5 / 6 / 19		Scheduled Completion Date (11) 5 / 10 / 19		Street Address 200 Route 130 North				
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				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	
Emergency Department "G" Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	2,000 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 5/10/19		City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 4-25-19		



OK 325

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

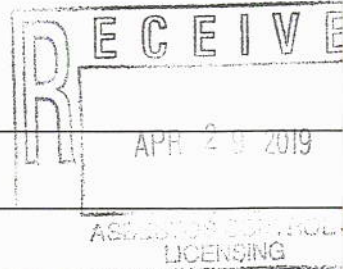
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APR 29 2019

Date of Notification (1) 4/23/2019		Name of Building Owner/Operator (2) Michael Sohmer							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Ridge NJ							
		Name of Contact Michael Sohmer	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,932	# of Floors 2						
City (5) Glen Ridge		Bldg. No. 1935							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334						
Start Date (10) 4/24/2019	Scheduled Completion Date (11) 4/30/2019	Name of OSHA Monitor Checkmark Industrial							
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 54 Morgan Dr							
		City, State, Zip Code Sparta NJ 07871							
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 Procedures							
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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Basement/Furnance Room		X		pipe wrap	25 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ			Disposal Date	City, State Pen Argyl, PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 4/23/2019			



## State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

**CK 11637 PAID**

Date of Notification (1) <b>04 / 25 / 19</b>		Name of Building Owner/Operator (2) <b>Township of Berkeley Heights</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>29 Park Avenue</b> City, State, Zip Code <b>Berkeley Heights, NJ 07922</b> Name of Contact <b>Liza Viana</b> Telephone Number <b>908-464-2700</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</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>29 Park Avenue</b>		Square Feet	
City (5) <b>Berkeley Heights</b>		# of Floors	
County (6) <b>Union</b>		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Mark Jovic Consulting LLC</b>		ASCN No.	
Street Address <b>87 Main Street, Suite A</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>	
City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		Street Address <b>27 Outwater Lane</b>	
Project Manager for Monitoring Firm <b>Mark Jovic</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Telephone No. <b>973-650-0932</b>		Telephone No. <b>973-928-4888</b>	
Start Date (10) <b>04 / 25 / 19</b>		License No. <b>1188</b>	
Scheduled Completion Date (11) <b>05 / 24 / 19</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>27 Outwater Lane</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Excavation		City, State, Zip Code <b>Garfield, NJ 07026</b>	
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)
Exterior	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Clean Up	Unknown
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler <b>D&amp;A Contracting, LLC</b>	NJDEP Waste Hauler ID No. <b>NJ957</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Parsippany, NJ</b>	Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Allen Monchik</b>	Title <b>Project Manager</b>	Signature <i>Allen Monchik</i>	Date <b>4/25/19</b>

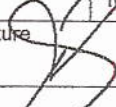


CK 016780

PAID

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

RECEIVE  
APR 29 2019

Date of Notification (1) 4/23/2019		Name of Building Owner/Operator (2) PSEG		Street Address 4000 HADLEY RD.				
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		City, State, Zip Code SOUTH PLAINFIELD NJ				
Name of Contact JEFF SIMONSEN				Telephone Number 862-233-5649				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSEG CLINTON			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 3190 SOUTH CLINTON AVE			Square Feet N/A					
City (5) TRENTON (HAMILTON TOWNSHIP) NJ			# of Floors N/A					
County (6) MERCER			Bldg. Age N/A					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ELECTRICAL CONTROL HOUSE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) WRS ENVIRONMENTAL SERVICES				
Street Address N/A		Street Address 17 OLD DOCK RD						
City, State, Zip Code N/A		City, State, Zip Code YAPHANK NY 11980						
Project Manager for Monitoring Firm N/A		Telephone No. N/A		License No.				
Start Date (10) 5/3/2019		Scheduled Completion Date (11) 6/3/2019		Name of OSHA Monitor WRS ENVIRONMENTAL SERVICES				
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: ELECTRICAL CONTROL HOUSE				Street Address 17 OLD DOCK RD				
				City, State, Zip Code YAPHANK NY 11980				
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
CONTROL ROOM			X	TRANSITE PANEL	100SQ. FT.	X		
CONTROL ROOM ROOF			X	ROOFING /FLASHING	384SQ FT	X		
Name of Registered Waste Hauler VEOLIA ES TECHNICAL SOLUTIONS		NJDEP Waste Hauler ID No. 101699		Cubic Yards of Waste		Name of Registered Landfill GROWS- FAIRLESS LANDFILL		
City, State FLANDERS, NY				Disposal Date TBD		City, State MORRISVILLE, PA		
Completed by PEDRO GUERRA		Title SUPERVISOR		Signature 		Date 4/23/19.		



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

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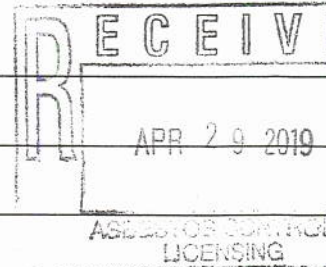
**RECEIVED**

APR 20 2019

Date of Notification (1) 3/8/2019		Name of Building Owner/Operator (2) Allegro Development Company							
Agencies Notified	Type Notification	Street Address 212 South Central Ave, Suite 301							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code St Louis, Missouri 63105							
		Name of Contact Michael Dolecki	Telephone Number 973-440-2464						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)							
Street Address 200 Old Hook 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) Harrington Park		Square Feet 100,000	# of Floors 3						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. ge 195						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) unoccupied							
ASCM No.		Name of Abatement Contractor (9) Checkmark Industrial							
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-570-2645	01334						
Start Date (10) 3/12/2019	Scheduled Completion Date (11) 5/10/2019	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code Sparta NJ 07871							
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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Roof		X		roof flashing	796 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 60	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date		City, State Pen Argyl, PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 3/8/2019			



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



Date of Notification (1) 4/12/2019		Name of Building Owner/Operator (2) Weissman Realty Co							
Agencies Notified	Type Notification	Street Address 16 Herbert Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07105							
		Name of Contact Alan Weissman	Telephone Number 973-534-7990						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings etc.)							
Street Address 16 Herbert Street		Square Feet 50,000	# of Floors 1						
City (5) Newark		Bldg. 100							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commercial property							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-570-2645						
			License No. 01334						
Start Date (10) 4/15/2019	Scheduled Completion Date (11) 4/29/2019	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input 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 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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Unit D- Rear Office		X		Floor tile and Mastic	760 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 8	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ			Disposal Date	City, State Pen Argyl, PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 4/12/2019			



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

CK 000733 PAID

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APR 29 2019  
ASBESTOS ABATEMENT  
LICENSING

Date of Notification (1) 4/17/19		Name of Building Owner/Operator (2) NJDPMC						
Agencies Notified	Type Notification	Street Address 33 West State St.						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ						
		Name of Contact Regina Bruno	Telephone Number 609-433-8745					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION		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, etc.)						
Street Address 43 Belmont Ave.		Square Feet 1,600	# of Floors 2					
City (5) South River, NJ		Bldg. Area 50+						
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned, BLUE ACRES						
Name of Monitoring Firm Hired by Building Owner (8) n/a		Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Rd.						
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405						
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228					
Start Date (10) 4/30/19	Scheduled Completion Date (11) 5/1/19	Name of OSHA Monitor Yannuzzi Group, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd. Suite 102						
		City, State, Zip Code Kinnelon, NJ 07405						
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 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		
	Yes	No	N/A			Removal	Repair	Encapsulate
Porch			x	VAT	200 sf	x		
Name of Registered Waste Hauler Yannuzzi Group, Inc		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 1	Name of Registered Landfill Grows Fairless				
City, State Kinnelon, NJ		Disposal Date 5/2/19		City, State Morrisville, PA				
Completed by John Mucha		Title AHERA Project Designer		Signature <i>John Mucha</i>			Date 4/17/19	



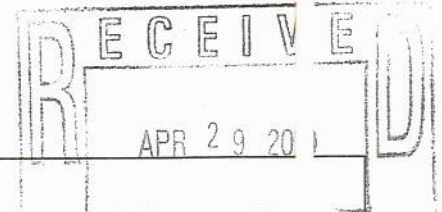
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

**RECEIVED**  
APR 29 2019

Date of Notification (1) 4/17/19		Name of Building Owner/Operator (2) NJDPMC							
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 33 West State St.  City, State, Zip Code Trenton, NJ  Name of Contact Regina Bruno  Telephone Number 609-433-8745						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) former residence, BLUE ACRES DEMOLITION		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, etc.)							
Street Address 38 Belmont Ave.		Square Feet 1,600	# of Floors 2 Bldg. Age 50+						
City (5) South River, NJ	County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned, BLUE ACRES						
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. _____	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880 License No. 01228						
Start Date (10) 4/30/19	Scheduled Completion Date (11) 5/1/19	Name of OSHA Monitor Yannuzzi Group, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd. Suite 102 City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Interior Floor			x	VAT	750 sf	x			
Interior Wall behind paneling			x	Mastic	460 sf	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 1	Name of Registered Landfill Grows Fairless					
City, State Kinnelon, NJ			Disposal Date 5/2/19	City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer	Signature <i>John Mucha</i>			Date 4/17/19			



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

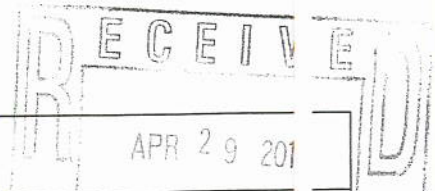


OK1301

Date of Notification (1) <b>4 / 26 / 19</b>		Name of Building Owner/Operator (2) <b>Butler Plaza Partnership LLC</b>							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input 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>2 Ethel Rd. Suite 205A</b>							
		City, State, Zip Code <b>Edison, NJ 08818</b>							
		Name of Contact <b>Mr. Joe Bijou</b>	Telephone Number <b>(732) 248-8200 ext. 115</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Butler Plaza (Stop &amp; Shop /attached Chinese Restaurant, Old Laundry Mat)</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>1501-1506 Route 23</b>		Square Feet <b>39,574</b>	# of Floors <b>1</b>						
City (5) <b>Butler</b>		Bldg. Age <b>59</b>							
County (6) <b>Morris</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>Health &amp; Safety</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>SAI Environmental Services, LLC</b>						
Street Address <b>PO Box 365</b>		Street Address <b>277 Fairfield Road, Suite 102</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Fairfield, NJ 07004</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	License No. <b>01349</b>						
Start Date (10) <b>04 / 22 / 19</b>	Scheduled Completion Date (11) <b>05 / 17 / 19</b>	Name of OSHA Monitor <b>SAI Environmental Services, LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>277 Fairfield Road, Suite 102</b>							
		City, State, Zip Code <b>Fairfield, NJ 07004</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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			Enclosure
	Yes	No	N/A			Removal	Repair	Enclosure	
Old Laundry Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Mastic	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof over Stop & Shop & Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Various Roofing Materials	39,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop & Shop Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Mastic	35,560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	1,600 SF	<input checked="" 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>SW2117</b>	Cubic Yards of Waste <b>800</b>	Name of Registered Landfill <b>Minerva Landfill</b>					
City, State <b>Yardley, PA</b>		Disposal Date <b>Various</b>		City, State <b>Waynesburgh, OH</b>					
Completed By (Print or Type) <b>Mary Petrovski</b>		Title <b>Manager</b>		Signature 			Date <b>4/26/19</b>		



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



Date of Notification (1) <div style="text-align: center;">4 / 11 / 19</div>		Name of Building Owner/Operator (2) <b>Butler Plaza Partnership LLC</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Ethel Rd. Suite 205A</b>	
		City, State, Zip Code <b>Edison, NJ 08818</b>	
		Name of Contact <b>Mr. Joe Bijou</b>	Telephone Number <b>(732) 248-8200 ext. 115</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Butler Plaza (Stop &amp; Shop /attached Chinese Restaurant, Old Laundry Mat)</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>1501-1506 Route 23</b>			Square Feet <b>39,574</b>		
City (5) <b>Butler</b>			# of Floors <b>1</b>		Bldg. Age <b>59</b>
County (6) <b>Morris</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>Health &amp; Safety</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>SAI Environmental Services, LLC</b>		
Street Address <b>PO Box 365</b>		Street Address <b>277 Fairfield Road, Suite 102</b>			
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Fairfield, NJ 07004</b>			
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	Telephone No. <b>(973) 852-3444</b>		License No. <b>01349</b>
Start Date (10) <b>04 / 22 / 19</b>		Scheduled Completion Date (11) <b>05 / 17 / 19</b>		Name of OSHA Monitor <b>SAI Environmental Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address <b>277 Fairfield Road, Suite 102</b>		
			City, State, Zip Code <b>Fairfield, NJ 07004</b>		

Scope of Work (Check all that apply)

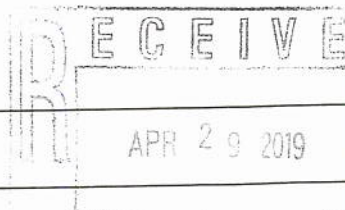
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input type="checkbox"/> Renovation            | <input checked="" type="checkbox"/> Full Containment with Negative Pressure    |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input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

Location of Asbestos-Containing Material (ACM) <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			Enclosure type
	Yes	No	N/A			Removal	Repair	Encapsulation	
Old Laundry Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Mastic	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof over Stop & Shop & Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Various Roofing Materials	39,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop & Shop Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Mastic	35,560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	1,600 SF	<input checked="" 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>SW2117</b>	Cubic Yards of Waste <b>800</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>Various</b>	City, State <b>Waynesburgh, OH</b>		
Completed By (Print or Type) <b>Mary Petrovski</b>	Title <b>Manager</b>	Signature 		Date <b>4/11/2011</b>	



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



Date of Notification (1) <b>4 / 11 / 19</b>		Name of Building Owner/Operator (2) <b>Butler Plaza Partnership LLC</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Ethel Rd. Suite 205A</b>	
		City, State, Zip Code <b>Edison, NJ 08818</b>	
		Name of Contact <b>Mr. Joe Bijou</b>	Telephone Number <b>(732) 248-8200 ext. 115</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Butler Plaza (Stop &amp; Shop /attached Chinese Restaurant, Old Laundry Mat)</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>1501-1506 Route 23</b>			Square Feet <b>39,574</b>
City (5) <b>Butler</b>			# of Floors <b>1</b>
County (6) <b>Morris</b>			Bldg. Age <b>59</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>Health &amp; Safety</b>		ASCM No. <b>00117</b>	Name of Abatement Contractor (9) <b>SAI Environmental Services, LLC</b>	
Street Address <b>PO Box 365</b>		Street Address <b>277 Fairfield Road, Suite 102</b>		
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Fairfield, NJ 07004</b>		
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>856-452-1311</b>	Telephone No. <b>(973) 852-3444</b>	License No. <b>01349</b>
Start Date (10) <b>04 / 22 / 19</b>	Scheduled Completion Date (11) <b>05 / 06 / 19</b>		Name of OSHA Monitor <b>SAI Environmental Services, LLC</b>	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>277 Fairfield Road, Suite 102</b>	
		City, State, Zip Code <b>Fairfield, NJ 07004</b>	

Scope of Work (Check all that apply)

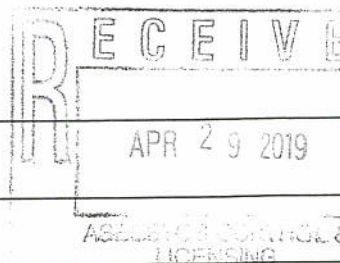
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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	
Old Laundry Mat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Mastic	1,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof over Stop & Shop & Stores	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Various Roofing Materials	39,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop & Shop Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Mastic	35,560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	1,600 SF	<input checked="" 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>SW2117</b>	Cubic Yards of Waste <b>800</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>Various</b>		City, State <b>Waynesburgh, OH</b>	
Completed By (Print or Type) <b>Mary Petrovski</b>	Title <b>Manager</b>	Signature <i>Mary Petrovski</i>		Date <b>4/11/2 19</b>	



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



Date of Notification (1) <b>4 / 26 / 19</b>		Name of Building Owner/Operator (2) <b>Butler Plaza Partnership LLC</b>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Ethel Rd. Suite 205A</b>						
		City, State, Zip Code <b>Edison, NJ 08818</b>						
		Name of Contact <b>Mr. Joe Bijou</b>	Telephone Number <b>(732) 248-8200 ext. 115</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Butler Plaza (Burger King)</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>1501-1506 Route 23</b>		Square Feet <b>4,000</b>	# of Floors <b>1</b>					
City (5) <b>Butler</b>		Bldg. Age <b>59</b>						
County (6) <b>Morris</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>SAI Environmental Services, LLC</b>						
Street Address		Street Address <b>277 Fairfield Road, Suite 102</b>						
City, State, Zip Code		City, State, Zip Code <b>Fairfield, NJ 07004</b>						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>(973) 852-3444</b>	License No. <b>01349</b>					
Start Date (10) <b>05 / 06 / 19</b>	Scheduled Completion Date (11) <b>05 / 10 / 19</b>	Name of OSHA Monitor <b>SAI Environmental Services, LLC</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>277 Fairfield Road, Suite 102</b>						
		City, State, Zip Code <b>Fairfield, NJ 07004</b>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</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>Roof</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Roof Materials</b>	<b>4,000 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"/>
Name of Registered Waste Hauler <b>Service Transport Group, Inc</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Minerva Landfill</b>				
City, State <b>Yardley, PA</b>		Disposal Date <b>Various</b>		City, State <b>Waynesburgh, OH</b>				
Completed By (Print or Type) <b>Mary Petrovski</b>	Title <b>Manager</b>	Signature <i>Mary Petrovski</i>			Date <b>4/26/19</b>			



Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B &amp; G proj. #: 2019-92

PAID

Check # 9262

Date of Notification (1)

04/23/19

Name of Building Owner/Operator (2)

Henpal Realty

Street Address

222 Grand Avenue

City, State, Zip Code

Englewood, NJ 07040

Name of Contact

Paul Schmidt

Telephone Number

Agencies Notified

☒ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Former Sears Hardware &amp; Appliance

Street Address

80 Godwin Ave

City (5)

Midland Park

County (6)

Bergen

County Code (7)

(State use only)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Sears Store

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

n/a

ASCM No.

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

05/07/2019

Sched. Completion Date (11)

05/21/2019

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:

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☒ Demolition☐ Renovation☐ >3 sf or >3 lf☒ ≥160 sf or ≥260 lf☐ wrap & cut☐ Full Containment w/negative pressure☐ Glovebag procedure☒ Mini-enclosure☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove

Repair

Encapsulate

Enclose

2nd Floor and stairwell from 2nd Fl. to 1st Fl.

☐☐☒

sheetrock &amp; ACM joint compound

4,500 sqft

☒☐☐☐Registered Waste Hauler  
B & G Restoration, Inc.NJDEP Hauler ID#  
19563Cubic Yards of Waste  
40Name of Registered Landfill  
Grand Central LandfillCity, State  
Lincoln Park, NJDisposal Date  
05/07-21/2019City, State  
Pen Argyl, PACompleted by (Print or Type)  
Gordana LunaTitle  
Secretary/Treasurer

Signature

Gordana Luna

Date  
04/23/2019



B &amp; G proj. #:

2019-94

PAID

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

Check # 9266

Date of Notification (1) 04/26/19		Name of Building Owner/Operator (2) Vincent Gautieri	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Montclair, NJ 07042	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Vincent Gautieri	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Vincent Gautieri		Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Montclair, NJ 07042	County (6) Essex	Bldg. Age	
County Code (7) (State use only)		Current Use (Prior if being demolished) residential	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/08/2019	Sched. Completion Date (11) 05/09/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

## Scope of Work (check all that apply)

- ☐ Demolition  
☒ >3 sf or >3 lf  
☒ Renovation  
☐ ≥160 sf or ≥260 lf  
☐ wrap & cut  
☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Encap	Encl
	Yes	No	N/A					
basement			X	pipe insulation	110 lf	X		

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 05/09/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 04/26/2019



B &amp; G proj. #:

2019-93

PAID

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

Check # 9265

Date of Notification (1)

04/12/19

Name of Building Owner/Operator (2)

Ingrid Nagy

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☒ Initial  
☐ Amendment  
☐ Cancellation

Street Address

City, State, Zip Code

Maplewood, NJ 07040

Name of Contact

Ingrid Nagy

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Ingrid Nagy

Street Address

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

City (5)

Maplewood, NJ 07040

County (6)

Essex

County Code (7)

(State use only)

Current Use (Prior if being demolished)

residential

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

ASCM No.

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

05/06/2019

Sched. Completion Date (11)

05/07/2019

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

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: \_\_\_\_\_

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ wrap & cut☐ Full Containment w/negative pressure☒ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Mini-enclosure☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Encap	Encl
	Yes	No	N/A					
boiler room			<input checked="" type="checkbox"/>	pipe insulation	3 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gas meter room			<input checked="" type="checkbox"/>	pipe insulation	9 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space			<input checked="" type="checkbox"/>	pipe insulation	4 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
overhead in laundry room			<input checked="" type="checkbox"/>	pipe insulation	2 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler

B &amp; G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

2

Name of Registered Landfill

Grand Central Landfill

City, State

Lincoln Park, NJ

Disposal Date

05/07/2019

City, State

Pen Argyl, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

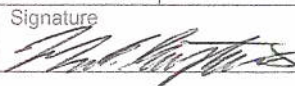
04/26/2019



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

RECEIVED  
APR 29 2019

CK021844 PATM

Date of Notification (1) 4/26/2019		Name of Building Owner/Operator (2) LANXESS Solutions US Inc.						
Agencies Notified	Type Notification	Street Address 1020 Kings George Post Road						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fords, NJ 08863						
		Name of Contact Lisa Daniels	Telephone Number 732-306-4959					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) LANXESS Solutions US Inc.		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 1020 Kings George Post Road		Square Feet	# of Floors					
City (5) Fords		Bldg. Age						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) boiler house piping, processing plant & tanks						
Name of Monitoring Firm Hired by Building Owner (8) Emilcott Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Stryker Demolition & Environmental Services LLC					
Street Address 190 Park Avenue		Street Address 992 Old Eagle School Road, STE 910						
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Wayne, PA 19087						
Project Manager for Monitoring Firm David Tomsey		Telephone No. 973-538-1110	Telephone No. 484-581-7428					
License No. 01286								
Start Date (10) 2/18/2019	Scheduled Completion Date (11) 6/28/2019	Name of OSHA Monitor Stryker Demolition & Environmental Services 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 checked="" type="checkbox"/> Other - Describe: boiler house		Street Address 992 Old Eagle School Road, STE 910						
		City, State, Zip Code Wayne, PA 19087						
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
#6 Fuel Line		X		Pipe Insulation (TSI)	197 LF	X		
Door Gasket on package boiler		X		Other Misc.	19 LF	X		
Ester 2 Area		X		Pipe Insulation (TSI)	480 LF	X		
Ester 2 Area, PA Tank Area		X		Surfacing	538 SF	X		
Name of Registered Waste Hauler Horwith Trucks, Inc.		NJDEP Waste Hauler ID No. SW-1998	Cubic Yards of Waste 35	Name of Registered Landfill Cumberland County Landfill				
City, State Northampton, PA		Disposal Date 5/10/2019		City, State Shippensburg, PA				
Completed by Mark Klotzbach		Title Vice President		Signature 		Date 4/26/2019		



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

RECEIVED  
APR 29 2019

Date of Notification (1) 4/17/19		Name of Building Owner/Operator (2) NJDPMC						
Agencies Notified	Type Notification	Street Address 33 West State St.						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ						
		Name of Contact Regina Bruno	Telephone Number 609 433 8745					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) former residence BLUE ACRES		Type of Facility (4)						
Street Address 32 Belmont Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) South River NJ		Square Feet 2800	# of Floors 2					
County (6) Middlesex		Bldg. # 50+						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) abandoned						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.					
Street Address		Street Address 135 Kinnelon Rd.						
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405						
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228					
Start Date (10) 5/2/19	Scheduled Completion Date (11) 5/29/19	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd.						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abandoned/ slated for Blue Acres Demolition</u>		City, State, Zip Code Kinnelon, NJ 07405						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Interior Walls			x	Plaster Walls	2600sf	x		
Crawl Space			x	Thermal Pipe Insulation	15 lf	x		
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 30	Name of Registered Landfill GROWS Fairless				
City, State Kinnelon, NJ			Disposal Date 5/30/19	City, State Morrisville, PA				
Completed by John Mucha		Title AHERA Project Designer	Signature 		Date			



CK # 1196 PAID

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

RECEIVED  
APR 23 2019

Date of Notification (1) 04/27/2019		Name of Building Owner/Operator (2) Gladis Camacho						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07104						
		Name of Contact Gladis	Telephone Number _____					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)						
Street Address [REDACTED]		Square Feet	# of Floors					
City (5) Newark		Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC					
Street Address		Street Address 8 Crosby Ave						
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711					
			License No. 01332					
Start Date (10) 05/04/2019	Scheduled Completion Date (11) 05/07/2019	Name of OSHA Monitor Same as (9)						
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: 8:00 - 16:30		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement			x	Pipe insulation	150 LF	x		
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 2	Name of Registered Landfill Fairless				
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 04/27/2019		



OK 002729

PAID

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

RECEIVED  
APR 29 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 4/26/19		Name of Building Owner/Operator (2) 134 Bay St. LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 95 Christopher Columbus Dr.		City, State, Zip Code Jersey City, NJ 07302						
Name of Contact Martin Strobel		Telephone Number 201-217-6626						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Former Manishewitz Factory		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, etc.)						
Street Address 143 Bay St.		Square Feet 74,352	# of Floors 6					
City (5) Jersey City, NJ		Bldg. Area 50+						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned						
Name of Monitoring Firm Hired by Building Owner (8) Vertex Environmental		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.					
Street Address 3322 US Route 22		Street Address 135 Kinnelon Rd.						
City, State, Zip Code Branchburg, NJ 08874		City, State, Zip Code Kinnelon, NJ 07405						
Project Manager for Monitoring Firm Don Heim		Telephone No. 732-414-2226	Telephone No. 908-218-0880					
Start Date (10) 4/11/2019		Scheduled Completion Date (11) 6/14/2019	License No. 01228					
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 Yannuzzi Environmental Services, Inc.						
Street Address 135 Kinnelon Rd. Suite 102		City, State, Zip Code Kinnelon, NJ 07405						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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		Enclosure
	Yes	No	N/A			Removal	Repair	
Floors 1-6 plus roof								
SEE ATTACHED SURVEY LIST								
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 400 CY	Name of Registered Landfill GROWS/Fairless Landfill Waste Mgmt				
City, State Kinnelon, NJ		Disposal Date 4/22/19- 6/16/19		City, State Morrisville, PA				
Completed by John Mucha		Title AHERA Project Designer		Signature <i>[Signature]</i>			Date 4/26/19	



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

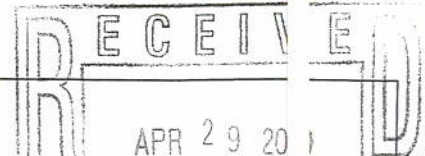
**RECEIVED**  
APR 29 2019

**NOCK**

Date of Notification (1) 4 / 25 / 19			Name of Building Owner/Operator (2) PSE&G / Job # 1904-5464			Check# ASBESTOS LICENSING						
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 John Belo		Telephone Number 908-413-8987						
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) PSE&G						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 Cape May Street & Frank E Rodgers Blvd.												
City (5) Harrison, NJ 07029						Square Feet		# of Floors				
County (6) Hudson						County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services				ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365				Street Address 30 Maple Ave. PO Box 25								
City, State, Zip Code Berlin, NJ 08009				City, State, Zip Code Lumberton, NJ 08048								
Project Manager for Monitoring Firm James Proctor				Telephone No. 609-704-8850		Telephone No. 609-265-2107		License No. 00529				
Start Date (10) 4 / 18 / 19		Scheduled Completion Date (11) 5 / 31 / 19		Name of OSHA Monitor EMSL Analytical								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM						Street Address 200 Route 130 North						
						City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)												
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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</b> 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		Enclosure
										Removal	Repair	
Exterior			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Coal Tar Wrap		40 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group, INC.				NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste 8		Name of Registered Landfill Grows- Fairless Landfill				
City, State Flanders, NJ				Disposal Date 5/31/19		City, State Morrisville, PA 19067						
Completed By (Print or Type) Gwendolyn Trumbetti			Title Operations Coordinator			Signature 		Date 4-25-19		9		



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



Date of Notification (1) <u>4</u> / <u>25</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1902-5439 Check#</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <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>	
		Name of Contact <b>Grady Toughill</b>	Telephone Number <b>732-674-1525</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G Essex Switching Station</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 building homes, etc.)	
Street Address <b>155 Raymond Blvd.</b>		Square Feet	# of Floors
City (5) <b>Newark, NJ 07105</b>		Bldg. Area	
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Essex</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety</b>	ASCM No. <b>PO Box 365</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>James Proctor</b>	Telephone No. <b>856-452-1311</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>

Start Date (10) <u>2</u> / <u>19</u> / <u>19</u>	Scheduled Completion Date (11) <u>5</u> / <u>31</u> / <u>19</u>	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: <u>7AM-3:30PM</u> / <u>      </u> PM - <u>      </u> 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"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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	
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Enclosure
	<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>Environmental Transport Group, Inc.</b>	NJDEP Waste Hauler ID No. <b>000692061</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Conestoga Landfill</b>
City, State <b>Flanders, NJ</b>		Disposal Date <b>5/31/19</b>	City, State <b>Morgantown, PA</b>
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 	Date <b>4-25-19</b>