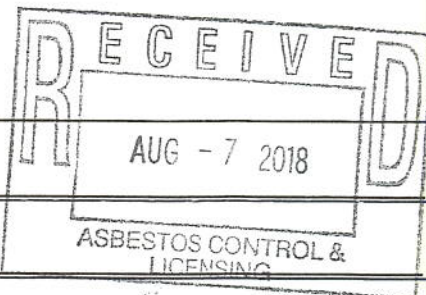


CK7336

D&amp;S Proj. #: 18-164

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



Date of Notification (1) 10/18/10/12/11/18/		Name of Building Owner/Operator (2) tage haun	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code cranford, nj 07016	
Name of Contact tage haun		Telephone Number _____	

## FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____		Street Address 20 California Ave.		
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 08/14/18		Sched. Completion Date (11) 09/14/18		
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: NORMAL HOURS				

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

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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basemen & crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	180 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/15/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 08/02/2018

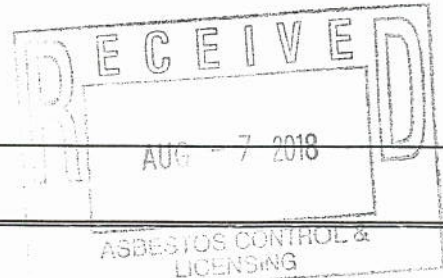


CK7336

D&amp;S Proj. #: 18-137

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

PAID



Date of Notification (1) 10/18/10 12/11/18		Name of Building Owner/Operator (2) steve lipman	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code springfield, nj 07081	
Name of Contact springfield, nj 07081		Telephone Number _____	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) springfield, nj 07081			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) springfield	County (6) union	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address _____			Street Address 20 California Ave.		
City, State, Zip Code _____			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm _____		Phone Number _____	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 08/15/18		Sched. Completion Date (11) 09/15/18	Name of OSHA Monitor D & S Restoration, 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: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

## Scope of Work (check all that apply)

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

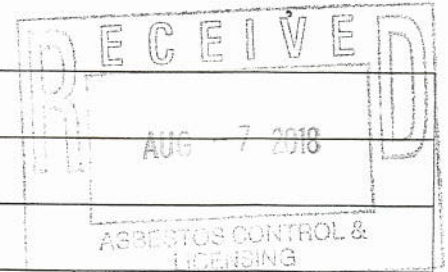
- ☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
garage		<input checked="" type="checkbox"/>		DUCT INSULATION	50 sq ft	<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"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/16/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 08/02/2018



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



Date of Notification (1) <b>8/6/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>						
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>						
		Name of Contact <b>JOHN BRADLEY</b>	Telephone Number <b>732-374-6128</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4)						
Street Address <b>1377 US. 202 NORTH</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>NESHANIC STATION</b>	Square Feet <b>2400</b>	# of Floors <b>1</b>	Bldg. Age <b>40 YRS approx.</b>					
County (6) <b>SOMERSET</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>SWITCH STATION</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>						
Street Address <b>64 BROAD STREET</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC</b>						
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		Street Address <b>396 WHITEHEAD AVE.</b>						
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>						
Telephone No. <b>732-290-2217</b>		Telephone No. <b>732-432-8350</b>	License No. <b>01111</b>					
Start Date (10) <b>8/17/18</b>	Scheduled Completion Date (11) <b>8/20/18</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>						
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <b>necessary operators only</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>CONTROL ROOM</b>		<b>X</b>		<b>2400 SF</b>	<b>X</b>			
			<b>TRANSITE FLOOR PANELS</b>	<b>156 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste	Name of Registered Landfill <b>FAIRLESS</b>				
City, State <b>ELIZABETH, NJ</b>			Disposal Date <b>TBD</b>	City, State <b>MORRISVILLE, PA</b>				
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <b>Carol Raimo</b>	Date <b>8/6/18</b>				



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

DOL - 10 DAY

AUG - 7 2018

ASBESTOS CONTROL &amp; LICENSING

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Date of Notification (1) 08/01/2018		Name of Building Owner/Operator (2) Perth Amboy Public Schools		Street Address 178 Barracks St		City, State, Zip Code Perth Amboy NJ 08861		Name of Contact Dimitar Mitonov		Telephone Number 973-771-8123	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Perth Amboy High 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.)		Square Feet N/A		# of Floors N/A	
Street Address 300 Eagle Ave		City (5) Perth Amboy NJ 08861		County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School		Bldg. Age N/A	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc		ASCM No.		Name of Abatement Contractor (9) Amax Contracting LLC		Street Address 36 N Quail Hill Blvd		City, State, Zip Code Galloway NJ 08205		Project Manager for Monitoring Firm Donna D'Errico	
Street Address 36 N Quail Hill Blvd		City, State, Zip Code Galloway NJ 08205		Telephone No. 609-652-1833		Street Address PO BOX 734		City, State, Zip Code Woodland Park NJ 07424		License No. 01266	
Start Date (10) 08-06-2018		Scheduled Completion Date (11) 08-31-2018		Name of OSHA Monitor Amax Contracting LLC		Street Address PO BOX 734		City, State, Zip Code Woodland Park NJ 07424		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:	
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 250$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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	
Courtyard				Window Caulk		3189 LF		X			
North Elevation				Window Caulk		1316 LF		X			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 13 cy		Name of Registered Landfill Fairless Hills		City, State Woodland Park NJ 07424		Disposal Date 09-08-2018	
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 08/01/2018					

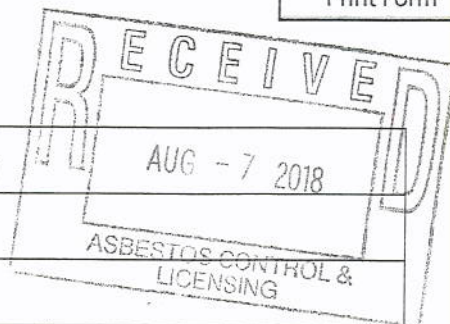


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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08/01/18		Check # 3224		Name of Building Owner/Operator (2) Roselle Catholic Regional High School					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		1 Raritan Rd					
				City, State, Zip Code Roselle, NJ, 07203					
				Name of Contact Main Office/Kevin					
				Telephone Number 908-245-2350					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Roselle Catholic Regional High School				Type of Facility (4)					
Street Address 1 Raritan Rd				<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) Roselle				Square Feet 20,000	# of Floors 3				
				Bldg. Age 50+					
County (6) Union		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) 08/13/18		Scheduled Completion Date (11) 08/14/18		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address N/A					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 9am				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) 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
Boiler Room		X		ACM Elbows	3 SF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste	Name of Registered Landfill Minerva Entreprise				
City, State Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>		Date 08/01/18			



CK 1201

Aug 03 2018 08:27 NJ Asbestos Control 609.633.0664

RECEIVED 08/03/2018 08:32AM

page 1

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

Date of Notification (1) 08/2/2018		Name of Building Owner/Operator (2) Asbury Park Board of Education		Check <b>DO NOT</b> - 10 DAY				
Agencies Notified	Type Notification	Street Address 810 4th Avenue		AUG 3 2018				
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Asbury Park, New Jersey 07712		Telephone Number 732-775-2606				
<input checked="" type="checkbox"/> DOW <input type="checkbox"/> DCA		Name of Contact LOU GRIFFIN		RECEIVED				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Barrack Obama Elementary School			Type of Facility (4) <input checked="" 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.)					
Street Address 1300 Bangs Ave			Square Feet 20,000	# of Floors	Bldg. Age 50+			
City (5) Asbury Park, New Jersey 07712			Current Use (If being demolished) Private Bulkling					
County (6) Monmouth			County Code (7) (STATE USE ONLY)	ASBESTOS CONTROL & LICENSING				
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.			ASCM No. 00057	Name of Abatement Contractor (9) Lilich Corporation				
Street Address P.O. Box 386			Street Address 805 McBride Ave					
City, State, Zip Code Oceanville, New Jersey 08231			City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm John Smoyer			Telephone No. 609-662-1833	Telephone No. 973-225-8401	License No. 01104			
Start Date (10) 08/03/2018		Scheduled Completion Date (11) 07/05/2018		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 7am-3pm <input type="checkbox"/> Other - Describe:			Street Address 2333 Route 22 West					
			City, State, Zip Code Union, NJ 07063					
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"/> 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) 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
Stair Tower		X	Wall plaster (O&M)	10 SF	X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill			
City, State Woodland Park, New Jersey			Disposal Date 08/05/2018		City, State Morrisville, PA			
Completed by Adriana Olejarova			Title President		Signature 		Date 08/02/2018	

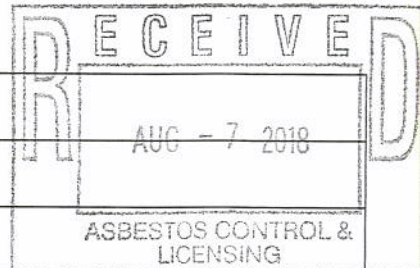


CK2419

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



Date of Notification (1) 07/31/2018		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fanwood, NJ 07023							
		Name of Contact Tatiana Sava	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fanwood		Square Feet 2,066	# of Floors 2						
		Bldg. Age 98							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
		License No. 01316							
Start Date (10) 08/18/2018	Scheduled Completion Date (11) 8/27/2018	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe wrap	150 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature 			Date 07/31/2018			

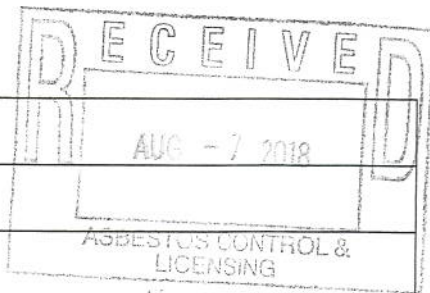


CK2423

Print Form

PAID

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



Date of Notification (1) 08/02/2018		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Millburn NJ 07041							
		Name of Contact Joseph Wishnea	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Millburn		Square Feet 1,892	# of Floors 2						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 90						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
Start Date (10) 08/08/2018		Scheduled Completion Date (11) 8/22/2018	License No. 01316						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥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 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		Floor tile	600 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ				Disposal Date	City, State Penn Argyle, PA				
Completed by Alison Lamers		Title Office Manager		Signature <i>Alison Lamers</i>		Date 08/02/2018			



Check#3121

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) Diane Pursley	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Ridgewood, NJ 07450	
Name of Contact Diane Pursley		Telephone Number [REDACTED]	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet    # of Floors    Bldg. Age	
City (5) Ridgewood, NJ 07450		County Code (7) (STATE USE ONLY) Bergen	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.    Name of Abatement Contractor (9) Gr Tech LLC	
Street Address [REDACTED]		Street Address 576 Valley Rd #283	
City, State, Zip Code [REDACTED]		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm [REDACTED]		Telephone No.    License No. 973-638-1777    01127	
Start Date (10) 08 / 20 / 18		Scheduled Completion Date (11) 08 / 21 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
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 If <input type="checkbox"/> > 160 sf or >260 If	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <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 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N. Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 08/01/18	

ASB-41

MAY 11

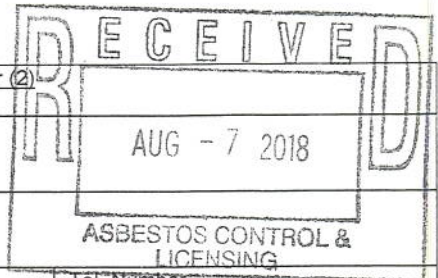
\* Do not use this form for asbestos licensure exempted activities.

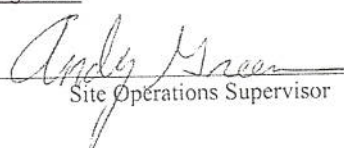


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PAID

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 7:26-2.12)



<b>Date of Notification (1)</b> 8/1/18		<b>Name of Building Owner/Operator (2)</b> Paulsboro Refining Company	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled <input type="checkbox"/> Emergency	
<b>Street Address</b> 800 Billingsport Rd		<b>City, State, Zip Code</b> Paulsboro, NJ 08066	
<b>Name of Contact</b> Ravi Jarecha		<b>Tel. Number</b> 856-224-4444	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Paulsboro Refining Company		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)	
<b>Street Address</b> 800 Billingsport Rd		<b>Sq. Feet</b> N/A <b># of Floors</b> N/A	
<b>City (5)</b> Paulsboro	<b>County (6)</b> Gloucester	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b>		<b>Name of Contractor (9)</b>	
<b>Street Address</b>		<b>Street Address</b>	
<b>Project Manager for Monitoring Firm</b>		<b>Telephone Number</b>	
<b>Scheduled Start Date (10)</b> 8/15/18		<b>Scheduled Completion Date (11)</b> 8/17/18	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -  <input checked="" type="checkbox"/> Other - Describe - Removal of ACM within restricted work area in outside area		<b>Name of OSHA Monitor</b> Mansfield Industrial, Inc.	
<b>Source of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (160 SF or >260 LF ACM) <input checked="" type="checkbox"/> SM Proj. >25<160 SF or >10 <260 LF ACM <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure - PDA <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure		<b>Street Address</b> 26 Colonial Avenue	
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>		<b>City, State, Zip Code</b> Woodbury NJ 08096	
<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> _ YES      NO      NA		<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b>	
<b>Amount (Specify SF or LF)</b>		<b>Abatement Type</b>	
Pipe at corner of PDA Road and Valero Way		Rem.    Rep.    Encap    Enclose	
X		X	
TSI		Approx 20 LF	
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID # 17273	
Cubic Yards of Waste <1 CY		Name of Reg. Landfill Gloucester County Landfill	
City, State South Harrison, NJ		Disp. Date Various	
City, State South Harrison, NJ		City, State South Harrison, NJ	
<b>Completed by (Print or Type)</b> ANDREW GREEN		<b>Title</b> MANAGER - Mansfield Industrial, Inc	
<b>Signature</b>  Site Operations Supervisor		<b>Date</b> 8-1-18	

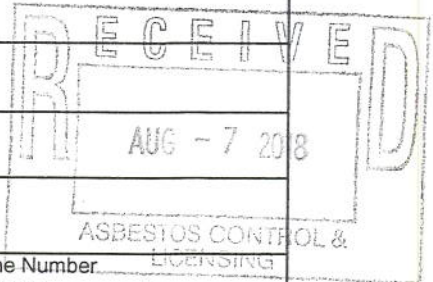
Mail to: NJDEP-DSHW-BR RTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00



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



Date of Notification (1) 8 / 3 /18		Name of Building Owner/Operator (2) VERIZON	
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 1 VERIZON WAY	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920	
		Name of Contact CONNOR BURD	Telephone Number 732-336-1205

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VERIZON		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 1196 EAST GRAND STREET		Square Feet 93,730	# of Floors 5
City (5) ELIZABETH		County (6) UNION	Bldg. Age 97
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMUNICATIONS	
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 10 EXCHANGE PLACE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code JERSEY CITY, NEW JERSEY 07302		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm BRIAN KINGSBURY		Telephone Number 201-388-0620	License Number 1101
Expected State Date (10) ## / /18 Month Day Year		Sched. Completion Date (11) 12 / 30 /18 Month Day Year	
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: MONDAY - FRIDAY 7AM-3:30 PM MONDAY -(2ND SHIFT 5 PM-1 AM		Name of OSHA Monitor QUEST ENVIRONMENTAL	
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		Street Address 1376 ROUTE 9	
		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (EXTERIOR)	

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
NORTH ELEVATION			X	CAULK	30 SF	X			
EAST ELEVATION			X	CAULK COMPLETE	9 SF	X			
SOUTH ELEVATION			X	CAULK COMPLETE	25 SF	X			
WEST ELEVATION			X	CAULK COMPLETE	10 SF	X			
POWER BLDG. RISING WALL			X	ACM PAINT COMPLETE	150 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY
City, State NEWARK, NEW JERSEY	Disposal Date 5/24/18-12/30/18	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 8/3/18



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

Date of Notification (1) 7 / 24 / 18		Name of Building Owner/Operator (2) VERIZON	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		1 VERIZON WAY	
Type Notification		City, State, Zip Code	
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		BASKING RIDGE, NEW JERSEY 07920	
		Name of Contact	Telephone Number
		CONNOR BURD	732-336-1205



Name of Facility Where Abatement is Taking Place (3) VERIZON				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 1196 EAST GRAND STREET				Square Feet 93,730	# of Floors 5	Bldg. Age 97
City (5) ELIZABETH	County (6) UNION	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMUNICATIONS		
Name of Monitoring Firm Hired by Building Owner (8) ESIS				ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 10 EXCHANGE PLACE				Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code JERSEY CITY, NEW JERSEY 07302				City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm BRIAN KINGSBURY		Telephone Number 201-388-0620		Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 6 / 4 / 18		Sched. Completion Date (11) 12 / 30 / 18		Name of OSHA Monitor QUEST ENVIRONMENTAL		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM				Street Address 1376 ROUTE 9		
				City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (EXTERIOR)		

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
NORTH ELEVATION			X	CAULK	30 SF	X			
EAST ELEVATION			X	CAULK	COMPLETE	9 SF	X		
SOUTH ELEVATION			X	CAULK	COMPLETE	25 SF	X		
WEST ELEVATION			X	CAULK	COMPLETE	10 SF	X		
POWER BLDG. RISING WALL			X	ACM PAINT	COMPLETE	150 SF	X		
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 30	Name of Registered Landfill GRAND CENTRAL SANITARY				
City, State NEWARK, NEW JERSEY				Disposal Date 5/24/18-12/30/18	City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 7-24-18				

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

<b>Date of Notification (1)</b> 7 / 16 / 18			<b>Name of Building Owner/Operator (2)</b> VERIZON		
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Street Address</b> 1 VERIZON WAY		
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #3 <input type="checkbox"/> EMERGENCY NOTIFICATION			<b>City, State, Zip Code</b> BASKING RIDGE, NEW JERSEY 07920		
			<b>Name of Contact</b> CONNOR BURD		<b>Telephone Number</b> 732-336-1205

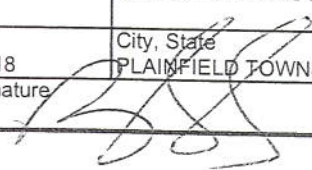
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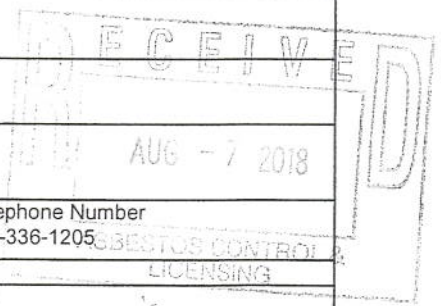
ASBESTOS CONTROL & LICENSING

<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> VERIZON		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 1196 EAST GRAND STREET		<b>Square Feet</b> 93,730	<b># of Floors</b> 5
<b>City (5)</b> ELIZABETH		<b>County (6)</b> UNION	
<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> COMMUNICATIONS	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ESIS		<b>ASCM No.</b> 17	
<b>Street Address</b> 10 EXCHANGE PLACE		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> JERSEY CITY, NEW JERSEY 07302		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> BRIAN KINGSBURY		<b>Telephone Number</b> 201-388-0620	
<b>Expected State Date (10)</b> 6 / 4 / 18		<b>Sched. Completion Date (11)</b> 12 / 30 / 18	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		<b>Telephone Number</b> 845-369-7500	
		<b>License Number</b> 1101	
		<b>Name of OSHA Monitor</b> QUEST ENVIRONMENTAL	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (EXTERIOR)	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b>	
		Yes No N/A	
NORTH ELEVATION		X CAULK	
EAST ELEVATION		X CAULK COMPLETE	
SOUTH ELEVATION		X CAULK COMPLETE	
WEST ELEVATION		X CAULK COMPLETE	
POWER BLDG. RISING WALL		X ACM PAINT COMPLETE	
<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY		<b>NJDEP Waste Hauler ID No.</b> 913	<b>Cubic Yards of Waste</b> 30
<b>Disposal Date</b> 5/24/18-12/30/18		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY	
<b>City, State</b> PLAINFIELD TOWNSHIP, PA		<b>Signature</b> 	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	
		<b>Date</b> 7-16-18	



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

<b>Date of Notification (1)</b> 5 / 30 / 18		<b>Name of Building Owner/Operator (2)</b> VERIZON	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 1 VERIZON WAY	
<b>Type Notification</b> <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		<b>City, State, Zip Code</b> BASKING RIDGE, NEW JERSEY 07920	
		<b>Name of Contact</b> CONNOR BURD	<b>Telephone Number</b> 732-336-1205




<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> VERIZON		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 1196 EAST GRAND STREET		<b>Square Feet</b> 93,730	<b># of Floors</b> 5
<b>City (5)</b> ELIZABETH		<b>County (6)</b> UNION	<b>Bldg. Age</b> 97
<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> COMMUNICATIONS	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ESIS		<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 10 EXCHANGE PLACE		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> JERSEY CITY, NEW JERSEY 07302		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> BRIAN KINGSBURY		<b>Telephone Number</b> 201-388-0620	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 6 / 4 / 18		<b>Sched. Completion Date (11)</b> 12 / 30 / 18	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		<b>Name of OSHA Monitor</b> QUEST ENVIRONMENTAL	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (EXTERIOR)	

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
NORTH ELEVATION			X	CAULK	30 SF	X			
EAST ELEVATION			X	CAULK	9 SF	X			
SOUTH ELEVATION			X	CAULK	25 SF	X			
WEST ELEVATION			X	CAULK	10 SF	X			
POWER BLDG. RISING WALL			X	ACM PAINT	150 SF	X			

<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD.		<b>NJDEP Waste Hauler ID No.</b> 913	<b>Cubic Yards of Waste</b> 30	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY	
<b>City, State</b> NEWARK, NEW JERSEY		<b>Disposal Date</b> 5/24/18-12/30/18		<b>City, State</b> PLAINFIELD TOWNSHIP, PA	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 5/30/18	

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

<b>Date of Notification (1)</b> 5 / 23 / 18		<b>Name of Building Owner/Operator (2)</b> VERIZON	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 1 VERIZON WAY  <b>City, State, Zip Code</b> BASKING RIDGE, NEW JERSEY 07920	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Name of Contact</b> CONNOR BURD  <b>Telephone Number</b> 732-336-1205	
FACILITY INFORMATION			
<b>Name of Facility Where Abatement is Taking Place (3)</b>  VERIZON		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 1196 EAST GRAND STREET		<b>Square Feet</b> 93,730	
<b>City (5)</b> ELIZABETH		<b># of Floors</b> 5	
<b>County (6)</b> UNION		<b>Bldg. Age</b> 97	
<b>County Code (7)</b> (STATE USE ONLY)		<b>Current Use (Prior if being demolished)</b> COMMUNICATIONS	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ESIS		<b>ASCM No.</b> 17	
<b>Street Address</b> 10 EXCHANGE PLACE		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> JERSEY CITY, NEW JERSEY 07302		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> BRIAN KINGSBURY		<b>Telephone Number</b> 201-388-0620	
<b>Expected State Date (10)</b> 5 / 24 / 18		<b>Telephone Number</b> 845-369-7500	
<b>Sched. Completion Date (11)</b> 12 / 30 / 18		<b>License Number</b> 1101	
<b>Month</b> 5		<b>Name of OSHA Monitor</b> QUEST ENVIRONMENTAL	
<b>Day</b> 24		<b>Street Address</b> 1376 ROUTE 9	
<b>Year</b> 18		<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM			
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (EXTERIOR)			
<b>Location of Asbestos-containing Material (ACM)</b> <b>TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A	
NORTH ELEVATION		CAULK	
EAST ELEVATION		CAULK	
SOUTH ELEVATION		CAULK	
WEST ELEVATION		CAULK	
POWER BLDG. RISING WALL		ACM PAINT	
Amount (Specify SF or LF)		<b>Abatement Type</b> REMOVAL REPAIR ENCAPSUL ENCLOSUR	
30 SF		X	
9 SF		X	
25 SF		X	
10 SF		X	
150 SF		X	
<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY		<b>NJDEP Waste Hauler ID No.</b> 913	
<b>Cubic Yards of Waste</b> 30		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY	
<b>Disposal Date</b> 5/24/18-12/30/18		<b>City, State</b> PLAINFIELD TOWNSHIP, PA	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	
<b>Signature</b> 		<b>Date</b> 5/23/18	



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

CK # 32178

Date of Notification (1) 5 / 14 /18		Name of Building Owner/Operator (2) VERIZON	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 1 VERIZON WAY		City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920	
Name of Contact CONNOR BURD		Telephone Number 732-336-1205	

RECEIVED  
AUG - 7 2018  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VERIZON		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 1196 EAST GRAND STREET		Square Feet 93,730	# of Floors 5
City (5) ELIZABETH		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ESIS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 10 EXCHANGE PLACE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code JERSEY CITY, NEW JERSEY 07302		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm BRIAN KINGSBURY		Telephone Number 201-388-0620	Telephone Number 845-369-7500
Expected State Date (10) 5 / 24 /18		Sched. Completion Date (11) 12 / 30 /18	
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: MONDAY - FRIDAY 7AM-3:30 PM		Name of OSHA Monitor QUEST ENVIRONMENTAL	
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		Full Containment with Negative Pressure Mini-Encl. Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure (EXTERIOR)	

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
NORTH ELEVATION			X	CAULK	30 SF	X			
EAST ELEVATION			X	CAULK	9 SF	X			
SOUTH ELEVATION			X	CAULK	25 SF	X			
WEST ELEVATION			X	CAULK	10 SF	X			
POWER BLDG. RISING WALL			X	ACM PAINT	150 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 30	Name of Registered Landfill GRAND CENTRAL SANITARY
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 5/14/18



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PAGE 02/03

CK1122

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

AUG - 7 2018  
 CHECK # 1122  
 DOL - 1001

Date of Notification (1) <b>8/2/18</b>		Name of Building Owner/Operator (2) <b>YOUNG KIM</b>		ASBESTOS CONTROL & LICENSING <b>2018</b>									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]									
City, State, Zip Code <b>Englewood Cliffs, NJ</b>		Name of Contact <b>RON CHASE</b>		Telephone Number <b>07687</b>									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>													
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Substructure (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet <b>2752</b>									
City (5) <b>POLLSADEN PARK</b>		County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)									
Name of Monitoring Firm Hired by Building Owner (8) <b>ASCM No.</b>		Name of Abatement Contractor (9) <b>A.MAC Contracting Inc.</b>		Current Use (Prior if being demolished) <b>EDUCATIONAL</b>									
Street Address [REDACTED]		Street Address <b>185 Midland Ave</b>		City, State, Zip Code <b>Midland Park, NJ 07432</b>									
City, State, Zip Code [REDACTED]		Telephone No. <b>201-282-5841</b>		Licence No. <b>00158</b>									
Project Manager for Monitoring Firm <b>8/2/18</b>		Scheduled Completion Date (11) <b>8/6/18</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc</b>									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>280 Huyler Street</b>		City, State, Zip Code <b>Hackensack, NJ 07606</b>									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 200 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-Enclosure (C) and Non-Friable Procedures													
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <b>EXTERNAL</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	N/A			<input checked="" type="checkbox"/>	Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous) <b>TRANSIT SIDEWALK</b>			
Yes	No	N/A											
		<input checked="" type="checkbox"/>											
Amount (Specify SF or LF) <b>1056 SF</b>		Abatement Type <table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>		Removal	Repair	Encapsulate	Enclosure	<input checked="" type="checkbox"/>					
Removal	Repair	Encapsulate	Enclosure										
<input checked="" type="checkbox"/>													
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Cubic Yards of Waste <b>6</b>									
City, State <b>Newark, NJ 07105</b>		Disposal Date <b>8/2/18</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>									
Completed by <b>Joseph Vaccaro</b>		Title <b>Vice President</b>		Signature <b>J. Vaccaro</b>									
				Date <b>8/2/18</b>									

ASR-41 (R-08-08)

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



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AMAC

page 1

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AUG - 7 2018

CHECK # 1121

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

ASBESTOS CONTROL &amp; LICENSES

DOL - 10 DAY

AUG 2 2018

APPROVED

Date of Notification (1) <b>8/02/18</b>		Name of Building Owner/Operator (2) <b>EASTEN CHRISTIAN</b>	
Agencies Notified	Type Notification	Street Address <b>700 MOUNTAIN AVE</b>	City, State, Zip Code <b>WICKFORD, N.J. 07148</b>
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> OQL <input type="checkbox"/> DOH <input type="checkbox"/> OCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>JOANNE PRESS</b>	Telephone Number
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Substantial (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <b>2051</b>	# of Floors <b>2</b>
City (5) <b>AUENDALE</b>		Bldg Age <b>450</b>	
County (6) <b>BUTLER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENTIAL</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>AMAC Contracting Inc.</b>
Street Address		Street Address <b>185 Midland Ave</b>	
City, State, Zip Code		City, State, Zip Code <b>Midland Park NJ 07432</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-262-684</b>	License No. <b>00158</b>
Start Date (10) <b>8/02/18</b>	Scheduled Completion Date (11) <b>1/30/18</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>280 Huyler Street</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> >160 sf or >250 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-Enclosed ("") and Non-Flexible 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)
<b>BUTLER</b>			
<b>1ST FLOOR KITCHEN</b>		<b>PIPE INSULATION</b>	<b>53 LF</b>
<b>1ST FLOOR ENTRY</b>		<b>LIPOLEUM</b>	<b>160 SF</b>
<b>2ND FLOOR BEDROOM (LH)</b>		<b>LIPOLEUM</b>	<b>245 SF</b>
		<b>VAT</b>	<b>240 SF</b>
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>	NJ DEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>
City, State <b>Newark, NJ 07105</b>	Disposal Date <b>8/02/18</b>	City, State <b>Perth Amboy, PA 06702</b>	
Completed by <b>Joseph Vaccaro</b>	Title <b>Vice President</b>	Signature <b>[Signature]</b>	Date <b>8/02/18</b>

A38-41 (R-06-03)

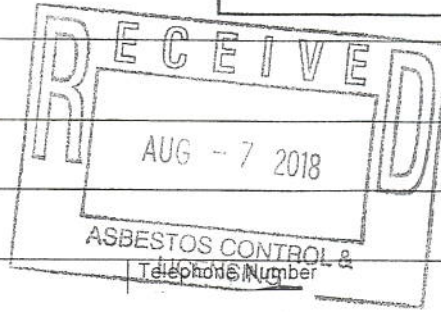
\* Do not use this form for asbestos licensure exempted activities.



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

Check#3128

Date of Notification (1) 08 / 04 / 18		Name of Building Owner/Operator (2) Daniel Cartaina	
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 [REDACTED]		City, State, Zip Code Jersey City, NJ 07302	
Name of Contact Daniel Cartaina		Telephone Number [REDACTED]	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Apartment bldg.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet      # of Floors      Bldg. Age	
City (5) Jersey City, NJ 07302		County Code (7) (STATE USE ONLY) Hudson	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address [REDACTED]		Street Address 576 Valley Rd #283	
City, State, Zip Code [REDACTED]		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm [REDACTED]		License No. 01127	
Start Date (10) 08 / 13 / 18		Scheduled Completion Date (11) 08 / 15 / 8	
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		Name of OSHA Monitor Envirovision Consultants, Inc	
[REDACTED]		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
[REDACTED]		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room, 2 bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT -floor tiles	500 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 Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA		Date 08/04/18	
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 08/04/18	

ASB-41

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



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

Check # 233


<b>Date of Notification (1)</b> 08/02/2018		<b>Name of Building Owner/Operator (2)</b> Wayne Hills High School	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> 272 Berden Avenue		<b>City, State, Zip Code</b> Wayne, NJ 0470	
<b>City (5)</b> Wayne, NJ		<b>County (6)</b> Passaic	
<b>County Code (7)</b> (State Use Only)		<b>Name of Contact</b> John Maso	
<b>Telephone Number</b> 973-633-3053		<b>ASBESTOS CONTROL &amp; LICENSING</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> Wayne Hills High School		<b>Type of Facility (4)</b> <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # 144000 of Floors: 2 Bldg. Age: 57 year Current Use (prior if being demolished):	
<b>Street Address</b> 272 Berden Avenue		<b>Name of Contractor (9)</b> BL Contracting Inc.	
<b>City, State, Zip Code</b> Wayne, NJ 07082		<b>Street Address</b> 5 Marguerite Lane	
<b>Project Manager for Monitoring Firm</b>		<b>Telephone Number</b> 973-650-0392	
<b>Telephone Number</b>		<b>License Number</b> 01265	
<b>Scheduled Start Date (10)</b> 08/04/18		<b>Scheduled Completion Date (11)</b> 08/04/18	
<b>Name of OSHA Monitor</b> BL Contracting INC		<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 7 AM- 4 PM	
<b>Source of Work (Check all that apply)</b> <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<b>Renovation</b> <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove-bag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>	<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b>	<b>Amount (Specify SF or LF)</b>
Class Room 228	<input checked="" type="checkbox"/>	Pick up transite boards from floor and Clean up	14 SF
<b>Name of Reg. Waste Hauler</b> BL Contracting Inc	<b>NJDEP Waste Hauler ID #</b> 0036784	<b>Cubic Yards of Waste</b> 2	<b>Name of Registered Landfill</b> T.R.R.F
<b>Disposal Date</b> 08/08/2018		<b>City, State</b> Tullytown, PA	
<b>Completed by (Print or Type)</b> Nedo Vasilic	<b>Title</b> Project Manager	<b>Signature</b> Nedo Vasilic	<b>Date</b> 8/2/2018

PAID

Print Form

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

check 17895

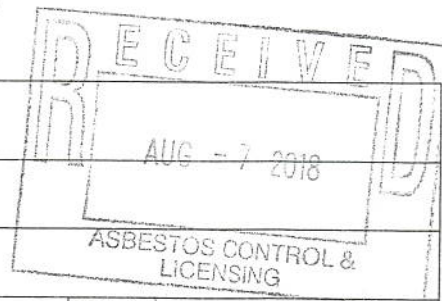
Date of Notification (1) 8/3/18		Name of Building Owner/Operator (2) Fred Bostel		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  AUG - 7 2018  ASBESTOS LICENSING </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Cranford, NJ 07016			
						Name of Contact Fred			
<div align="center"><b>FACILITY INFORMATION</b></div>									
Name of Facility Where Abatement is Taking Place (3) 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) Cranford				Square Feet 2000	# of Floors 2				
County (6) Union				County Code (7) (STATE USE ONLY) _____	Bldg. Age 60				
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) 8/15/18		Scheduled Completion Date (11) 8/25/18		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	85 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 8/3/18			



CK 5003

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



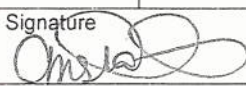
Date of Notification (1) 08 / 03 / 18		Name of Building Owner/Operator (2) General Growth Properties							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 110 N. Whacker Drive City, State, Zip Code Chicago, IL 60606 Name of Contact Kelly Webb Telephone Number 410-992-6581							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Woodbridge Center Mall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 250 Woodbridge Center Drive		Square Feet 1,633,000							
City (5) Woodbridge		# of Floors 2	Bldg. Age 46						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 400 Street Road		Street Address 623 Cutler Avenue							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Michael Panepresso		Telephone No. 215-244-1300	License No. 00842						
Start Date (10) 09 / 04 / 18	Scheduled Completion Date (11) 09 / 21 / 18	Name of OSHA Monitor Criterion Laboratories, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM/9:00 PM - 7:00 AM		Street Address 3370 Progress Drive, Suite J City, State, Zip Code Bensalem, PA 19020							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Space 1015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile and Mastic	896 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space 1015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carpet Mastic	3,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space L380 Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall Seam Caulk	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space L380 Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beam Mastic	20 SF	<input checked="" 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 40	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 09/21/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 8/3/18			



OK 5000

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

PAID

Date of Notification (1) <b>08 / 02 / 18</b>		Name of Building Owner/Operator (2) <b>Rutgers University Health &amp; Safety Office</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>74 St 1603</b> City, State, Zip Code <b>Piscataway, NJ 08854</b> Name of Contact <b>Michael F. Smith, HSS</b> Telephone Number <b>848-445-2550</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Rutgers University Camden Campus Science Building</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>315 Penn Street</b>		Square Feet <b>50,000</b> # of Floors <b>4</b> Bldg. Age <b>60+ yrs</b>							
City (5) <b>Camden</b>		County (6) <b>Camden</b> County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) <b>Academic</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ATC Group Services, LLC</b>		ASCN No. <b>00098</b> Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
Street Address <b>3 Terri Lane, Suite 4</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Brian Kearney</b>		Telephone No. <b>609-479-8513</b> Telephone No. <b>856-755-0099</b> License No. <b>00842</b>							
Start Date (10) <b>08 / 11 / 18</b>		Scheduled Completion Date (11) <b>08 / 14 / 18</b> Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM- PM/5:00PM-5:00AM</b>		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>012, 015, 020 Suite</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Window Glazing</b>	<b>10 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>08/14/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>			Signature 		Date <b>8/12/18</b>		



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

Check # 1405

**PAID**

Date of Notification (1) <b>August 3, 2018</b>		Name of Building Owner / Operator (2) <b>LensCrafters</b>	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>  AUG - 7 2018  ASBESTOS CONTROL &amp; LICENSING </div>
<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"/> Cancellation	<b>4000 Luxottica Place</b>  City, State & Zip Code <b>Mason, OH 45040</b>	
		Name of Contact <b>Kevin Kraus</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>LensCrafters - Macy's</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>Menlo Park Mall, 55 Parsonage Road, Unit 501</b>		Square Feet <b>5,000</b>	# of Floors <b>1</b>
City (5) <b>Edison</b>		Bldg. Age <b>59 Years</b>	
County (6) <b>Middlesex</b>		Current Use (Prior if being demolished) <b>Commercial</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No.	
Street Address <b>24 Commerce Street, Suite 300</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Newark, NJ 07102</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Ralph Coppola</b>		Telephone Number <b>973-265-9763</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>August 13, 2018</b>	Scheduled Completion Date (11) <b>September 13, 2018</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf               | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure              |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure                            |
|  |                                     | <input type="checkbox"/> Glovebag Procedure                                   |
|  |                                     | <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure |

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Main Area</b>			<b>X</b>	<b>Floor File and Mastic</b>	<b>1,000 SF</b>	<b>X</b>			

Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>20</b>		Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>September 14, 2018</b>		City, State <b>Morrisville, PA</b>			
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 				Date <b>August 3, 2018</b>	



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

B &amp; G proj. #: 2018-124

\*\*\* Additional footages \*\*\*

Check # 9112

Date of Notification (1)

10/18/10 13/11/18

Name of Building Owner/Operator (2)

Atlantic Health System

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial☒ Amendment☐ Cancellation

Street Address

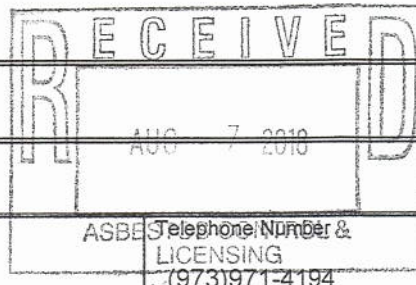
100 Madison Avenue

City, State, Zip Code

Morristown, NJ 07960

Name of Contact

Peter Palmer



## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Morristown Medical Center / Deskovick C

Street Address

100 Madison Avenue

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Hospital (non sub 8)

City (5)

Morristown

County (6)

Morris

County Code (7)

(State use only)

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

T&amp;M Associates

ASCM No.

0145

Street Address

11 Tindall Road

City, State, Zip Code

Middletown, NJ 07748

Project Manager for Monitoring Firm

Kevin Burns

Phone Number

732-676-4000

Scheduled Start Date (10)

06/18/2018

Sched. Completion Date (11)

09/28/2018

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☒ Other-Describe: work shift 3:30 pm - 12:00 am

Scope of Work (check all that apply)

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
m	e	n	n
o	p	c	c
v	a	a	a
e	i	p	p
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Morgue Freezer AREA

☐☐☒

Pipe Insulation

145 lf

below freezer unit

☐☐☒

VAT/mastic

650 sf

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

6

Name of Registered Landfill

Tullytown Resource &amp; Recovery Center

City, State

Lincoln Park, NJ

Disposal Date

09/30/2018

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

08/03/2018



hook

B & G proj. #: 2018-124

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

Check # 9007

Date of Notification (1) 10/16/10/17/11/18		Name of Building Owner/Operator (2) Atlantic Health System	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 100 Madison Avenue		City, State, Zip Code Morristown, NJ 07960	
Name of Contact Peter Palmer		Telephone Number (973)971-4194	

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AUG - 7 2018  
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morristown Medical Center / Deskovick C			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 100 Madison Avenue			Square Feet		
City (5) Morristown			County (6) Morris		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates			ASCM No. 0145		
Street Address 11 Tindall Road			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code Middletown, NJ 07748			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm Kevin Burns			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number 732-676-4000			Telephone Number (973)696-6869		
Sched. Start Date (10) 06/18/2018			License Number 00378		
Sched. Completion Date (11) 09/28/2018			Name of OSHA Monitor B & G Restoration, 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: work shift 4:00 pm - 12:30 am			Street Address 105 Ryerson Road		
			City, State, Zip Code LincolnPark, NJ 07035		

Scope of Work (check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Morgue Freezer AREA			<input checked="" type="checkbox"/>	Pipe Insulation	145 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/30/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 06/07/2018



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Resource Management Group

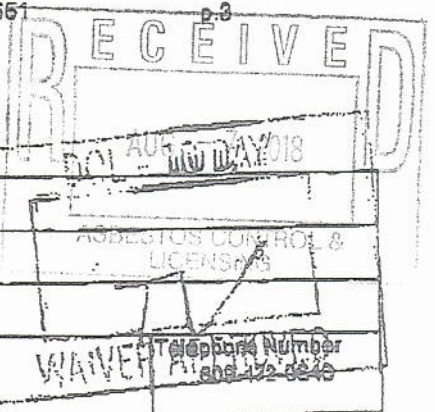
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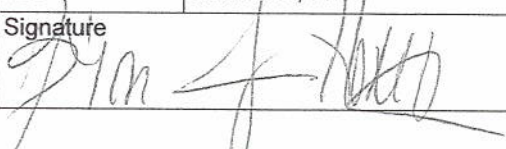
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 8-1-2018		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	2201 Chapel Hill Campus City, State & Zip Code Cherry Hill, NJ 08002	
		Name of Contact Michael McCloskey	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Jefferson-CPD area		Type of Facility (4)	
Street Address 2201 Chapel Hill Campus		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (6) Cherry Hill, NJ	County (8) Camden	County Code (7)	Square Feet 250,000
			of Floors 2
			Bldg. Age 52
Name of Monitoring Firm Hired by Building Owner (5) Criterion Laboratories		ASCM No.	Current Use (Prior to being demolished) Hospital
Street Address 3370 Progress Drive, Suite J			Name of Abatement Contractor (9) Resource Management Group, LLC
City, State & Zip Code Bensalem, PA, 19020			Street Address 2115 Hamilton Ave., Suite 202
Project Manager for Monitoring Firm Mr. Mike Panapresso		Telephone Number 215-244-1300	City, State & Zip Code Trenton, NJ 08619
Scheduled Start Date (10) 8-2-2018		Scheduled Completion Date (11) 8-3-2018	Telephone Number 609-914-4279
Occupancy Status During Abatement (Check only one)		License Number 01185	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours		Name of OSHA Monitor J&S Environmental Laboratories, Inc	
Describe: Project to be conducted 2 <sup>nd</sup> shift 6:00pm to 2:00am		Street Address 2933 Route 22 West	
<input type="checkbox"/> Facility Occupied During Abatement		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 ≥280 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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VVT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
CPD renovation area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Elbows	18 each
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler Resource Management Group, LLC	NJ DEP Waste Hauler ID No. 0086218	Cubic Yards of Waste TBD	Name of Registered Landfill Greensboro Landfill
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed By (Print or Type) Mr. Brian J. Haney	Title President	Signature <i>[Signature]</i>	Date 8-1-2018



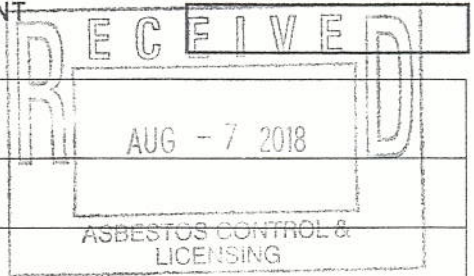
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 8-1-2018		Name of Building Owner / Operator (2) Kennedy University Hospital							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2201 Chapel Hill Campus City, State & Zip Code Cherry Hill, NJ 08002 Name of Contact Michael McCloskey							
		Telephone Number 609-472-0640							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jefferson-CPD area		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2201 Chapel Hill Campus		Square Feet 250,000							
City (5) Cherry Hill, NJ		County (6) Camden	County Code (7)						
		Bldg. Age 52							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.							
Street Address 3370 Progress Drive, Suite J		Name of Abatement Contractor (9) Resource Management Group, LLC							
City, State & Zip Code Bensalem, PA, 19020		Street Address 2115 Hamilton Ave, Suite 202							
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	License Number 01185						
Scheduled Start Date (10) 8-2-2018	Scheduled Completion Date (11) 8-3-2018	Name of OSHA Monitor J&S Environmental Laboratories, Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours  Describe: Project to be conducted 2 <sup>nd</sup> shift 6:00pm to 2:00am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
CPD renovation area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elbows	18 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature 			Date 8-1-2018			



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

Check#3127



Date of Notification (1) 08 / 03 / 18		Name of Building Owner/Operator (2) Richard Queen	
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 [REDACTED]	
		City, State, Zip Code Hawthorne, NJ 07506	
		Name of Contact Richard Queen	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Hawthorne, NJ 07506		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) 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 / 12 / 18	Scheduled Completion Date (11) 08 / 13 / 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 type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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		

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT -floor tiles	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT -floor tiles	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>		Date 08/03/18	

ASB-41

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



## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Check#3126

Date of Notification (1) 08 / 02 / 18		Name of Building Owner/Operator (2) Cheryl Green							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Willingboro, NJ 08046 Name of Contact Kevin Mathis							
<div style="text-align: right;"> <div>RECEIVED</div> <div>AUG - 7 2018</div> <div>ASBESTOS CONTROL &amp; LICENSING</div> </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Willingboro, NJ 08046		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 08 / 02 / 18	Scheduled Completion Date (11) 08 / 04 / 18	Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT -floor tiles	200 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 Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N.Jevtic</i>		Date 08/02/18					



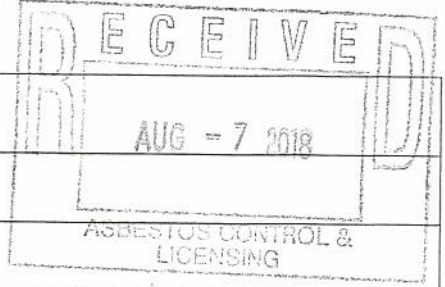
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60-7 and 12:120-7)

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Date of Notification (1) 8/2/18 Type Notification		Name of Building Owner / Operator (2) <b>Shera Danese</b>		
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		<div style="float: right; border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> <b>RECEIVED</b>  AUG - 7 2018  ASBESTOS CONTROL &amp; LICENSING </div> Street Address City, State & Zip Code <b>Beverly Hills, CA 90210</b> Name of Contact <b>Shera Danese</b>		
<input checked="" type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation		Telephone Number		
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Residence</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			Square Feet      # of Floors      Bldg. Age <b>2,800                      2                      60</b>	
City (5) <b>Stockton</b>	County (6) <b>Hunterdon</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>8/12/18</b>	Scheduled Completion Date (11) <b>8/17/18</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b> City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Large Project <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM <input checked="" type="checkbox"/> Other: <b>Non-friable</b>				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
<b>Exterior</b>	<b>N/A</b>	<b>Siding</b>	<b>2,000 SF</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>10</b>	Name of Registered Landfill <b>TRRF</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>8/19/18</b>	City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>8/2/18</b>



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



Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) The College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6-8/3/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd.	
		City, State, Zip Code Ewing, NJ 08628	
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2000 Pennington Rd.			
City (5) Ewing		Square Feet 66,000	# of Floors 2
		Bldg. Age 88	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET	
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114	License No. 00509
Start Date (10) 7 / 5 / 18	Scheduled Completion Date (11) 8 / 17 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:30 AM - 2:30 PM - 12:30 AM 8/4 - 8/11 - 10 AM - 8:30 PM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

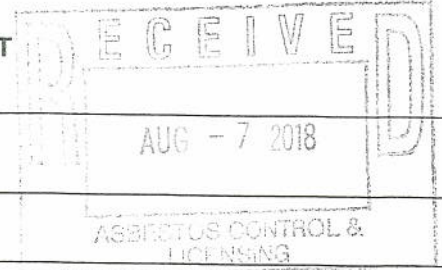
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067		
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro</i>	Date 8/3/18		



work

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



Date of Notification (1) <u>6</u> / <u>1</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>The College of New Jersey</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5-7/30/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2000 Pennington Rd.</b> City, State, Zip Code <b>Ewing, NJ 08628</b> Name of Contact <b>Amanda Radosti</b> Telephone Number <b>609-771-2881</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>TCNJ-Green Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>2000 Pennington Rd.</b>			
City (5) <b>Ewing</b>	Square Feet <b>66,000</b>	# of Floors <b>2</b>	Bldg. Age <b>88</b>
County (6) <b>MERCER</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc</b>	ASCM No. <b>00021</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>28 Pennell Rd</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Roy Mosicant</b>	Telephone No. <b>610-891-0114</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>
Start Date (10) <u>7</u> / <u>5</u> / <u>18</u>	Scheduled Completion Date (11) <u>8</u> / <u>10</u> / <u>18</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>      </u> PM / <u>7:00</u> PM - <u>7:00</u> AM	Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>
---	--

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>
City, State <b>BRISTOL, PA 19007</b>		Disposal Date	City, State <b>MORRISVILLE, PA 19067</b>
Completed By (Print or Type) <b>BRIAN SCAFIRO</b>	Title <b>ESTIMATOR</b>	Signature <i>Brian Scafiro</i>	Date <b>7/30/18</b>



NOCK

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

RECEIVED  
AUG 7 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #REV #4- 7/27/18 <input type="checkbox"/> Emergency (including justification)	Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti Telephone Number 609-771-2881							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Rd.		Square Feet 66,000							
City (5) Ewing		# of Floors 2							
County (6) MERCER		Bldg. Age 88							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roy Mosaicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040						
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Start Date (10) 7 / 5 / 18		Scheduled Completion Date (11) 7 / 31 / 18							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>See Below</u> AM- <u>7:00</u> PM- <u>7:00</u> AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature Brian Scafiro		Date 7-27-18			

ASB-41 BS18041-58  
MAY 11

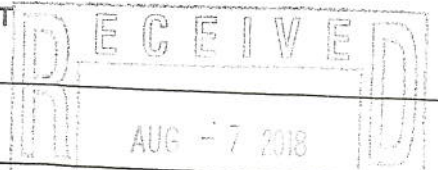


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ASB-41 MAY 11 *BS18041-58* \* Do not use this form for asbestos licensure exempted activities.  
DATE: *May 11 PM 2:52* *John A. Brown*



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



Date of Notification (1) <u>6</u> / <u>1</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>The College of New Jersey</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>Rev #2-</u> <u>7/5/18</u> <input type="checkbox"/> Emergency (including justification)	Street Address <b>2000 Pennington Rd.</b> City, State, Zip Code <b>Ewing, NJ 08628</b>							
		Name of Contact <b>Amanda Radosti</b>	Telephone Number <b>609-771-2881</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>TCNJ-Green Hall</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>2000 Pennington Rd.</b>		Square Feet <b>66,000</b>	# of Floors <b>2</b>						
City (5) <b>Ewing</b>		Bldg. Age <b>88</b>							
County (6) <b>MERCER</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>AET, Inc</b>		ASCM No. <b>00021</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>28 Pennell Rd</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Media, PA 19063</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Roy Mosaicant</b>		Telephone No. <b>610-891-0114</b>	License No. <b>00509</b>						
Start Date (10) <u>7</u> / <u>5</u> / <u>18</u>	Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>18</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00</u> AM- <u>7:00</u> PM		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>BRISTOL ENVIRONMENTAL, INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>					
City, State <b>BRISTOL, PA 19007</b>		Disposal Date		City, State <b>MORRISVILLE, PA 19067</b>					
Completed By (Print or Type) <b>BRIAN SCAFIRO</b>		Title <b>ESTIMATOR</b>	Signature <i>Brian Scafiro</i>			Date <b>7-5-18</b>			

ASB-41  
MAY 11 **BS18041-58**

\* Do not use this form for asbestos licensing purposes.



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

RECEIVED  
AUG - 7 2018

Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>Rev #1-</u> <u>6/15/18</u> <input type="checkbox"/> Emergency (including justification)	Street Address 2000 Pennington Rd.							
		City, State, Zip Code Ewing, NJ 08628							
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Rd.									
City (5) Ewing		Square Feet 66,000	# of Floors 2						
County (6) MERCER	County Code (7) (STATE USE ONLY)	Bldg. Age 88							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040						
Start Date (10) <u>on hold</u>	Scheduled Completion Date (11) / /	License No. 00509							
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00PM-7:00AM</u>		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature Brian Scafiro/gu			Date 6-15-18			

ASB-41  
MAY 11 BS18041-58

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



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

CR # 3378

AUG - 7 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) The College of New Jersey					
Agencies Notified <input checked="" type="checkbox"/> EPA 0133 <input checked="" type="checkbox"/> DOLWD0256 <input checked="" type="checkbox"/> DHSS 0171 <input checked="" type="checkbox"/> DCA 0164 (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 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti Telephone Number 609-771-2881					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2000 Pennington Rd.		Square Feet 66,000					
City (5) Ewing		# of Floors 2					
County (6) MERCER		Bldg. Age 88					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.				
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET					
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Roy Mosaicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040				
Start Date (10) 6 / 18 / 18		Scheduled Completion Date (11) 7 / 19 / 18	License No. 00509				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 7:00 PM - 7:00 AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL			
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067				
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature Brian Scafiro /jl	Date 6/11/18				

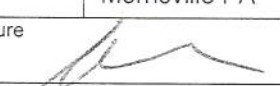


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/2/2018		Name of Building Owner/Operator (2) COLLINGSWOOD BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 200 LEES AVENUE							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code COLLINGSWOOD, NJ 08108							
		Name of Contact AL HIRD	Telephone Number 856-962-5700						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) COLLINGSWOOD HIGH SCHOOL STADIUM		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 424 W. COLLINGS AVENUE		Square Feet	# of Floors						
City (5) COLLINGSWOOD		Bldg. Age							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) EPIC ENVIRONMENTAL SERVICES		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 1930 BROWN ROAD		Street Address 11 VREELAND AVENUE							
City, State, Zip Code NEWFIELD, NJ 08344		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JIM EBERT		Telephone No. 856-205-1077	License No. 00494						
Start Date (10) 8/14/2018	Scheduled Completion Date (11) 8/28/2018	Name of OSHA Monitor SAME AS (9) ABOVE							
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: EXTERIOR		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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		X		Caulk Joint/Waterproofing	115 LF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 8	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 8/28/2018		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>			Date 8/2/2018			



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) KMK Development Group, Inc.		<div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">AUG - 7 2018</div>					
Agencies Notified		Type Notification				Street Address 2088 Arrowwood Drive			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Scotch Plains, NJ 07076			
						Name of Contact John Welch			
				Telephone Number 908-313-6071					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) McDonald's				Type of Facility (4)					
Street Address 915 18th Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Newark				Square Feet 3000	# of Floors 2				
County (6) Essex				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESTAURANT				
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) 8/14/18		Scheduled Completion Date (11) 8/24/18		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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input 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 roof			X	roof field	6,750 SF	X			
			X	perimeter roof flashing	330 LF	X			
			X	roof caulk	30 LF	X			
Name of Registered Waste Hauler Freehold Cartage			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS/FAIRLESS LANDFILL				
City, State Freehold, NJ			Disposal Date TBD		City, State Morrisville PA				
Completed by A. Scott Higgins			Title President		Signature 			Date 8/3/18	



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

check 4712

Date of Notification (1) <b>8-2-18</b>		Name of Building Owner/Operator (2) <b>D. ROSEN</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code <b>SOUTH ORANGE, NJ 07079</b>							
		Name of Contact <b>D. ROSEN</b>	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>D. ROSEN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>3800</b>							
City (5) <b>SOUTH ORANGE</b>		# of Floors <b>3</b>	Bldg. Age <b>101 YEARS</b>						
County (6) <b>ESSEX</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>							
Street Address		Street Address <b>450 South River Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>8-16-18</b>	Scheduled Completion Date (11) <b>8-17-18</b>	Name of OSHA Monitor <b>Omega Environmental</b>							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>8AM - 5 PM</b>		Street Address <b>280 Huyler Street</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
		<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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>			<b>✓</b>	<b>THERMAL INSULATION</b>	<b>150 LF</b>	<b>X</b>			
<b>BASEMENT</b>			<b>✓</b>	<b>VAT</b>	<b>22 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2 YDS</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>8-17-18</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <b>R. Veldran</b>	Date <b>8-2-18</b>					