

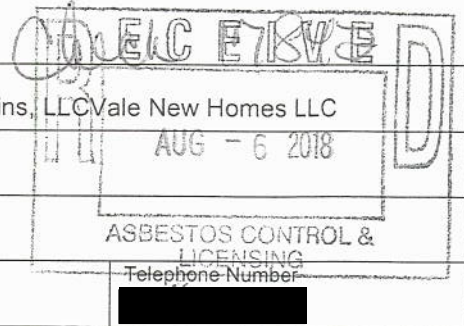
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 10447

PAID


Date of Notification (1) Aug 2, 2018		Name of Building Owner/Operator (2) V.F.V. Properties						
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 P.O. Box 508						
		City, State, Zip Code Martinsville NJ 08836						
		Name of Contact Frank Morano Telephone Number 732-687-0874						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling (DEMO)		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 53 N. Auten AVE		Square Feet	# of Floors 1					
City (5) Somerville NJ 08876		Bldg. Age 60+						
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Single family Dwelling						
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. 00394					
Start Date (10) Aug 13 2018		Scheduled Completion Date (11) Aug 15 2018						
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 EPC Technologies Inc 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Exterior Walls			Siding Shingles	1000 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 6	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date 8-15-18		City, State Morrisville PA				
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 8-2-18		

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



Date of Notification (1) 8/1/18		Name of Building Owner/Operator (2) Estate of Eliason c/o Mark R. Aikins, LLC/Vale New Homes LLC							
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 checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wall, NJ 07719							
		Name of Contact Mark Aikins	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2600	# of Floors 2						
City (5) Howell		Bldg. Age 75							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 8/3/18	Scheduled Completion Date (11) 8/10/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: boiler room and exterior		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	boiler flue	5 SF	x			
exterior			x	siding	1600 SF	x			
exterior			x	garage roof	900 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater, NJ		Disposal Date TBD		City, State Easton PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 8/1/18			

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

Date of Notification (1) 8/1/18		Name of Building Owner/Operator (2) Vale New Homes LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG - 6 2018 ASBESTOS ABATEMENT LICENSING 973-809-7558 </div>					
Agencies Notified		Type Notification				Street Address			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				332 Forest Street			
						City, State, Zip Code Kearny NJ 07032			
				Name of Contact Paul Russo		Telephone Number 973-809-7558			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home					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) Kearny					Square Feet 2700	# of Floors 2	Bldg. Age 82		
County (6) Hudson			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC				
Street Address					Street Address PO Box 483, 4 E Gate Drive				
City, State, Zip Code					City, State, Zip Code Glenwood, NJ 07418				
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 973-764-2276		License No. 703		
Start Date (10) 8/6/18		Scheduled Completion Date (11) 8/16/18			Name of OSHA Monitor				
Occupancy Status During Abatement (Check Only One)					Street Address				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: exterior					City, State, Zip Code				
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	exterior siding	1800 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling			NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD		Name of Registered Landfill Chrin Brothers Sanitary Landfill		
City, State Bridgewater, NJ			Disposal Date TBD		City, State Easton PA				
Completed by A. Scott Higgins			Title President		Signature 			Date 8/1/18	

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:18)

Date of Notification (1) 07 / 31 / 18		Name of Building Owner/Operator (2) Pamela Rose		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 20 2018 DOL - 10 DAY ASBESTOS CONTROL & LICENSING WATERBORO, NJ </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address City, State, Zip Code Montclair, NJ 07042 Name of Contact Pamela Rose			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address City (5) Montclair, NJ 07042 County (5)						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. Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777		License No. 01127					
Start Date (10) 08 / 01 / 18		Scheduled Completion Date (11) 08 / 02 / 18		Name of OSHA Monitor Envirovision Consultants Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM/____ PM/____ PM/____ AM		Street Address 20-21 Wagaraw Road, Bldg # 35E		City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >150 sf or >250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input 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 Safely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.P. Inc.			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevic		Title Owner		Signature <i>N.Jevic</i>		Date 07/31/18			

ASB-4
MAY 11

* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1) 7/31/2018		Name of Building Owner/Operator (2) Alex Rubin	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code West Orange, NJ, 07052	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Alex Rubin	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Alex Rubin			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) West Orange	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm		Telephone Number N/A	Telephone Number (973) 744-8800		License Number 00371
Scheduled Start Date (10) 8 - 21 18 Month Day Year		Sched. Completion Date (11) 8 - 23 - 18 Month Day Year		Name of OSHA Monitor N/A	
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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	120LF	X			

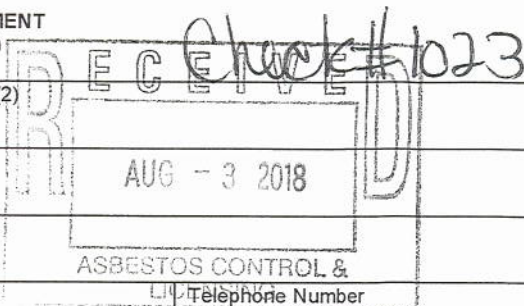
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Tri - State	
City, State Montclair, NJ 07042		Disposal Date 8/24/18	City, State Bronx, NY, 10474		
Completed By (Print or Type) Constantine Vivian		Title President	Signature <i>Constantine Vivian</i>		Date 7/31/2018

OK 1023

Print Form

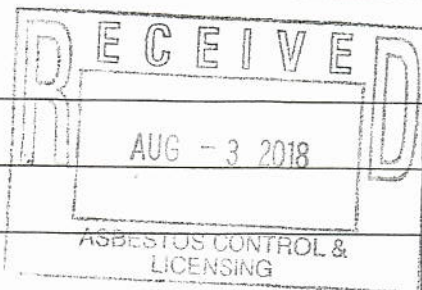
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

PAID



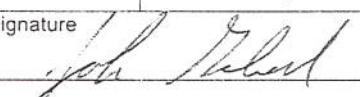
Date of Notification (1) 07/25/2018		Name of Building Owner/Operator (2) Gregory Bekhit							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <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 Plainfield, NJ, 07060							
		Name of Contact Gregory Bekhit							
Telephone Number [REDACTED]									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		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) Plainfield		Square Feet 2,857	# of Floors 3						
County (6) Union		Bldg. Age 1896							
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) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 08/04/2018	Scheduled Completion Date (11) 08/10/2018	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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 Elizabeth, NJ 07206							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	270 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 4 CY	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 07/25/2018			

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

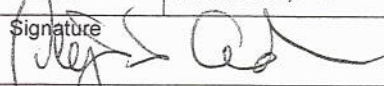


Date of Notification (1) 07/25/2018		Name of Building Owner/Operator (2) FABIO CAMPAGNA						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 HARRINGTON PARK						
		Name of Contact FABIO CAMPAGNA	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 2,200	# of Floors 2					
City (5) HARRINGTON PARK		Bldg. Age 63						
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.					
Street Address		Street Address 1126. 51st, STREET						
City, State, Zip Code N/A		City, State, Zip Code NORTH BERGEN NJ. 07047						
Project Manager for Monitoring Firm		Telephone No. 201-776-0642	License No. 01300					
Start Date (10) 07/25/2018	Scheduled Completion Date (11) 07/23/2018	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 <input type="checkbox"/> Other - Describe: _____		Street Address 307 W. 38th St. City, State, Zip Code New York, NY.						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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
GARAGE		X	PIPE INSULATION	6.LF	X			
Name of Registered Waste Hauler TRI - STATE ASSOC		NJDEP Waste Hauler ID No. 19951	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 MANAGER	Signature 	Date 07/25/2018				

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

Date of Notification (1) 06/27/18		Name of Building Owner/Operator (2) South Plainfield Board of Education		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG - 6 2018 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 125 Jackson Ave.							
<input 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 South Plainfield, NJ 07080		ASBESTOS CONTROL & LICENSING					
		Name of Contact Thomas Wiggins		Telephone Number 908-754-4620					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Plainfield Middle School			Type of Facility (4)						
Street Address 2201 Plainfield Ave.			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) South Plainfield			Square Feet	# of Floors	Bldg. Age				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) OMEGA Env. Services, Inc.		ASCM No. 00120		Name of Abatement Contractor (9) Academy Construction Inc					
Street Address 280 Huyler St.		Street Address 205 Route 46 Suite 14							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700		Telephone No. 973 832 4244	License No. 01155				
Start Date (10) 06/28/18		Scheduled Completion Date (11) 07/11/18		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout hallways & classrooms			x	Emergency Cleanup	TBD	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Totowa NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by John Geleski		Title PM		Signature 		Date 06/27/18			

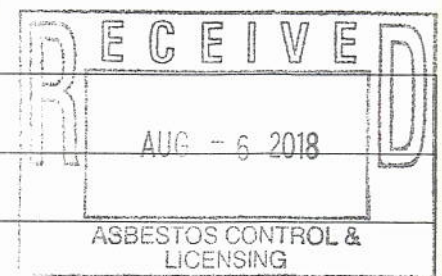
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 08/01/2018		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child		Check No. 1193	
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"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 44 Blackburn Road City, State, Zip Code Summit, New Jersey 07901 Name of Contact Jose Concalves	
				Telephone Number 908-522-8100	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Oak Knoll School of the Holy Child			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 44 Blackburn Road					
City (5) Summit, New Jersey 07901			Square Feet 10,000	# of Floors 2	Bldg. Age 50+
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private School	
Name of Monitoring Firm Hired by Building Owner (8) T & M Associates		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 40 Monmouth Park Highway, Suite 2				Street Address 606 McBride Ave	
City, State, Zip Code West Long Branch, New Jersey 07764				City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Kevin Burns		Telephone No. 732-676-4000		Telephone No. 973-225-8400	License No. 01104
Start Date (10) 08/13/2018		Scheduled Completion Date (11) 08/17/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)
	Yes	No	N/A		
Various Locations			X	Asbestos Pipe & Elbow (wrap & Cure)	66 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Woodland Park, New Jersey		Disposal Date 08/17/2018		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President		Signature 	Date 08/01/2018

OK 4999

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



Date of Notification (1) 08 / 01 / 18		Name of Building Owner/Operator (2) Diocese of Camden	
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 631 Market Street	
		City, State, Zip Code Camden, NJ 08102	
		Name of Contact Anne Haday	Telephone Number 856-429-1330

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Holy Eucharist Parish Hall		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 344 Kresson Road			
City (5) Cherry Hill		Square Feet 50,000	# of Floors 2
		Bldg. Age 80	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC
Street Address 1000 Maplewood Drive, Suite 207		Street Address 623 Cutler Avenue	
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-9300	License No. 00842
Start Date (10) 08 / 20 / 18	Scheduled Completion Date (11) 08 / 24 / 18	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 - 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 checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 106	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carpet Mastic	415 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

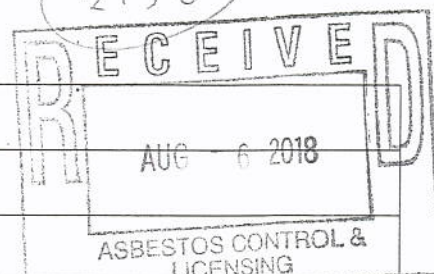
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 08/24/2018		City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 		Date 8/1/18	

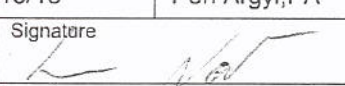
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Print Form

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



Date of Notification (1) 07/27/18		Name of Building Owner/Operator (2) Stillwater Twp School District							
Agencies Notified	Type Notification	Street Address 904 Stillwater Rd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Stillwater, NJ 07875							
		Name of Contact Rene Metzgar	Telephone Number 973-383-8954						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stillwater Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 904 Stillwater Rd.		Square Feet 1	Bldg. Age 50+						
City (5) Stillwater		Current Use (Prior if being demolished) School							
County (6) Sussex	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC		ASCM No. 00127	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address 1248 Wrights Lane		Street Address 156 Maple Ave.							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm Paul McCaa		Telephone No. 610-431-7545	Telephone No. 862-221-9092						
License No. 01107									
Start Date (10) 08/06/18	Scheduled Completion Date (11) 08/10/18	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
crawlspace under rooms B22 & B20		*		contaminated soil	90 sf.	*			
crawlspace under rooms B22 & B20		*		pipe insulation	70 lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 10	Name of Registered Landfill GCSL					
City, State Newark, NJ		Disposal Date 08/13/18		City, State Pen Argyl, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 07/27/18			

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

Check # 1321

GAC Project # 060-18

Date of Notification (1) August 1, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) LOUIS BROWN ATHLETIC CENTER, BLDG# 4156		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
City, State, Zip Code PISCATAWAY, NJ 08854		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
Name of Facility Where Abatement is Taking Place (3) LOUIS BROWN ATHLETIC CENTER, BLDG# 4156		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 LIVINGSTON CAMPUS		Sq. Feet: N/A # of Floors: N/A Bldg. Age: 60+ years	
City (5) PISCATAWAY		County (6) MIDDLESEX	
County Code (7) (State Use Only)		Current Use (prior if being demolished): Exterior Trench Duct Bank	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	
Scheduled Start Date (10) 08/10/18		License Number 00840	
Scheduled Completion Date (11) 09/10/18		Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 3PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
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 Demolition		City, State, Zip Code FAIRLAWN, NJ 07410	
Location of Asbestos-Containing Material (ACM) in Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Amount (Specify SF or LF) 400 LF	
Conduit Duct Bank (Exterior Trench) <input checked="" type="checkbox"/>		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 200 CY		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 09/10/2018	
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700		Completed by (Print or Type) RAYMOND C. PEDALINO	
Title SENIOR PROJECT MANAGER		Signature <i>Raymond C. Pedalino</i>	
Date August 1, 2018			

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

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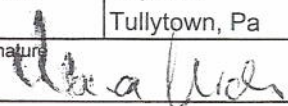
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AUG - 6 2018
ASBESTOS CONTROL &
LICENSING
Telephone Number

OK4378

Project #

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

Check # 4378

Date of Notification (1) 07/26/2018		Name of Building Owner/Operator (2) Delaware Valley School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 19 Senator Stout Rd		City, State, Zip Code Frenchtown, 08825							
Name of Contact Matt O. Brien		Telephone Number 908-686-6333							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 19 Senator Stout Rd		Square Feet							
City (5) Frenchtown, 08825		# of Floors							
County (6) Hunterdon		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis		ASCM No. 0090							
Street Address 403 St. James Ave		Name of Abatement Contractor (9) Nick Restoration LLC							
City, State, Zip Code Phillipsburg, NJ 08865		Street Address 72 Brookside Rd							
Project Manager for Monitoring Firm Patrick D. McGuinness		City, State, Zip Code Randolph, NJ 07869							
Telephone No. 908-454-6316		Telephone No. 973-933-2550							
Start Date (10) 08/08/2018		License No. 01358							
Scheduled Completion Date (11) 08/17/2018		Name of OSHA Monitor IRIS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Rt 22 West							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Union, NJ 07083							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
District / Guidance Offices		X		Vinyl asbestos floor tiles	2400 SF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S			
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Nikica Mrda		Title President		Signature 		Date 07/26/2018			

CK 3221

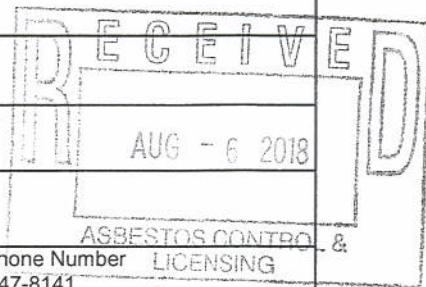
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/1/18		Check # 3221		Name of Building Owner/Operator (2) Holy Name of Jesus/Middleton Early Learning Center	
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		<div style="border: 1px solid black; padding: 5px; float: right; text-align: center;"> RECEIVED AUG - 6 2018 ASBESTOS CONTROL & ABATEMENT DIVISION </div> Street Address 200 Midland Ave City, State, Zip Code East Orange, NJ, 07017 Name of Contact Fr. Fred Telephone Number 973-675-4444	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Middletown Early Learning Center				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 200 Midland Ave				Square Feet 20,000	# of Floors 3
City (5) East Orange				Bldg. Age 50+	
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services	
Street Address N/A		Street Address 426 69th st			
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07093			
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 08/01/18		Scheduled Completion Date (11) 08/15/18		Name of OSHA Monitor N/A	
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: <u>12:00</u>				Street Address N/A	
				City, State, Zip Code N/A	
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) <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		
Basement Electrical Room		X		ACM pipe insulation	3 LF
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprise
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>	Date 8/1/18

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

Date of Notification (1) 8 / 2 /2018		Name of Building Owner/Operator (2) THE VALLEY HOSPITAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 223 NORTH VAN DIEN AVENUE City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact GEORGE GANCOS	
		Telephone Number 201-447-8141	



Name of Facility Where Abatement is Taking Place (3) VALLEY 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 (ie. private & commcl. bldgs., homes, etc.)					
Street Address 670 WINTER AVENUE				Square Feet 50,000		# of Floors 1		Bldg. Age 40+	
City (5) PARAMUS		County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ABANDONED			
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION				ASCM No.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION			
Street Address 131 VARICK STREET, SUITE 1022				Street Address 313 SPOOK ROCK ROAD					
City, State, Zip Code NEW YORK, NEW YORK 10013				City, State, Zip Code SUFFERN, NEW YORK 10901					
Project Manager for Monitoring Firm JIM MIADES				Telephone Number 347-435-3561		Telephone Number 845-369-7500		License Number 1101	
Expected State Date (10) 6 / 7 /18			Sched. Completion Date (11) 3 30 /19			Name of OSHA Monitor EMSL #11506			
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 checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NEW YORK					
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR THROUGHOUT			X	JOINT COMPOUND	25,000 SF	X			
1ST FLOOR ROOMS 100 & 101			X	CEILING TILES	1,500 SF	X			
1ST FLOOR ROOMS 101 & 102			X	VAT & MASTIC	1,450 SF	X			
1ST FLOOR ROOM 182			X	BOILER INSULATION	100 SF	X			
1ST FLOOR ROOM 182			X	BOILER BREECHING	80 SF	X			
1ST FLOOR ROOM 180			X	ROOF HATCH TAR	2 SF	X			

Name of Registered Waste Hauler ASBESTOS TRANSPORTATION CO. INC. 2 MORICHES MIDDLE ISLAND ROAD	NJDEP Waste Hauler ID No. 1A-371	Cubic Yards of Waste 100	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State SHIRLEY, NEW YORK 11967		Disposal Date 6/07/18 - 12/30/18	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature Date 8/2/18

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

Date of Notification (1) 6 / 7 /2018			Name of Building Owner/Operator (2) THE VALLEY HOSPITAL		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Street Address 223 NORTH VAN DIEN AVENUE City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652		
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			Name of Contact GEORGE GANCOS Telephone Number 201-447-8141		

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 AUG - 6 2018
 ASBESTOS CONTROL & LICENSING

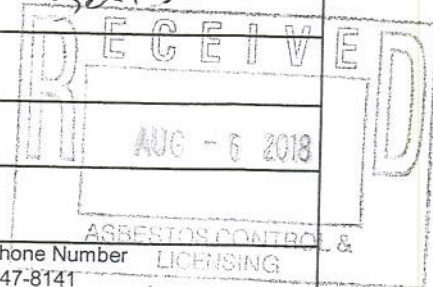
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) VALLEY HOSPITAL Street Address 670 WINTER AVENUE City (5) PARAMUS County (6) BERGEN County Code (7) (STATE USE ONLY)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Square Feet 50,000</td> <td style="width: 33%;"># of Floors 1</td> <td style="width: 33%;">Bldg. Age 40+</td> </tr> </table>		Square Feet 50,000	# of Floors 1	Bldg. Age 40+
Square Feet 50,000	# of Floors 1	Bldg. Age 40+						
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION Street Address 131 VARICK STREET, SUITE 1022 City, State, Zip Code NEW YORK, NEW YORK 10013			ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION Street Address 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901					
Project Manager for Monitoring Firm JIM MIADES Telephone Number 347-435-3561		Telephone Number 845-369-7500 License Number 1101						
Expected State Date (10) 6 / 7 /18 Month Day Year		Sched. Completion Date (11) 3 30 /19 Month Day Year		Name of OSHA Monitor EMSL #11506				
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 checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NEW YORK				
Scope of Work (Check all that apply) <table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF </td> <td style="width: 50%;"> <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </td> </tr> </table>						<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure							

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR THROUGHOUT			X	JOINT COMPOUND	25,000 SF	X			
1ST FLOOR ROOMS 100 & 101			X	CEILING TILES	1,500 SF	X			
1ST FLOOR ROOMS 101 & 102			X	VAT & MASTIC	1,450 SF	X			
1ST FLOOR ROOM 182			X	BOILER INSULATION	100 SF	X			
1ST FLOOR ROOM 182			X	BOILER BREECHING	80 SF	X			
1ST FLOOR ROOM 180			X	ROOF HATCH TAR	2 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 100	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 6/7/18	

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

32150



Date of Notification (1) 5 / 109 / 2018		Name of Building Owner/Operator (2) THE VALLEY HOSPITAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 223 NORTH VAN DIEN AVENUE City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652 Name of Contact GEORGE GANCOSOS Telephone Number 201-447-8141	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VALLEY 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 (ie. private & commcl. bldgs., homes, etc.)	
Street Address 670 WINTER AVENUE		Square Feet 50,000	# of Floors 1
City (5) PARAMUS	County (6) BERGEN	Bldg. Age 40+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ABANDONED	
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 131 VARICK STREET, SUITE 1022		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code NEW YORK, NEW YORK 10013		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm JIM MIADES		Telephone Number 347-435-3561	Telephone Number 845-369-7500
Expected State Date (10) 6 / 7 / 18		License Number 1101	
Sched. Completion Date (11) 3 30 / 19		Name of OSHA Monitor EMSL #11506	
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 checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		Street Address 307 WEST 38TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Endo <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
City, State, Zip Code NEW YORK, NEW YORK			

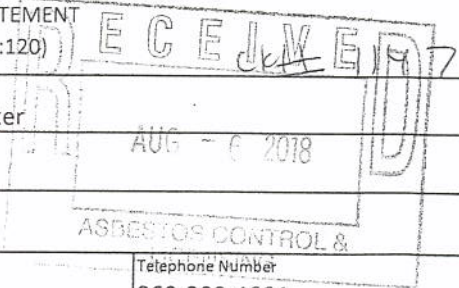
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR THROUGHOUT			X	JOINT COMPOUND	25,000 SF	X			
1ST FLOOR ROOMS 100 & 101			X	CEILING TILES	1,500 SF	X			
1ST FLOOR ROOMS 101 & 102			X	VAT & MASTIC	1,450 SF	X			
1ST FLOOR ROOM 182			X	BOILER INSULATION	100 SF	X			
1ST FLOOR ROOM 182			X	BOILER BREECHING	80 SF	X			
1ST FLOOR ROOM 180			X	ROOF HATCH TAR	2 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State NEWARK, NEW JERSEY	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 100	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Disposal Date 6/07/18 - 12/30/18	City, State PLAINFIELD TOWNSHIP, PA
		Signature <i>[Signature]</i>	Date 5/9/18

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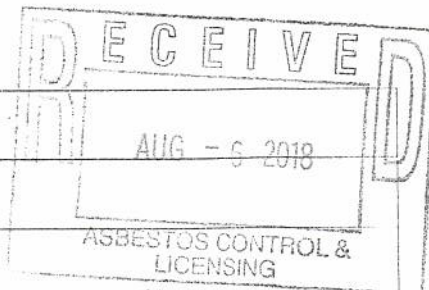
State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/1/18		Name of Building Owner/Operator (2) St. Joseph Regional Medical Center							
Agencies Notified	Type Notification	Street Address 703 Main Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 Paterson, NJ 07503							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Juan Cobos	Telephone Number 860-200-4664						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Joseph's Regional Medical Center - Dialysis Area, 2nd Floor		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 703 Main Street									
City (5) Paterson	Square Feet 30,000+	# of Floors 3+	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) 8/10/18	Scheduled Completion Date (11) 8/17/18	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 type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical Equipment Room	X			Air Cell Pipe Insulation	75 LF	X			
Mechanical Equipment Room	X			Fitting Insulation	15 ea	X			
Mechanical Equipment Room	X			Black wall Mastic	50 SF	X			
2nd Fl Drop ceiling	X			Fitting Insulation	100 ea	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 2+	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 8/1/18					

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

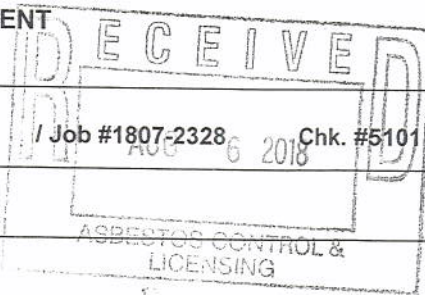


Date of Notification (1) 6/28/18		Name of Building Owner/Operator (2) South Plainfield Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 125 Jackson Ave. City, State, Zip Code South Plainfield, NJ 07080 Name of Contact Thomas Wiggins	Telephone Number 908-754-4620					
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) South Plainfield Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2201 Plainfield Ave.		Square Feet 60,000	# of Floors 2	Bldg. Age 50+					
City (5) South Plainfield		Current Use (Prior if being demolished) Elementary School							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) OMEGA Env. Services, Inc.							
ASCM No. 00120		Name of Abatement Contractor (9) Academy Construction Inc							
Street Address 280 Huyler St.		Street Address 205 Route 46 Suite 14							
City, State, Zip Code South Hackensack, NJ 07806		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Gaiser Fajardo		Telephone No. 201-489-8700	Telephone No. 973 832 4244	License No. 01155					
Start Date (10) 06/28/18	Scheduled Completion Date (11) 07/11/18	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout hallways & classrooms			X	Emergency Cleanup	TBD	x			
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 0034422	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>			Date 06/28/18			

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




Date of Notification (1) 8 / 3 / 18		Name of Building Owner/Operator (2) Rutgers University		/ Job #1807-2328 Chk. #5101 AUG 6 2018 ASBESTOS CONTROL & 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 33 Knightsbridge Road			
		City, State, Zip Code Piscataway, NJ 08854		Telephone Number 848-445-2419					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building #3084 - Kreeger Learning Annex				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 151 College Avenue				Square Feet 14000					
City (5) Piscataway				# of Floors 1					
County (6) Middlesex				Bldg. Age 40					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 400 Street Road		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300		License No. 00862					
Start Date (10) 8 / 13 / 18		Scheduled Completion Date (11) 9 / 14 / 18		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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Board Siding	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Paper Vapor Barrier	4500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	14,000 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Champion		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Hainesport, NJ		Disposal Date 9/14/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Joann Mullarkey		Title Office Coordinator		Signature 		Date 8-3-18			

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

RECEIVED
12TH AUG - 6 2018
FLOOR

Date of Notification (1) August 05, 2018		Name of Building Owner/Operator (2) Passaic board of Education						
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	663 Main Ave	Passaic NJ 07055					
		Name of Contact BILL	Telephone Number 201-334-6632					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PASSAIC High School Gym		Type of Facility (4)						
Street Address 170 Paulison Av.		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) PASSAIC N.J.	County (6) PASSAIC COUNTY	Square Feet 240,000	# of Floors 3					
County Code (7) 07055		Bldg. Age 195						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRO VISION CONSULTING Inc.		Name of Abatement Contractor (9) DIVINE DEVELOPMENT LLC						
Street Address 20-21 Wagon Rd. Bldg 35E		Street Address 572 S 12TH STREET SUITE 1						
City, State, Zip Code Fair Lawn N.J. 07410		City, State, Zip Code NEWARK NJ 07103						
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145	License No. 01346					
Start Date (10) 08.17.2018	Scheduled Completion Date (11) 08.28.2018	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input 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) 2000SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
1ST FLOOR MAIN ENTRANCE			✓	VAT TILES	✓			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04502	Cubic Yards of Waste 30 YARDS	Name of Registered Landfill CROWS MOUTH LANDFILL				
City, State NEWARK NJ 07103		Disposal Date 1/30	City, State MECHANICSVILLE, PA					
Completed by JOHN SUDOSKI	Title OWNER	Signature 			Date 08.05.2018			

ck 4378

Project #		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)		DOL - 10 DAY Check # 4378 AUG 6 2018	
Date of Notification (1) 08/03/2018		Name of Building Owner/Operator (2) Delaware Valley School District		WAIVER APPROVED	
Agencies Notified	Type Notification	Street Address 19 Senator Stout Rd			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Frenchtown, 08825 Name of Contact Matt O' Brien			
Telephone Number 908-686-6333					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) School				Type of Facility (4)	
Street Address 19 Senator Stout Rd				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Frenchtown, 08825				Square Feet No. of Floors Bldg. Age	
County (6) Hunterdon		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis		ASCM No. 0090		Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address 403 St. James Ave		Street Address 72 Brookside Rd		City, State, Zip Code Randolph, NJ 07869	
City, State, Zip Code Phillipsburg, NJ 08865		Telephone No. 908-454-6316		Telephone No. 973 933-2550	
Project Manager for Monitoring Firm Patrick D. McGuinness		License No. 01358		Name of OSHA Monitor	
Start Date (10) 08/08/2018		Scheduled Completion Date (11) 08/17/2018		Street Address	
Occupancy Status During Abatement (Check Only One)				City, State, Zip Code	
<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:					
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
District / Guidance Offices		X		Vinyl asbestos floor tiles	2,400 SF
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 0000004509		Cubic Yards of Waste TBD	
City, State Randolph, NJ		Disposal Date TBD		Name of Registered Landfill G.R.O.W.S	
City, State Tullytown, Pa					
Completed by Nikica Mrda		Title President		Signature	
				Date 08/03/2018	

RECEIVED
 AUG - 6 2018
 ASBESTOS CONTROL & LICENSING

PAID

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

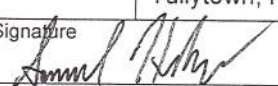
CK#1118

Date of Notification (1) 08/02/2018		Name of Building Owner/Operator (2) GAC Construction Corp							
Agencies Notified	Type Notification	Street Address 79 Westervelt Pl							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Passaic, NJ 07055							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Zev	Telephone Number (347) 451-1335						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Passaic		Bldg. Age							
County (6) Passaic	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) 08/12/2018	Scheduled Completion Date (11) 08/14/2018	Name of OSHA Monitor Removal 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 -5:00PM		Street Address 8 Crosby Ave							
		City, State, Zip Code Paterson, NJ 07502							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> WRAP AND CUT							
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	40 LF	x		x	
Basement			x	Floor Tiles	150 SF	x		x	
Name of Registered Waste Hauler Removal Safety, LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill Grows North					
City, State Paterson, NJ			Disposal Date TBT	City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 08/02/2018			

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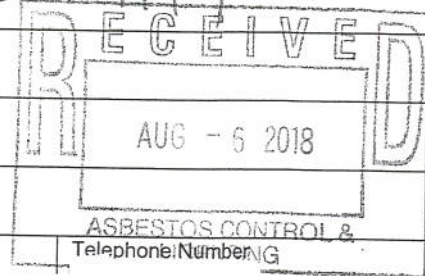
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

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AUG - 6 2018		
ASBESTOS CONTROL & LICENSING		

Date of Notification (1) August 3, 2018		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified	Type Notification	Street Address GSP Interchange 145 NB Toll Plaza							
<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 #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East orange, NJ 07017							
		Name of Contact Dan Wenger	Telephone Number 7327505300						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) GSP Interchange 145 NB Toll Plaza		Type of Facility (4)							
Street Address GSP Interchange 145 NB Toll Plaza		<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) East Orange		Square Feet N/A	# of Floors Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Toll Plaza							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) George Harms Construction Co., Inc.						
Street Address		Street Address 62 Yellowbrook Road							
City, State, Zip Code		City, State, Zip Code Howell, NJ 07731							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-751-2089						
Start Date (10) July 24, 2018		Scheduled Completion Date (11) August 17, 2018	License No. 01055						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Bridge / Road Reconstruction & Demolition</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Toll Booth Counter Tops			X	ACM Counter Tops	30 SF	X			
Name of Registered Waste Hauler George Harms Construction Co., Inc.		NJDEP Waste Hauler ID No. 05885	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management					
City, State Howell, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Sam Hahn		Title Project Engineer		Signature 			Date 8/3/2018		

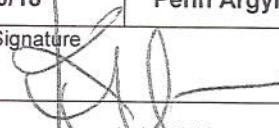
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK#1119



Date of Notification (1) 08/02/2018		Name of Building Owner/Operator (2) Bill Johnston							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ 07036 Name of Contact Bill							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Linden, NJ 07036		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Removal Safety LLC							
City, State, Zip Code		Street Address 8 Crosby Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ 07502							
Telephone No.		Telephone No. 973-400-8711	License No. 01332						
Start Date (10) 08/14/2018	Scheduled Completion Date (11) 08/17/2018	Name of OSHA Monitor Removal Safety LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 8 Crosby Ave							
<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 -5:00PM		City, State, Zip Code Paterson, NJ 07502							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	115 LF	X		X	
Name of Registered Waste Hauler Removal Safety, LLC		NJDEP Waste Hauler ID No. 0037007		Cubic Yards of Waste 3	Name of Registered Landfill Grows North				
City, State Paterson, NJ		Disposal Date TBT		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President		Signature <i>Lasko Veskov</i>		Date 08/02/2018			

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

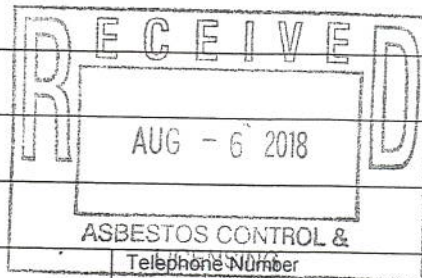
Date of Notification (1) <div style="text-align: center;">8 / 3 / 18</div>		Name of Building Owner/Operator (2) Crosswick Forge, LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED / Job #1808-2330 Chk. #5105 AUG - 6 2018 ASBESTOS CONTROL & LICENSING </div>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1624 Jacksonville Road								
		City, State, Zip Code Burlington, NJ 08016								
		Name of Contact Mr. Victor J. DiAnna, Managing Member								
				Telephone Number 609-239-8000						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial Property				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 5 Crosswick Chesterfield Road										
City (5) Chesterfield				Square Feet 11431.6	# of Floors 2					
				Bldg. Age 107						
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 617 Stokes Rd., Suite 4-318				Street Address 3859 Sylon Boulevard						
City, State, Zip Code Medford, NJ 08055				City, State, Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Rebecca Rubinitz		Telephone No. (888) 715-2211		Telephone No. 609-702-0400	License No. 00862					
Start Date (10) <div style="text-align: center;">8 / 6 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">8 / 10 / 18</div>		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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 200 U.S. Route 130 North						
				City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
						Removal	Repair	Encapsulate	Enclosure	
Four Locations		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four Locations		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	800 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 Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ				Disposal Date 8/10/18	City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 8-3-18			

CK 1631

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Print Form

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



Date of Notification (1) 8/3/18		Name of Building Owner/Operator (2) Carmela Laudando							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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 Bayonne, NJ 07002							
		Name of Contact Carmela Laudando							
<p align="center">FACILITY INFORMATION</p>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		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) Bayonne		Square Feet 2300	# of Floors 3						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 70 +/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No. _____	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-600-3184						
Start Date (10) 8/6/18		Scheduled Completion Date (11) 8/13/18	License No. 01305						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl		X		Plaster	962 SF	X			
2nd Fl		X		Plaster	923 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20 yd	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 8/3/18			