

CK# 0152

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



Date of Notification (1) 08 / 04 / 17		Name of Building Owner/Operator (2) Highview Homes JB, LLC	
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 280 Highway 35, Ste. 150	
		City, State, Zip Code Red Bank, NJ 07701	
		Name of Contact Stephen Bradach	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 140 Wall Street		Square Feet	# of Floors
City (5) West Long Branch		Bldg. Age	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Schedule for demolition	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No. 0615995	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188
Start Date (10) 08 / 14 / 17	Scheduled Completion Date (11) 09 / 14 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	640 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 ATC/ Century Waste LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste As Needed	Name of Registered Landfill	
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD	City, State Waynesburg, OH/ Bethlehem, PA		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 		Date 8/4/17	

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

*chk # 3247*



Date of Notification (1) <b>8/2/17</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
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 <b>35 S. Haddon Avenue</b>	
		City, State & Zip Code <b>Haddonfield, NJ 08033</b>	
		Name of Contact <b>ALEX BAYLOR</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Haddonfield Central Office</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>35 S. Haddon Avenue</b>			Square Feet <b>32200</b>	# of Floors <b>3</b>	Bldg. Age <b>70</b>
City (5) <b>Haddonfield</b>	County (6) <b>Camden</b>	County Code (7)	Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>		

Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	

Scheduled Start Date (10) <b>August 17, 2017</b>	Scheduled Completion Date (11) <b>August 19, 2017</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>			
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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 – 7am to 3pm Describe: <b>(5pm- 1:30am)</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>			
		City, State & Zip Code <b>BRISTOL, PA 19007</b>			

Scope of Work (Check all that apply)

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

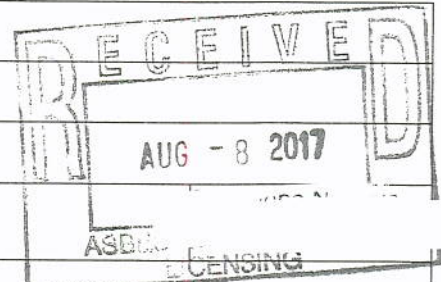
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1<sup>ST</sup> Floor Toll Area</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vat/Mastic</b>	<b>6 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HVAC Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Duct Insulation</b>	<b>4 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"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH 44688</b>		
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. Decaro</i>		Date <b>8/2/17</b>

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

*chk # 3247*

Date of Notification (1) <b>8/2/17</b>		Name of Building Owner / Operator (2) <b>VERIZON COMMUNICATIONS</b>	
Agencies Notified	Type Notification	Street Address <b>416 Buck Street</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Millville, NJ 08332</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>ALEX BAYLOR</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



Name of Facility Where Abatement is Taking Place (3) <b>Bernardsville Central Office</b>			Type of Facility (4)		
Street Address <b>416 Buck Street</b>			<input type="checkbox"/> School (K-12)		
City (5) <b>Millville</b>			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
County (6) <b>Cumberland</b>		County Code (7)	<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
			Square Feet <b>19700</b>	# of Floors <b>2</b>	Bldg. Age <b>70</b>
Current Use (Prior if being demolished) <b>COMMUNICATIONS</b>					

Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>			
City, State & Zip Code <b>PHILADELPHIA PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>August 14, 2017</b>	Scheduled Completion Date (11) <b>August 15, 2017</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>		

Occupancy Status During Abatement (Check only one)		Street Address <b>1123 BEAVER STREET</b>			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State & Zip Code <b>BRISTOL, PA 19007</b>			
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm					
Describe: <b>(5pm- 1:30am)</b>					
<input type="checkbox"/> Facility Occupied During Abatement					

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 checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

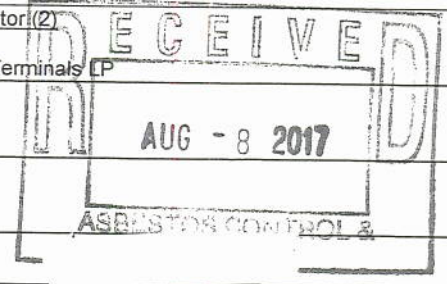
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>1<sup>ST</sup> Floor Toll Desk Area</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>VAT/Mastic</b>	<b>30 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>8/2/17</b>

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

CK # 00590007

Date of Notification (1) 08/03/17		Name of Building Owner/Operator (2) Sunoco Partners Marketing & Terminals LP	
Agencies Notified  (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	Notification Type  (X) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 1028 Stelton Rd.	
		City, State, Zip Code Piscataway, NJ	
		Name of Contact Jack Frost	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Sunoco Logistics Piscataway Terminal			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 1028 Stelton Rd.			Sq. Feet 8,000 # of Floors 1	
City (5) Piscataway	County (6) Middlesex	County Code (7) (State Use Only)	Bldg. Age 55 includes 5 tanks and Current Use (prior if being demolished) Terminal/Office Bldg.	
Name of Monitoring Firm Hired by Bldg. Owner (8) Horizon Environmental Group		ASCM No. 00073	Name of Contractor (9) Brandenburg Industrial Service Company	
Street Address PO Box 316			Street Address 2217 Spillman Dr	
City, State, Zip Code Thorofare, NJ 08086			City, State, Zip Code Bethlehem Pennsylvania 18015	
Project Manager for Monitoring Firm Steve Flanigan	Telephone Number 856-848-0800	Telephone Number 610-691-1800	License Number 00721	
Scheduled Start Date (10) 8/17/2017	Scheduled Completion Date (11) 9/1/2017		Name of OSHA Monitor Brandenburg Industrial Service Company	
Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -			Street Address 2217 Spillman Drive	
Describe Demolition (x) Scheduled Demo Start 8/21/17 Scheduled Demo Completion 10/27/2017			City, State, Zip Code Bethlehem, PA 18015	

Source of Work (Check all that apply)

(x) Demolition ( ) Renovation  
(x) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  
(x) Full Containment with Negative Pressure (x) Mini-Enclosure ( ) Glovebag Procedure

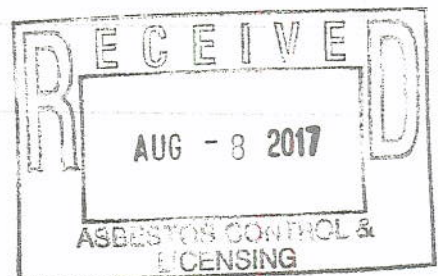
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12)			Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	NA			Rem.	Rep.	Encap	Enclose
Manager Office/Rear Storage			x	VAT & Mastic	3,000 sf	x			

Name of Reg. Waste Hauler Brandenburg Industrial Service Company	NJDEP Waste Hauler ID # 21838	Cubic Yards of Waste 30 cy	Name of Reg. Landfill Conestoga Landfill
City, State Bethlehem, PA 18015		Disp. Date 9/1/2017	City, State Morgantown, PA
Completed by (Print or Type) Jennifer Polzer	Title Contract Manager	Signature 	Date 08/03/17

## 1.0 SUMMARY OF RESULTS

### ASBESTOS

Asbestos Summary of Results						
HSA*	Sample Numbers	Sampled Material / Location	PLM Analysis	TEM Analysis	Quantity ACM	**EPA Category
1	1 - 2	9" x 9" Tan Speckle Vinyl Floor Tiles and Associated Mastic - Manager's Office and Rear Storage Room Residual Black Mastic - Below Glued Carpet in Various Areas (hallway, offices) and Assumed Below Hard Wood Flooring and Ceramic Floor Tiles in the Southern Portion of Building	Tile = 8% Chry Black Mastic = 6% Chry Yellow Mastic = NAD		220 SF (Tile) 3,000 SF (Black Mastic)	NF - I
2	3 - 5	Gray Fittings Associated with Fiberglass Pipe Insulation - Loft Area, Garage Area, and Above Ceilings	NAD			
3	6 - 7	Gray Leveling Compound - Throughout, Various Areas Below Glued Carpet	NAD			
4	8 - 10	Gray/White Plaster - Walls and Ceilings Throughout	NAD			
5	11 - 12	Brown Drywall and Associated Joint Compound - Partition Walls	NAD			
6	13 - 15	Gray/White Fissure 2' x 2' Acoustical Ceiling Tiles - Throughout	NAD			
7	16 - 17	Tan/White Spline 1' x 1' Acoustical Ceiling Tiles and Associated Mastic - Telephone Room	NAD	NAD		
8	18 - 19	White Seam Mastic Associated with Fiberglass Pipe Insulation - Boiler Room	NAD	NAD		
9	20	Gray Exhaust Mud Packing - Boiler Room	NAD			



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

*UC # 1262*



Date of Notification (1) 08/02/2017		Name of Building Owner/Operator (2) Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
			City, State, Zip Code Union, N.J. 07083
			Name of Contact James Schoening

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet 1,586	# of Floors 2	Bldg. Age 77
City (5) Union	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) 08/16/2017	Scheduled Completion Date (11) 08/31/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions		
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 PO Box 354		
		City, State, Zip Code South Orange, NJ 07079		

Scope of Work (Check All That Apply)

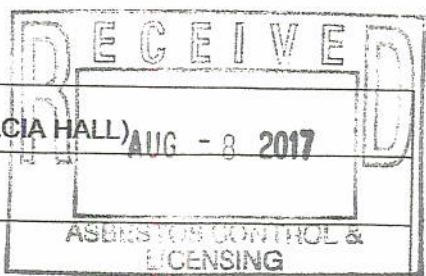
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked=""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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		duct work wrap	40 LF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill	
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA	
Completed by Alison Lamers	Title Office Manager	Signature <i>Alison Lamers</i>		Date 08/02/2017	

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

CIC# 1051



Date of Notification (1) 07/31/2017		Name of Building Owner/Operator (2) MONCLAIR STATE UNIVERSITY (CALCIA HALL)	
Agencies Notified	Type Notification	Street Address 1 NORMAL AVE	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code MONCLAIR NJ.	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact WILSON ROBLES	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)	
Street Address CALCIA HALL - ROOMS 226,229,230		<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) MONCLAIR NJ.		Square Feet 10,000	# of Floors 2
County (6) ESSEX COUNTY		Bldg. Age 36	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) N/A	

Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATE INC.		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.	
Street Address 300 GRAND AVE.		Street Address 1126 - 51 ST.		
City, State, Zip Code ENGLEWOOD NJ. 07631		City, State, Zip Code NORTH BERGEN NJ. 07047		
Project Manager for Monitoring Firm STEPHEN JARACZEWSKI		Telephone No. 201.589.6708	Telephone No. 201.776.0642	License No. 01300

Start Date (10) 08-03-2017	Scheduled Completion Date (11) 08-08-2017	Name of OSHA Monitor DETAIL ASSOCIATES INC.	
Occupancy Status During Abatement (Check Only One)		Street Address 300 GRAND AVE.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code ENGLEWOOD NJ. 07631	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: _____			

Scope of Work (Check All That Apply)

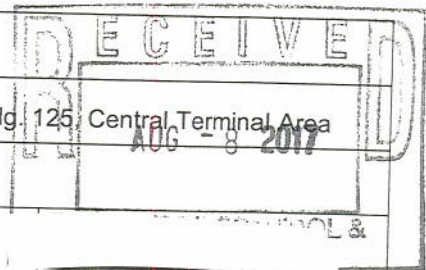
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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
Calcia Hall (Rooms 226,229 & 230)		x		GLUE DOTS	3,802 SF.	x			

Name of Registered Waste Hauler TRI STATE ASSOCC INC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE, INC	
City, State BRONX N.Y.		Disposal Date TBD		City, State WAYNESBURG, OHIO.	
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature <i>[Signature]</i>		Date 07/31/2017

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

CHECK # 24493



Date of Notification (1)  
08-03-17

Agencies Notified  
 EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification  
 Initial  
 Amended  
 Amendment # \_\_\_\_\_  
 Emergency (including justification)  
 Cancellation

Name of Building Owner/Operator (2)  
The Port Authority of NY & NJ

Street Address  
Newark Liberty International Airport, Bldg. 125 Central Terminal Area

City, State, Zip Code  
Newark, NJ 07114

Name of Contact  
John A. Volpe

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Newark Liberty International Airport

Street Address  
3 Brewster Road

City (5)  
Newark

County (6)  
Essex

County Code (7)  
(STATE USE ONLY) \_\_\_\_\_

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

Square Feet  
100,000

# of Floors  
\_\_\_\_\_

Bldg. Age  
88 yrs.

Current Use (Prior if being demolished)  
Airport

Name of Monitoring Firm Hired by Building Owner (8)  
The Port Authority of NY & NJ

ASCM No.  
N/A

Name of Abatement Contractor (9)  
Pinnacle Environmental Corp.

Street Address  
241 Erie Street

Street Address  
200 Broad Street

City, State, Zip Code  
Jersey City, NJ 07310

City, State, Zip Code  
Carlstadt, NJ 07072

Project Manager for Monitoring Firm  
Ralph Campione

Telephone No.  
973-622-0800

Telephone No.  
201-939-6565

License No.  
00756

Start Date (10)  
08-14-17

Scheduled Completion Date (11)  
10-30-17

Name of OSHA Monitor  
EMSL Analytical, Inc.

Occupancy Status During Abatement (Check Only One)  
 Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe: Abatement will be conducted in a restricted area.

Street Address  
307 West 38th Street

City, State, Zip Code  
New York, NY 10018

Scope of Work (Check All That Apply)

≥3 sf or ≥3 lf  
 ≥160 sf or ≥260 lf

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Mini-Enclosure  
 Glovebag Procedure  
 Non-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
Ext: Terminal A1 Fuel Connection			x	Tar Covered Pipe	302SF	x			
Ext: Terminal A2 Fuel Connection			x	Tar Covered Pipe	82SF	x			
Ext: Terminal A3 Fuel Connection			x	Tar Covered Pipe	100SF	x			
Ext: Main Connection			x	Tar Covered Pipe	1136SF	x			

Name of Registered Waste Hauler  
ATC, Inc. / JBT (50071)

NJDEP Waste Hauler ID No.  
24310

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Minerva Enterprises

City, State  
Shirley, NY / Bronx, NY

Disposal Date  
TBD

City, State  
Waynesburg, OH 44688

Completed by  
Raymond Kinsella

Title  
Project Manager

Signature

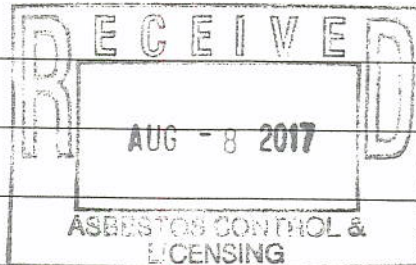
Date  
08-03-17

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



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

**CK# 1099**



Date of Notification (1) 07/31/2017		Name of Building Owner/Operator (2) D2 PLUS LLC.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 34 A. W. HARWOOD TERRACE
			City, State, Zip Code PALISADES PARK 07650
			Name of Contact HEESUN YANG

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,700	# of Floors 2
City (5) TENAFLY NJ.		Bldg. Age 52	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) YES	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.
Street Address		Street Address 1126 - 51 ST.	
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ.07047	
Project Manager for Monitoring Firm		Telephone No. 201.776.0642	License No. 01300
Start Date (10) 08/05/2017	Scheduled Completion Date (11) 08/06/2017	Name of OSHA Monitor NORTH EAST ENVIRONMENTAL LLC.	

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address 1126 51 ST. City, State, Zip Code NORTH BERGEN NJ. 07047
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Scope of Work (Check All That Apply)

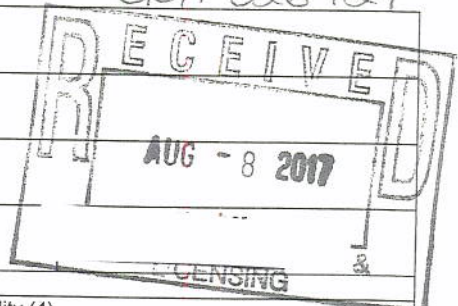
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF		X		FLAT ROOF	400 SF.	X			

Name of Registered Waste Hauler TRI - STATE ASSOC INC.	NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.
City, State BRONX N.Y.	Disposal Date TBD	City, State WAYNESBURG OHIO,	
Completed by CARLOS ESQUIVEL	Title SAFETY MANAGER	Signature <i>[Signature]</i>	Date 07/31/2017

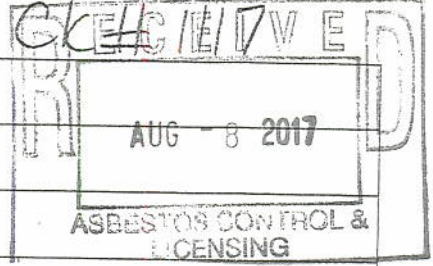
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

CR# 026729



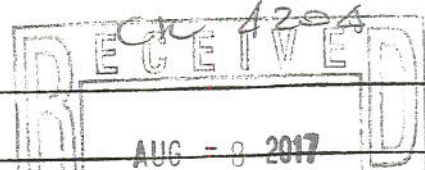
Date of Notification (1) 08/01/17		Name of Building Owner/Operator (2) Uncommon Schools							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 108 9th Street						
			City, State, Zip Code Newark, NJ 07107						
			Name of Contact Mr. Matthew Alban						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) North Star Fairmount Academy				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 108 9th Street				Square Feet 5,000 +	# of Floors 1				
City (5) Newark				Bldg. Age 50 +					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 7 Pleasant Hill Road			Street Address 1141 Route 23						
City, State, Zip Code Cranbury, NJ 08512			City, State, Zip Code Wayne, NJ 07470						
Project Manager for Monitoring Firm Mr. Kevin Lovely		Telephone No. 732-390-5858	Telephone No. (973) 628-9200	License No. 00408					
Start Date (10) 08/02/17	Scheduled Completion Date (11) 08/04/17		Name of OSHA Monitor Enviro Vision Consultants, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied Building</u>			Street Address 20-21 Wagaraw Road, Bldg. #35E						
			City, State, Zip Code Fair Lawn, NJ 07410						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st and 2nd Floor Classrooms			X	Elbow Insulation	8 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey			Disposal Date	City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature 		Date 08/01/17			

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



Date of Notification (1) 8/2/17		Name of Building Owner/Operator (2) Nazih Meliane							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Rutherford, NJ 07070							
		Name of Contact Nazih Meliane							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Rutherford		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
Start Date (10) 8/5/17		Scheduled Completion Date (11) 8/10/17	License No. 01255						
Name of OSHA Monitor Harmony Contracting Inc		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demolition</u>							
Street Address 360 Palisade Ave		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Mixed in Debris				Pipe Insulation	10 LF	x			
Exterior Mixed in Debris				VAT	n/a	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033058	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>			Date 8/2/17			

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

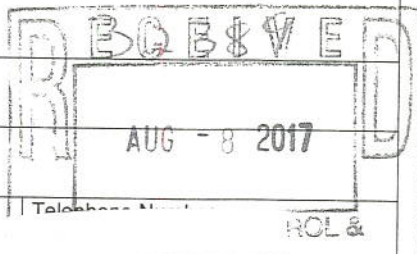


Date of Notification (1) <b>8/2/17</b>		Name of Building Owner/Operator (2) <b>Ms. MURPHY</b>							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>[REDACTED] ST</b>							
		City, State, Zip Code <b>ORANGE . NJ. 07052</b>							
		Name of Contact <b>Ms. Murphy</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Ms. MURPHY</b>		Type of Facility (4)  <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>[REDACTED]</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>						
City (5) <b>ORANGE</b>		Bldg. Age <b>1948</b>							
County (6) <b>ESSEX</b>	County Code (7) <small>(STATE USE ONLY)</small>	Current Use (Prior if being demolished) <b>RESIDENCE</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>						
Street Address		Street Address <b>450 South River Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>8/17/17</b>	Scheduled Completion Date (11) <b>8/18/17</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>7am to 5:00pm</b>		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Scope of Work (Check All That Apply)  <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT</b>				<b>THERMAL SYSTEM INSULATION</b>	<b>35 LF</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 CYs</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>8/18/17</b>	City, State <b>Waynesburg, OH 44688</b>						
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <i>J. Maiorano</i>			Date <b>8/2/17</b>			

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

CK# 32389

Date of Notification (1) 08 / 01 / 17		Name of Building Owner/Operator (2) Barack Obama School	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" 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 1300 Bangs Avenue	
		City, State, Zip Code Asbury Park, NJ 07712	
		Name of Contact Walt	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Barack Obama 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 and commercial buildings, homes, etc.)		
Street Address 1300 Bangs Avenue		Square Feet 63,610	# of Floors 3	Bldg. Age 100
City (5) Asbury Park		Current Use (Prior if being demolished) School		
County (6) Monmouth		County Code (7)(STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address P O Box 385		Street Address 1889 Route 9, Unit 61		
City, State, Zip Code Oceanville, NJ 08721		City, State, Zip Code Toms River, New Jersey 08755		
Project Manager for Monitoring Firm John		Telephone No. 609-652-1833	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 08 / 14 / 17		Scheduled Completion Date (11) 08 / 18 / 17		Name of OSHA Monitor E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton		
		City, State, Zip Code Piscataway, New Jersey 08854		

Scope of Work (Check all that apply)

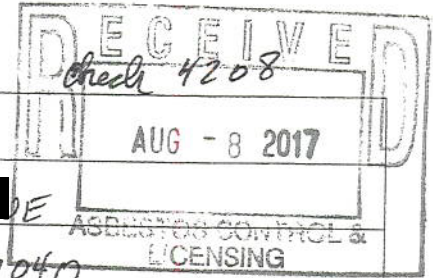
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	<input type="checkbox"/> Mini-Enclosure	<input type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 163	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile & mastic	1080	<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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 10	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 08/21/17		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature		Date 8/1/17	

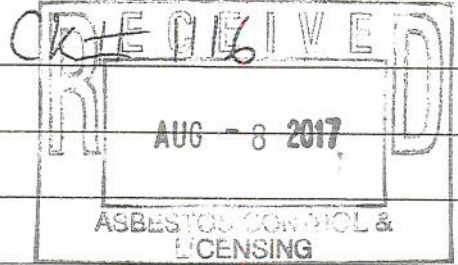
\* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) <b>8-3-2017</b>		Name of Building Owner/Operator (2) <b>J. BRANIGAN</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code <b>MAPLEWOOD, NJ 07040</b>							
Name of Contact <b>J. BRANIGAN</b>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>J. BRANIGAN</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>3600</b>	# of Floors <b>3</b>						
City (5) <b>MAPLEWOOD</b>		Bldg. Age <b>109 YRS</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)		ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>						
Street Address		Street Address <b>450 South River Street</b>							
City, State, Zip Code		City, State, Zip Code <b>Hackensack, NJ 07601</b>							
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>						
Start Date (10) <b>8-14-2017</b>	Scheduled Completion Date (11) <b>8-16-17</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>7 AM 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 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		City, State, Zip Code <b>South Hackensack, NJ 07606</b>							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) <b>BASEMENT</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>THERMAL INSULATION</b>	Amount (Specify SF or LF) <b>212 LF</b>	Abatement Type			
			<b>X</b>			Removal	Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>3 YDS.</b>	Name of Registered Landfill <b>Minverva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>8-16-17</b>		City, State <b>Waynesburg, OH 44688</b>					
Completed by <b>Robert Veldran</b>		Title <b>Estimator</b>	Signature <b>R. Veldran</b>	Date <b>8-3-2017</b>					

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



Date of Notification (1) 8/2/17		Name of Building Owner/Operator (2) Sealy Mattress Co	
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 697 River St	
		City, State, Zip Code Paterson, NJ	
		Name of Contact John Macchiarelli	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Commercial Bldg/Sealy Mattresses		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 697 River St		Square Feet 20,000+	# of Floors 2
City (5) Paterson		Bldg. Age 50+	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Bldg/Sealy Mattresses	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a		Street Address 360 Palisade Ave	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255
Start Date (10) 8/12/17	Scheduled Completion Date (11) 8/30/17	Name of OSHA Monitor Harmony Contracting 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 Other - Describe: _____		Street Address 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	

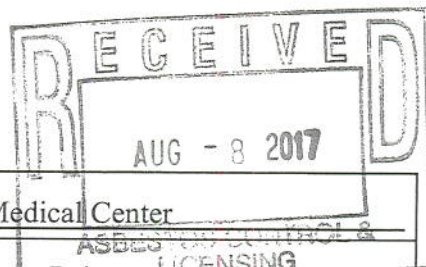
Scope of Work (Check All That Apply)

<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 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
Lobby Room 1			x	VAT	7500 SF	x			

Name of Registered Waste Hauler Harmony Contracting Inc	NJDEP Waste Hauler ID No. 033058	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill
City, State Garfield, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed by Tina Caporino	Title Secretary	Signature <i>Tina Caporino</i>	Date 8/2/17

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



NO CIC

Date of Notification (1) <u>6/14/16</u>		Name of Building Owner/Operator (2) <u>Clara Maass Medical Center</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1 Clara Maass Drive</u>	
		City, State, Zip Code <u>Belleville, NJ 07109</u>	
		Name of Contact <u>Ron Carvalho</u>	Telephone Number <u>-</u>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <u>Medical Center</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>1 Clara Maass Drive</u>		Square Feet <u>500000</u>	# of Floors <u>7</u>
City (5) <u>Belleville, NJ 07109</u>		Bldg. Age <u>70+/-</u>	
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>64 Broad Street</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2217</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>6/24/16</u>	Scheduled Completion Date (11) <u>12/31/18</u>	Name of OSHA Monitor <u>MECS</u>	

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abatement as needed when need</u>	Street Address <u>PO Box 341</u>
	City, State, Zip Code <u>Crosswicks, NJ 08515</u>

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>60 cu</u>	Name of Registered Landfill <u>Fairless Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/31/18</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>7/28/17</u>

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



THE ACM REMOVAL RELATED TO THE SURGICAL EXPANSION PROJECT AT CLARA MAASS MEDICAL CENTER

SICU RELATED

ACM MATERIAL IDENTIFIED TO BE REMOVED	BID QTY*
SHEET VINYL AND ASSOCIATED MASTIC/GLUE	100 SF

PACU RELATED

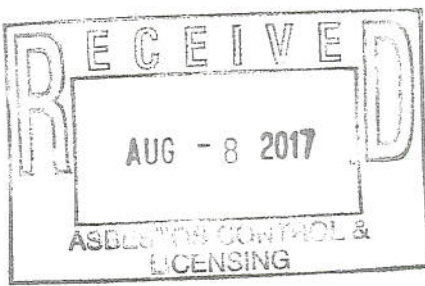
ACM MATERIAL IDENTIFIED TO BE REMOVED	BID QTY*
CORRIDOOR - VAT (MASTIC NEGATIVE)	525 SF
CORRIDOOR- TEXTURED SPRAY-ON	100 SF
CORRIDOOR-ROOF DRAIN FTG	1 EA
RECOVERY ROOM -FTGS	7 EA
SUPPLY-VAT (MASTIC NEGATIVE)	120 SF
LOUNGE-VAT (MASTIC NEGATIVE)	120 SF
DRS LOUNGE/BATHROOM-TEXTURED SPRAY- ON	150 SF
DRS LOUNGE/BATHROOM PIPE INSULATION INCL FTGS	30 LF
HOLDING AREA-TEXTURED SPRAY-ON	150 SF
INST STORAGE CLEAN SUPPLY-FTGS	6 EA
INST PROCESSING (CORNER)-ORANGE SHEET VINYL AND MASTIC	120 SF
INST PROCESSING (NEXT TO HOLDING)-TEXTURED SPRAY-ON	150 SF
INST PROCESSING (NEXT TO HOLDING)-PIPE INSULATION INCL FTGS	40 LF
INST PROCESSING (NEXT TO HOLDING)-FTGS	2 EA
CONTROL ROOM-TEXTURED SPRAY-ON	40 SF
NURSES LOUNGE-FTGS	15 EA
NURSES LOUNGE-PIPE INSULATION	120 LF
WOMAN DRS LOUNGE-PIPE INSULATION	20 LF

OLD LAUNDRY AREA RELATED-EXCLUDES MEZZANINE AND ANY AREAS OUTSIDE OF THE LIMITS OF WORK IDENTIFIED

ACM MATERIAL IDENTIFIED TO BE REMOVED	BID QTY*
ALL NON-FIBERGLASS FTGS ASSOCIATED WITH FIBERGLASS	85 EA
ALL NON-FIBERGLASS PIPE INSULATION ( INCLUDING FITTINGS )	100 LF

ROOF RELATED-LIMITED LOWER ROOF (OLD LAUNDRY) AREA AND UPPER ROOF (MEDICAL RECORDS) AREA

ACM MATERIAL IDENTIFIED TO BE REMOVED	BID QTY*
LOWER ROOF -- PERIMETER ROOF FLASHING	300 SF
LOWER ROOF -- PENETRATIONS & CURBING	60 SF
UPPER ROOF -- PERIMETER ROOF FLASHING	360 SF
UPPER ROOF -- PENETRATIONS AND CURBING	110 SF

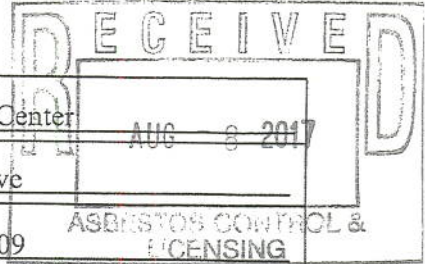


*[Handwritten signature]*

CK# 25788

No CK

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



Date of Notification (1) <u>6/14/16</u>		Name of Building Owner/Operator (2) <u>Clara Maass Medical Center</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>1 Clara Maass Drive</u>						
		City, State, Zip Code <u>Belleville, NJ 07109</u>						
Name of Contact <u>Ron Carvalho</u>		Telephone No. _____						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>Medical Center</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>1 Clara Maass Drive</u>		Square Feet <u>500000</u>	# of Floors <u>6</u>					
City (5) <u>Belleville, NJ 07109</u>		Bldg. Age <u>70+/-</u>						
County (6) <u>Essex</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>	ASCM No. _____	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>64 Broad Street</u>		Street Address <u>PO Box 322</u>						
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2217</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>6/24/16</u>	Scheduled Completion Date (11) <u>7/31/17</u>	Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abatement as needed when needed</u>		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>See Attached</u>	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
		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>60 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>7/31/17</u>		City, State <u>Morrisville, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 			Date <u>6/14/16</u>			

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

OK # 4856

Date of Notification (1) 07/28/2017		Name of Building Owner/Operator (2) East Brunswick Public Schools		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  check# 4856  AUG - 8 2017 </div>
Agencies Notified	Type Notification	Street Address 760 Route 18		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Brunswick, NJ 08816		
		Name of Contact Gerald Schenck		

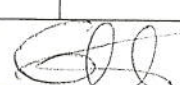
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) High school			Type of Facility (4)		
Street Address 380 Cranbury Road			<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) East Brunswick			Square Feet	# of Floors	Bldg. Age
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 5434 King Ave			Street Address 606 McBride Ave		
City, State, Zip Code Pennsauken, NJ 08109			City, State, Zip Code Woodland Park, New Jersey		
Project Manager for Monitoring Firm Jay Murray		Telephone No 856-616-9516	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 08-14-2017		Scheduled Completion Date (11) 08-18-2017		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied</u>			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

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

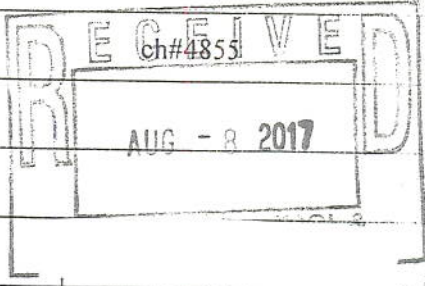
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen freezer area			x	TSI(asbestos&non-asbestos)	500 LF	x			
Kitchen freezer area			x	VAT/Mastic	170 SF	x			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA	
Completed by Momo Glavatovic		Title Project manager	Signature 	Date 07/28/2017	

CIC # 4855

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

Date of Notification (1) 07-28-2017		Name of Building Owner/Operator (2) West Orange Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 179 Eagle Rock Ave	
		City, State, Zip Code West Orange, NJ 07052	
		Name of Contact Robert Csigi	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St. Cloud Elementary school		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 71 Sheridan Ave		Square Feet	# of Floors
City (5) West Orange		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants, Inc		ASCM No. 0057	Name of Abatement Contractor (9) Lilich Corporation
Street Address POB 385		Street Address 606 McBride Ave	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	Telephone No. 973-225-8400
Start Date (10) 08-14-2017		Scheduled Completion Date (11) 08-17-2017	License No. 01104
Name of OSHA Monitor Iris Environmental Laboratories, LLC			

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: unoccupied	Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083
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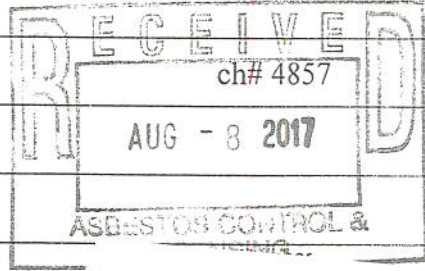
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement hallway			X	plaster ceiling&lathe	50 SF	X			
basement hallway			X	fittings/fitting insulation	20 ea	X			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill	
City, State Woodland Park, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Momo Glavatovic		Title project manager	Signature 		Date 07-28-2017

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

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



Date of Notification (1) 07-28-2017		Name of Building Owner/Operator (2) Borough of Cresskill DPW	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP  <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 67 Union Ave
			City, State, Zip Code Cresskill, NJ 07626
			Name of Contact Kevin Terhune

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet 1,904	# of Floors 1	Bldg. Age 107 yr
City (5) Cresskill	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) town owned house	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 300 Grand Ave		Street Address 606 McBride Ave		
City, State, Zip Code Englewood, NJ 07231		City, State, Zip Code Woodland Park, NJ 07424		
Project Manager for Monitoring Firm Anthony Valentine		Telephone No. 201-569-6708	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 08-07-2017	Scheduled Completion Date (11) 08-15-2017		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West		
		City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

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

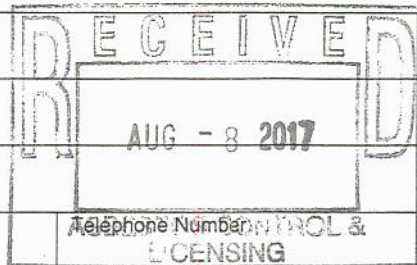
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior		x		transite shingles	2,361 SF	x			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill GROWS Landfill	
City, State Woodland Park, New Jersey			Disposal Date	City, State Morrisville, PA	
Completed by Momo Glavatovic		Title project manager	Signature 	Date 07-28-2017	

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

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

Ck# 1115



Date of Notification (1) 8/1/17		Name of Building Owner/Operator (2) Blue Mountain Construction	
Agencies Notified	Type Notification	Street Address 500 North Wood Ave	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Colonia		Square Feet 2000	# of Floors 2
County (6) Union		Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential House	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a		Street Address 360 Palisade Ave	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026
Start Date (10) 8/9/17		Scheduled Completion Date (11) 8/11/17	License No. 01255
Name of OSHA Monitor Harmony Contracting Inc		Occupancy Status During Abatement (Check Only One)	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check All That Apply)

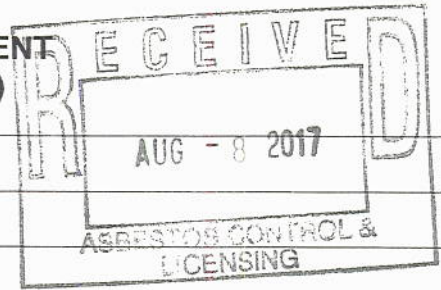
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			x	Window Caulk	100 LF	x			

Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033058	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill	
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>		Date 8/1/17

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

CK# 2689



Date of Notification (1) 07-19-2017		Name of Building Owner / Operator (2) Ridge Park Apartments, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 1122 Clifton Ave	
		City, State & Zip Code Clifton, NJ 07013	
		Name of Contact Jerry Campbell	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) North Arlington Apartments-Bldg 40 Meter Room			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 20 - B Ridge Park Drive			Square Feet 7,550	# of Floors 2	Bldg. Age 70
City (5) North Arlington, NJ	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Apartment Bldg		
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202			
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619			
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 8-1-2017	Scheduled Completion Date (11) 08-02-2017		Name of OSHA Monitor J&S Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:30am - 6:00pm <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 checked="" 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"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

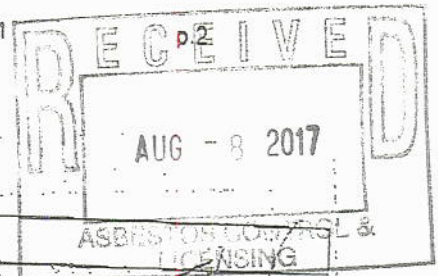
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Meter Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	222 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meter Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows	22 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"/>

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 08619		Disposal Date TBD	City, State Morrisville, PA		
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 07-19-2017

Jul 27 17 12:33p

Resource Management Group

6099144651



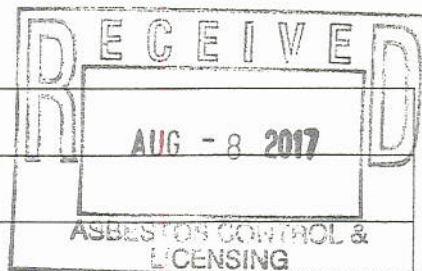
CC # 2689

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to N.J.A.C. 8:80 and 12:120)

Date of Notification (1) 07-27-2017		Name of Building Owner / Operator (2) Mr. Ron Shacham								
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address [REDACTED]							
	City, State & Zip Code Passaic, NJ		Name of Contact Mr. Ron Shacham							
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]	Square Feet 3,200	# of Floors 3 + basement	Bldg. Age 100							
City (5) Passaic, NJ	County (6) Passaic	County Code (7)								
Current Use (Prior to being demolished) House		Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services								
Street Address P.O. Box 365		ASCM No. 117								
City, State & Zip Code Berlin, NJ 08009		Name of Abatement Contractor (9) Resource Management Group, LLC								
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Street Address 2115 Hamilton Ave., Suite 202							
Scheduled Start Date (10) 8-2-2017		Scheduled Completion Date (11) 08-7-2017	City, State & Zip Code Trenton, NJ 08619							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:30am - 6:00pm <input type="checkbox"/> Facility Occupied During Abatement		Telephone Number 609-814-4279	License Number 01186							
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 $\geq 280$ lf		Name of OSHA Monitor J&S Environmental Laboratories, Inc.								
<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 Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Frangible Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance 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	
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	2,500 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 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 08619		Disposal Date TBD		City, State Morrisville, PA						
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 				Date 07-27-2017			



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



**NO CR**  
 7/31/2017

Date of Notification (1) 7/31/2017		Name of Building Owner/Operator (2) PSE&G	
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 type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 4000 HADLEY ROAD	
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
Name of Contact Doug McGarrity			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2 <sup>ND</sup> ST. & MONROE STREET		Square Feet N/A	# of Floors N/A
City (5) HOBOKEN		Bldg. Age N/A	
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.		
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882		
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111

Start Date (10) 8/11/2017	Scheduled Completion Date (11) 8/30/2017	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>OUTDOORS - NECESSARY OPERATORS ONLY</u>		Street Address 396 WHITEHEAD AVE.	
		City, State, Zip Code SOUTH RIVER, NJ 08882	

Scope of Work (Check All That Apply)

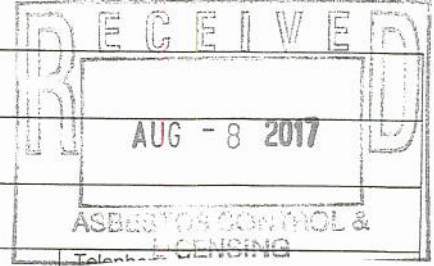
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<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
OUTDOORS IN STREET		X		TRANSITE PIPE	720 LF	X			

Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPRX 20	Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MANAGER	Signature Carol Raimo	Date 7/31/2017	

CKFF 8349  
NO CK

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



Date of Notification (1) <b>7/27/2017</b>		Name of Building Owner/Operator (2) PSE&G	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
		Name of Contact <b>Doug McGarrity</b>	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4)	
Street Address <b>2<sup>ND</sup> ST. &amp; MONROE STREET</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>HOBOKEN</b>		Square Feet <b>N/A</b>	# of Floors <b>N/A</b>
County (6) <b>HUDSON</b>		Bldg. Age <b>N/A</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>N/A</b>	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA	
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.		
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882		
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350	License No. 01111

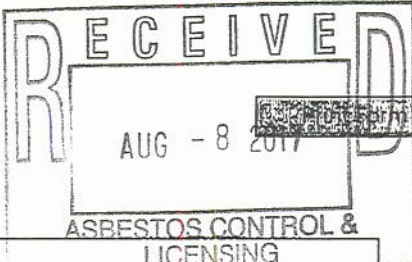
Start Date (10) <b>8/11/2017</b>	Scheduled Completion Date (11) <b>8/30/2017</b>	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA		
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUT DOORS - NECESSARY OPERATORS ONLY</b>		City, State, Zip Code SOUTH RIVER, NJ 08882		

Scope of Work (Check All That Apply)

<input checked="" 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) 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>OUTDOORS IN STREET</b>		<b>X</b>		<b>TRANSITE PIPE</b>	<b>720 LF</b>	<b>X</b>			

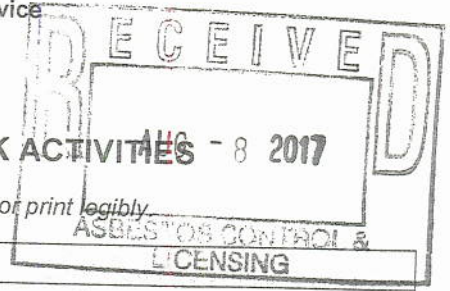
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste <b>APPX 20</b>	Name of Registered Landfill GROWS NORTH	
City, State ELIZABETH, NJ		Disposal Date <b>TBD</b>		City, State MORRISVILLE, PA	
Completed by CAROL RAIMO		Title OFFICE MANAGER	Signature <i>Carol Raimo</i>	Date <b>7/27/2017</b>	



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

Date of Notification (1) <b>7/27/17</b>		Name of Building Owner/Operator (2) <b>Sussex County Technical School</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>105 N. CHURCH ROAD</b>					
	City, State, Zip Code <b>SPARTA NJ 07871</b>		Name of Contact <b>MATTHEW GEARY</b>					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Sussex County Technical School</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address <b>105 N. CHURCH ROAD</b>		Square Feet <b>4500</b>	# of Floors <b>2</b>					
City (5) <b>SPARTA</b>		Bldg. Age <b>+ 25 years</b>						
County (6) <b>Sussex</b>		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>SCHOOL</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>KARL ENVIRONMENTAL GROUP</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>K&amp;A ENVIRONMENTAL CONTRACTORS INC</b>					
Street Address <b>20 LAUCK ROAD</b>		Street Address <b>20 LAUCK ROAD</b>						
City, State, Zip Code <b>MOHNTON, PA 19540</b>		City, State, Zip Code <b>MOHNTON, PA 19540</b>						
Project Manager for Monitoring Firm <b>MIKE KRISHER</b>		Telephone No. <b>610-856-7700</b>	License No. <b>01102</b>					
Start Date (10) <b>8-7-17</b>		Scheduled Completion Date (11) <b>8-10-17</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 Other - Describe: _____		Name of OSHA Monitor <b>CEI LAB'S</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 $\geq 280$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>730 SE MAYNARD ROAD</b>						
<input type="checkbox"/> Other - Describe: _____		City, State, Zip Code <b>CARY, NC 27511</b>						
Location of Asbestos-Containing Material (ACM) In Facility (13) <b>Room 112</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>BLACK BOARD MASTIC</b>	Amount (Specify SF or LF) <b>40 SF</b>	Abatement Type Removal Repair Encapsulate Enclosure <b>X</b>		
	Name of Registered Waste Hauler <b>K&amp;A ENVIRONMENTAL CONTRACTORS</b>					NDEP Waste Hauler ID No. <b>00815</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>MOHNTON, PA</b>			Disposal Date <b>9-20-17</b>	City, State <b>WAYNESBURG OH</b>				
Completed by <b>ANTHONY J SANTARELLI</b>		Title <b>OPERATION</b>	Signature 		Date <b>7-27-17</b>			

OK # 9485



# NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES - 8 2017

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

### I. NOTIFICATION INFORMATION

Date of Notification: 7 1 27 1 17

Initial     Amended     Cancellation     Emergency (must include justification)

Type of Work:     Demolition     Renovation

### II. BUILDING INFORMATION

Name of Building Owner/Operator: Sussex County Technical School

Street Address: 105 N. Church Road City: SPARTA State: NJ Zip: 07871

Name of Contact: Matthew Geary Telephone No.: 1

### III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Sussex County Technical School

Describe Facility Use: SCHOOL

Street Address: 105 N. Church Road City: SPARTA State: NJ Zip: 07871

County Name: Sussex County Code (State Use Only): \_\_\_\_\_

Scheduled Start Date: 8 17 17 Scheduled Completion Date: 8 11 17

Occupancy Status During Activity (check only one):

Facility Closed/Vacated During Entire Activity

Activity Performed Outside Normal Facility Hours—Describe: 2<sup>ND</sup> SHIFT 3:30pm To 11:00pm

Other—Describe: \_\_\_\_\_

Scope of Work (check all that apply):

Floor Tile                      Square Footage: \_\_\_\_\_                      Percentage Asbestos: \_\_\_\_\_ %

Mastic                              Square Footage: 40 SF                              Percentage Asbestos: Assumed %

### IV. CONTRACTOR INFORMATION

Company Name: K+A Environmental Contractors, Inc Telephone No.: 610-856-3700

Street Address: 20 LAVER ROAD City: MOHNTON State: Pa Zip: 19540

New Jersey Asbestos License Number (if applicable): 01102

Monitoring Firm (if applicable): K+A Environmental Group Telephone No.: 610-856-3700

### V. SIGNATURE

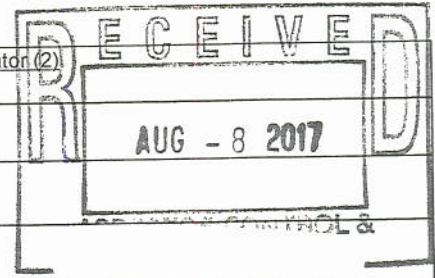
Completed By (type or print legibly): ANTHONY J Santarelli Title: OPERATION

Signature: *Anthony J Santarelli* Date: 7-27-17

# State of New Jersey - Notification of Asbestos Abatement

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

OK # 12813



Date of Notification (1) <b>August 4, 2017</b>		Name of Building Owner/Operator (2) <b>Drew University</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification Amended Certification <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>36 Madison Avenue</b>		City, State, Zip Code <b>Madison, NJ</b>	
City (5) <b>Madison</b>		County (6) <b>Morris</b>	
County Code (7) (State Use Only)		Name of Contact <b>Greg Smith</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Drew University- Gilbert House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>36 Madison Avenue</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>60</b> years	
City (5) <b>Madison</b>		Current Use (prior if being demolished):	
County (6) <b>Morris</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Briggs Associates, Inc.</b>		Street Address <b>511 MAIN STREET</b>	
Street Address <b>3 Crosswicks Street</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
City, State, Zip Code <b>Bordentown, NJ</b>		Telephone Number <b>973-492-0477</b>	
Project Manager for Monitoring Firm <b>Michael Hoodak</b>		License Number <b>00840</b>	
Telephone Number <b>609.298.5520</b>		Name of OSHA Monitor <b>EMSL inc.</b>	
Scheduled Start Date (10) <b>August 5, 2017</b>		Scheduled Completion Date (11) <b>August 6, 2017</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 Other - Describe:		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply) ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
<b>3<sup>rd</sup> Floor Bathroom 1<sup>st</sup> Floor Bathroom &amp; Foyer</b>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>VAT &amp; Mastic VAT &amp; Mastic</b>	<b>10 sf 100sf</b>
Abatement Type Remove Repair Encap Enclose			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>10 Cy.yds.</b>	Name of Registered Landfill Meadowfill Landfill G.R.O.W.S
Hauler #1) <b>Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</b> NJ DEP # 12561 NY DEP #		Disposal Date <b>August 6, 2017</b>	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) <b>Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>August 4, 2017</b>

GAC # 2017-613

State of New Jersey - Notification of Asbestos Abatement

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

DOL - 1116  
 AUG 2017  
 WAIVED

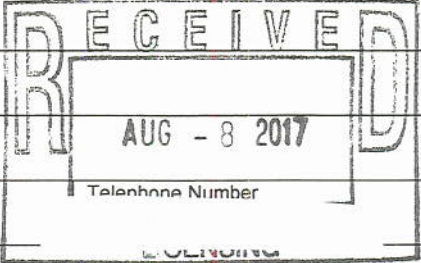
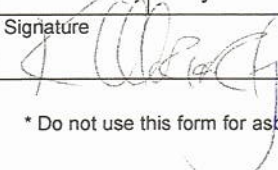
Date of Notification (1) <b>August 4, 2017</b>		Name of Building Owner/Operator (2) <b>Drew University</b>	
Agencies Notified		Street Address <b>36 Madison Avenue</b>	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		City, State, Zip Code <b>Madison, NJ</b>	
Notification Type <input checked="" type="checkbox"/> Initial Notification Amended Certification <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancelled		Name of Contact <b>Greg Smith</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Drew University- Gilbert House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>36 Madison Avenue</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>2</b> Bldg. Age: <b>80</b> years	
City (5) <b>Madison</b>	County (6) <b>Morris</b>	County Code (7) <i>(State Use Only)</i>	Current Use (prior if being demolished):
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Briggs Associates, Inc.</b>		ASCM No.	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 Crosswicks Street</b>		Street Address <b>611 MAIN STREET</b>	
City, State, Zip Code <b>Bordentown, NJ</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Michael Hoodak</b>	Telephone Number <b>609.298.6520</b>	Telephone Number <b>973-482-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>August 6, 2017</b>	Scheduled Completion Date (11) <b>August 6, 2017</b>	Name of OSHA Monitor <b>EMSL Inc.</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 Other - Describe:		Street Address <b>1086 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 280$ 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) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
<b>3<sup>rd</sup> Floor Bathroom 1<sup>st</sup> Floor Bathroom &amp; Foyer</b>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>VAT &amp; Maetic VAT &amp; Maetic</b>	<b>10 sf 100sf</b>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>10 Cy.yds.</b>	Name of Reauthorized Landfill Meadowfill Landfill G.R.O.W.S
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #</b>		Disposal Date <b>August 6, 2017</b>	City, State <b>Route 2, Box 68 Bridgeport, WVA 304.842-2784</b>
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Marin Graue</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graue</i>	Date <b>August 4, 2017</b>

RECEIVED  
 AUG - 8 2017  
 ASBESTOS CONTROL & LICENSING

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

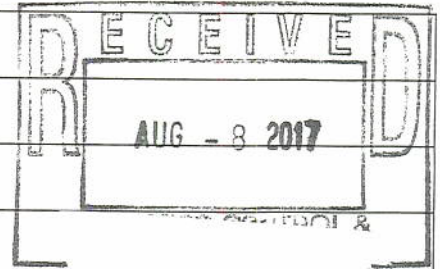
CHECK # 24442

NO CK

Date of Notification (1) 08-03-17		Name of Building Owner/Operator (2) Con Edison										
Agencies Notified		Type Notification						Street Address 4 Irving Place				
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						City, State, Zip Code New York, NY				
Name of Facility Where Abatement is Taking Place (3) Pole #59851/36050				Type of Facility (4)								
Street Address 222 Westshore Road				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Harrington Park, NJ				Square Feet		# of Floors	Bldg. Age					
County (6) Bergen			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Utility Pole							
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.							
Street Address				Street Address 200 Broad Street								
City, State, Zip Code				City, State, Zip Code Carlstadt, NJ 07072								
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201-939-6565		License No. 00756					
Start Date (10) 08-04-17(1)Project Postponed		Scheduled Completion Date (11) 08-31-17		Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check Only One)				Street Address 307 West 38th Street								
<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 New York, NY 10018								
Scope of Work (Check All That Apply)				<input checked="" type="checkbox"/> Intact Removal <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes    No    N/A							Removal	Repair	Encapsulate	Enclosure
Exterior: Pole #59851/36050					Transite		20LF		x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)				NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY / Bronx, NY				Disposal Date TBD		City, State Waynesburg, OH 44688						
Completed by Kevin Moriarty			Title Project Manager			Signature 		Date 08-03-17				

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

CHECK # 2365

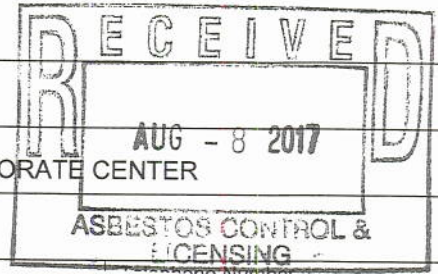


Date of Notification (1) 8/04/2017		Name of Building Owner/Operator (2) Audrey Bellardita							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]						
	City, State, Zip Code North Arlington, NJ 07031		Name of Contact Audrey Bellardita						
	<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,850	# of Floors 2						
City (5) North Arlington		Bldg. Age 80							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address [REDACTED]		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code [REDACTED]		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm _____		Telephone No. _____	Telephone No. (973) 928-5040						
License No. 00874		Name of OSHA Monitor Sky Contracting, LLC							
Start Date (10) 8/16/2017	Scheduled Completion Date (11) 8/21/2017	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code Wayne, New Jersey 07470		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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 & Fittings	100 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President	Signature 			Date 8/04/2017			



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

OK # 4982



Date of Notification (1) 8-4-17		Name of Building Owner/Operator (2) ERM	
Agencies Notified	Type Notification	Street Address 200 PRINCETON SOUTH CORPORATE CENTER	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code EWING, NJ 08628	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact VINCENT SHEA	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) CITGO'S PETTY ISLAND TERMINAL		Type of Facility (4)	
Street Address 105 PETTY ISLAND		<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) PENNSAUKEN		Square Feet 200000	# of Floors 1
County (6) CAMDEN		County Code (7) (STATE USE ONLY) _____	Bldg. Age +/-50
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No.	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.
Street Address 3 TERRI LANE, SUITE 4		Street Address 2251 FRALEY STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code PHILADELPHIA, PA 19137	
Project Manager for Monitoring Firm JOHN LUTZ		Telephone No. 609-386-8800	Telephone No. 215-533-5155
Start Date (10) 8/21/17		Scheduled Completion Date (11) 10/31/17	License No. 01166
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor ATC	
<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 3 TERRI LANE, SUITE 4	
		City, State, Zip Code BURLINGTON, NJ 08016	

Scope of Work (Check All That Apply)


<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<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 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
SEE ATTACHED TABLE						X			

Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEWARK, DE		Disposal Date		City, State LIBSON, OH	
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	Signature 	Date 8-4-17	

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

Check No. **4309**

Date of Notification (1) <b>August 01, 2017</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ, Newark Liberty International Airport</b>					
Agency Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>(Not required per State Reg. 17:27.04)</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>Building 80</b>		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   <b>AUG - 8 2017</b>   <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>		
			City, State, Zip Code <b>Newark, NJ 07114</b>				
			Name of Contact <b>Ralph Campione</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Parking Lot Building 60</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <b>60 Earhart Drive</b>			Square Feet <b>N/A</b>	# of Floors <b>N/A</b>	Bldg. Age <b>N/A</b>		
City (5) <b>Newark</b>			Current Use (Prior if being demolished) <b>Drainage Lines</b>				
County (6) <b>Essex</b>		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) <b>PA of NY &amp; NJ</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>				
Street Address <b>241 Erie Street, Room 236</b>		Street Address <b>223 Randolph Avenue</b>					
City, State, Zip Code <b>Jersey City, NJ 07310</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>					
Project Manager for Monitoring Firm <b>Ralph Campione</b>		Telephone No. <b>973-624-6898</b>	Telephone No. <b>973-478-4681</b>	License No. <b>00120</b>			
Start Date (10) <b>August 14, 2017</b>		Scheduled Completion Date (11) <b>August 13, 2018</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 type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>Exterior work</b>			Street Address <b>200 Route 130 N</b>				
			City, State, Zip Code <b>Cinnaminson, NJ 08077-2892</b>				
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf							
		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
<b>Parking lot of Bldg. 60</b>	<input checked="" type="checkbox"/>		<b>Tar-paper Coated Corrugated Steel Pipe</b>	<b>200 In ft</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Jimmy Byrne Trucking</b>		NJDEP Waste Hauler ID No. <b>18743</b>	Cubic Yards of Waste <b>90</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>			
City, State <b>Bronx, NY</b>		Disposal Date <b>08/15/2017 - 08/20/2017</b>		City, State <b>Waynesburg, OH</b>			
Completed by <b>G. Roger Woodman</b>		Title <b>Project Manager</b>		Signature 		Date <b>G. Roger Woodman</b>	

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

**DOL - 10 DAY**

**JUL 27 2017**

**WAIVER APPROVED**

**RECEIVED**

**AUG - 8 2017**

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 7/27/17		Name of Building Owner/Operator (2) City of Camden							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 520 Market Street						
			City, State, Zip Code Camden, NJ 08102						
		Name of Contact Andrew Ricco							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1219-1225 Broadway		Square Feet	# of Floors						
City (5) Camden		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)		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp						
Street Address		Street Address 282 Creek Road							
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856.466.6452						
Start Date (10) ASAP		Scheduled Completion Date (11) 9/8/17	License No. 01339						
Name of OSHA Monitor Andrew Ricco		Name of OSHA Monitor Andrew Ricco							
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 282 Creek Road							
		City, State, Zip Code Bellmawr, NJ 08031							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure							
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure							
		<input type="checkbox"/> Glovebag Procedure							
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage - 3rd Floor			X	Floor Tile	9,400 SF	X			
Garage - Roof			X	Flashing	600 LF	X			
Garage - 2nd Floor			X	Window Frame Caulk	550 LF	X			
Bank - 1st Floor			X	Aerosol Insulation	30 LF	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Bellmawr, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Andrew Ricco		Title Owner	Signature <i>Andrew Ricco</i>	Date 7/27/17					

CONTINUED

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

Stamp: JUL 27 2017  
WAIVED APPROVED

Date of Notification (1) 7/27/17		Name of Building Owner/Operator (2) City of Camden								
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 520 Market Street City, State, Zip Code Camden, NJ 08102 Name of Contact Andrew Ricco Telephone Number _____							
	<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4) <input type="checkbox"/> School, K-12 <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)								
Street Address 1219-1225 Broadway		Square Feet	# of Floors							
City (5) Camden		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)		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp							
Street Address		Street Address 282 Creek Road								
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031								
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856.466.6452							
Start Date (10) ASAP		Scheduled Completion Date (11) 9/8/17	License No. 01339							
Name of OSHA Monitor Andrew Ricco		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 282 Creek Road		City, State, Zip Code Bellmawr, NJ 08031								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
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	
Garage - 1st Floor			X	Ceiling Plaster	9,400 SF	X				
Garage - 2nd Floor			X	Floor Tile	9,400 SF	X				
Garage - 1st Floor			X	Pipe Insulation	100 LF	X				
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill						
City, State Bellmawr, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Andrew Ricco		Title Owner	Signature <i>Andrew Ricco</i>			Date 7/27/17				

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

**CK # 4768**

Date of Notification (1) <u>8</u> / <u>4</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Melissa &amp; Brian Kirchner</b>	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>AUG - 8 2017</b> </div>
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>	
		City, State, Zip Code <b>Ocean, NJ 07712</b>	
		Name of Contact <b>Melissa</b>	

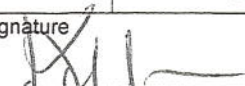
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Residential Property</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet <b>2234</b>	# of Floors <b>1</b>
City (5) <b>Ocean</b>		Bldg. Age <b>1968</b>	
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residential</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Tiger Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>
Street Address <b>16 W Elizabeth Ave # 2</b>		Street Address <b>3859 Sylon Boulevard</b>	
City, State, Zip Code <b>Linden, NJ 07036</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>	
Project Manager for Monitoring Firm <b>Kelly Walton</b>		Telephone No. <b>(908) 862-4301</b>	License No. <b>00862</b>
Start Date (10) <u>8</u> / <u>17</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>18</u> / <u>17</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 U.S. Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

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

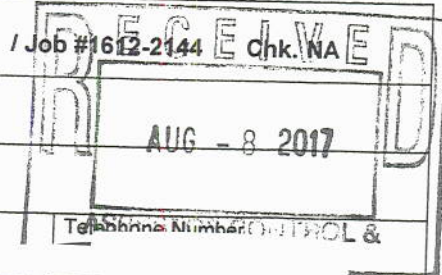
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Utility Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Waste Management</b>	NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>
City, State <b>Lafayette, NJ</b>		Disposal Date <b>8/18/17</b>	City, State <b>Penn Argyle, PA</b>
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>	Title <b>Office Coordinator</b>	Signature 	Date <b>8-4-2017</b>

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

Phase #2



Date of Notification (1) 7 / 18 / 19		Name of Building Owner/Operator (2) A&H Partnership, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 69 King Street	
		City, State, Zip Code Dover, NJ 07801	
		Name of Contact Kirk Harpell	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 69 King Street		Square Feet 217,800	# of Floors 4
City (5) Dover		Bldg. Age 107	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse	

Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 3370 Progress Drive, Suite J		Street Address 3859 Sylon Boulevard	
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Mike Panepresso	Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00862
Start Date (10) 7 / 31 / 17	Scheduled Completion Date (11) 8 / 31 / 17		
Name of OSHA Monitor EMSL Analytical, Inc.			

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>DAY SHIFT 8-4-17</u> <u>EST ZINC STAFF</u>	Street Address 200 U.S. Route 130 North
	City, State, Zip Code Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

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

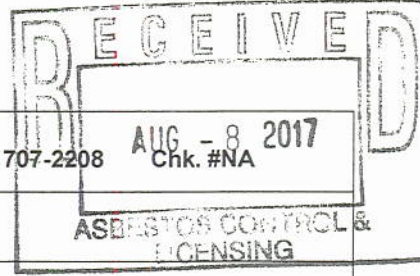
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement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

Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central
City, State Lafayette, NJ		Disposal Date 8/31/17	City, State Penn Argyle, PA
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 8-3-17

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

NO OK

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



Date of Notification (1) <u>7</u> / <u>20</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>USCG CEU Cleveland</b> / Job #1707-2208	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1240 East 9<sup>th</sup> Street, Room 2179</b>	
	City, State, Zip Code <b>Cleveland, OH 44199</b>		
	Name of Contact <b>LT Ian Ashner</b>	Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>USCG Station Atlantic City</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>900 Beach Thorofare</b>			
City (5) <b>Atlantic City</b>	Square Feet <b>360 SF</b>	# of Floors <b>1</b>	Bldg. Age <b>50</b>
County (6) <b>Atlantic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>	

Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Labs</b>	ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>	
Street Address <b>400 Street Road</b>		Street Address <b>3859 Sylon Boulevard</b>	
City, State, Zip Code <b>Bensalem, PA 19020</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>	
Project Manager for Monitoring Firm <b>Mike Panepresso</b>	Telephone No. <b>215-244-1300</b>	Telephone No. <b>609-702-0400</b>	License No. <b>00862</b>
Start Date (10) <u>8</u> / <u>2</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>2</u> / <u>17</u>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>	

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address <b>200 U.S. Route 130 North</b>
	City, State, Zip Code <b>Cinnaminson, NJ 08077</b>

Scope of Work (Check all that apply)

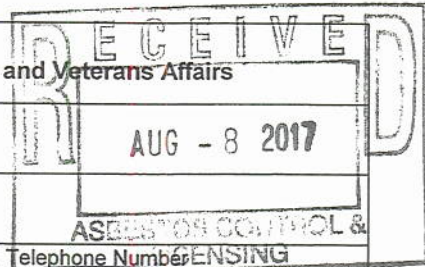
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Asbestos and Mold Services, Corp.</b>	NJDEP Waste Hauler ID No. <b>0035680</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Atlantic County Utilities Authority</b>
City, State <b>Hainesport, NJ</b>		Disposal Date <b>8/3/17</b>	City, State <b>Egg Harbor Township, NJ</b>
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>	Title <b>Office Coordinator</b>	Signature 	Date <b>8-2-2017</b>

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

OC # 2151



Date of Notification (1) <u>08</u> / <u>04</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>State of New Jersey Department of Military and Veterans Affairs</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>P.O. Box 340</b>	
		City, State, Zip Code <b>Trenton, NJ 08625</b>	
		Name of Contact <b>William Garron</b>	
Telephone Number _____			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>1 Camp Drive, Building #8</b>		Square Feet	# of Floors
City (5) <b>Sea Girt</b>		Bldg. Age	
County (6) <b>Monmouth</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>	
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>
Start Date (10) <u>8</u> / <u>14</u> / <u>17</u>		Scheduled Completion Date (11) <u>10</u> / <u>14</u> / <u>17</u>	License No. <b>1188</b>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>	
Street Address <b>27 Outwater Lane</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Windows</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Caulking</b>	<b>2,825 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire Doors</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Caulking</b>	<b>100 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Century Waste</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Bethlehem Landfill</b>	
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>TBD</b>	City, State <b>Bethlehem, PA</b>		
Completed By (Print or Type) <b>Allen Monchik</b>	Title <b>Project Manager</b>	Signature 		Date <b>8/4/15</b>	



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

**CK # 9397**



Date of Notification (1) <b>8 / 4 / 17</b>		Name of Building Owner/Operator (2) <b>Lawrence Township BOE / Job #1707-5192 - Check #9397</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2565 Princeton Pike</b>	
		City, State, Zip Code <b>Lawrenceville, NJ 08648</b>	
		Name of Contact <b>James Alberti</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Lawrence MS</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>2455 Princeton Pike</b>		Square Feet	# of Floors
City (5) <b>Lawrence Township</b>		Bldg. Age	
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>120 North Warren Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Trenton, NJ 08625</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Rollie Jones</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <b>8 / 14 / 17</b>	Scheduled Completion Date (11) <b>8 / 14 / 17</b>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

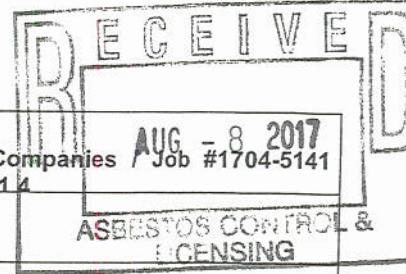
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting Insulation	13 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	24 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>8/14/17</b>	City, State <b>Tullytown, PA</b>		
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature <i>Gwendolyn Trumbetti</i>	Date <b>8/14/17</b>		

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

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



**No CK**

Date of Notification (1) <u>8</u> / <u>1</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>HPF VIII 700 Union LLC c/o Hampshire Companies</b> <b>Check #9307 &amp; 9308 9309</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>22 Maple Avenue</b>	
		City, State, Zip Code <b>Morristown, NJ 07960</b>	
		Name of Contact <b>Hoon Lee</b>	Telephone Number

**FACILITY INFORMATION**

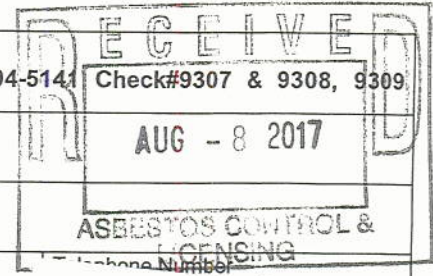
Name of Facility Where Abatement is Taking Place (3) <b>Former Pharmaceutical Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>700 Union Blvd.</b>		Square Feet	# of Floors
City (5) <b>Totowa, NJ 07512</b>		Bldg. Age	
County (6) <b>Passaic</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Private Building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Detail Associates, Inc.</b>	ASCM No. <b>16-0085</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>300 Grand Avenue</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Englewood, NJ 07631</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Stephen Jaraczewski</b>	Telephone No. <b>201-569-6708</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <u>6</u> / <u>19</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>11</u> / <u>17</u>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply)			
<input 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 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>Throughout</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Elbows</b>	<b>1,000 total</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Atrium Area</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Plaster</b>	<b>5,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Single Layer Floor tile &amp; Mastic</b>	<b>7,810 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2nd Floor</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Double Layer Floor tile &amp; Mastic</b>	<b>7,875 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>	NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>
City, State <b>Lumberton, NJ</b>	Disposal Date <b>8/11/17</b>	City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature <i>G Trumbetti</i>	Date <b>8/11/17</b>

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

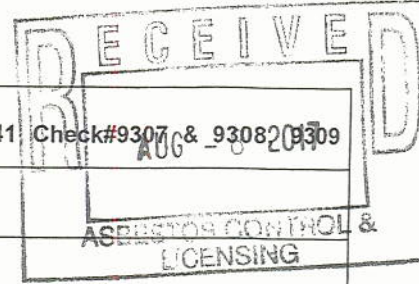
*No CX*



Date of Notification (1) 8 / 1 / 17		Name of Building Owner/Operator (2) HPF VIII 700 Union LLC/ Job #1704-5141 PG 2		Check#9307 & 9308, 9309					
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 #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>22 Maple Ave.</b> City, State, Zip Code <b>Morristown, NJ 07960</b> Name of Contact <b>Hoon Lee</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Pharmaceutical Building</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>700 Union Blvd.</b>			Square Feet		Bldg. Age				
City (5) <b>Totowa, NJ 07512</b>			County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Private Building</b>				
County (6) <b>Passaic</b>		Name of Monitoring Firm Hired by Building Owner (8) <b>Detail Associates, Inc.</b>		ASCM No.					
Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>		Street Address <b>300 Grand Avenue</b>		Street Address <b>30 Maple Ave. PO Box 25</b>					
City, State, Zip Code <b>Englewood, NJ 07631</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>		Project Manager for Monitoring Firm <b>Stephen Jaraczewski</b>					
Telephone No. <b>201-569-6708</b>		Telephone No. <b>609-265-2107</b>		License No. <b>00529</b>					
Start Date (10) 6 / 19 / 17		Scheduled Completion Date (11) 8 / 11 / 17		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM			Street Address <b>200 Route 130 North</b>						
			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	900 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Insulation	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office attached to Atrium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster Ceiling	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Triple layer floor tile & mastic	1,820 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>7/31/17</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature <i>Gwendolyn Trumbetti</i>		Date <b>8/1/17</b>			

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

**NO CK**



Date of Notification (1) 8 / 1 / 17		Name of Building Owner/Operator (2) HPF VIII 700 Union LLC/ Job #1704-5141 PG 3	
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 #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 22 Maple Ave.
			City, State, Zip Code Morristown, NJ 07960
			Name of Contact Hoon Lee

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Former Pharmaceutical Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 700 Union Blvd.		Square Feet	# of Floors
City (5) Totowa, NJ 07512		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Building	

Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 300 Grand Avenue		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Stephen Jaraczewski	Telephone No. 201-569-6708	Telephone No. 609-265-2107	License No. 00529

Start Date (10) 6 / 19 / 17	Scheduled Completion Date (11) 8 / 11 / 17	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

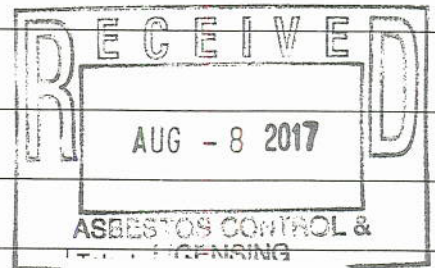
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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
Behind Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	532 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden Hall West Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	308 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ		Disposal Date 8/11/17	City, State Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>	Date 8/11/17

CK # 2153

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



Date of Notification (1) 08 / 04 / 17		Name of Building Owner/Operator (2) Borough of Keansburg	
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 29 Church Street	
		City, State, Zip Code Keansburg, NJ 07734	
		Name of Contact Kim Gonzalez	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential		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 [REDACTED]		Square Feet	
City (5) Keansburg		# of Floors	Bldg. Age
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Schedule for demolition	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No. 0615995	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188
Start Date (10) 08 / 14 / 17	Scheduled Completion Date (11) 09 / 14 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

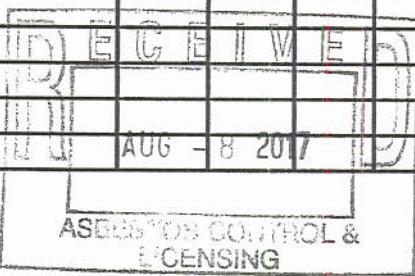
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) 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
Commercial Space - 3 Layers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tiles	1,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Level Apartment - Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tiles	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ext Commercial Space East Side	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding Shingles	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Side - Flat Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Built-up Roofing & Tar	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ATC/ Century Waste LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste As Needed	Name of Registered Landfill	
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH/ Bethlehem, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 		Date 8/4/17	

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

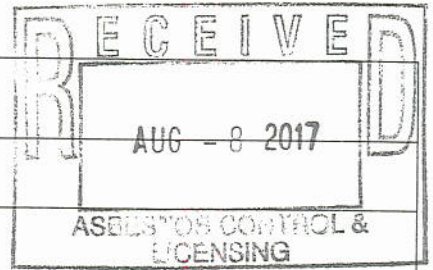
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R e m o v a l	R e p a i r	E n c a p s u l	E n c l o s u r e
Roof Valley - Between Commercial Space & 2nd Level Apartment			X	Roof Tar	100 SF	X			



Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 8/9/17
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CK # 2153

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



Date of Notification (1) 08 / 04 / 17		Name of Building Owner/Operator (2) Borough of Keansburg	
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 29 Church Street	
		City, State, Zip Code Keansburg, NJ 07734	
		Name of Contact Kim Gonzalez	Telephone Number _____

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential		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 [REDACTED]		Square Feet	# of Floors
City (5) Keansburg		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Schedule for demolition	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No. 0615995	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188

Start Date (10) 08 / 14 / 17	Scheduled Completion Date (11) 09 / 14 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

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

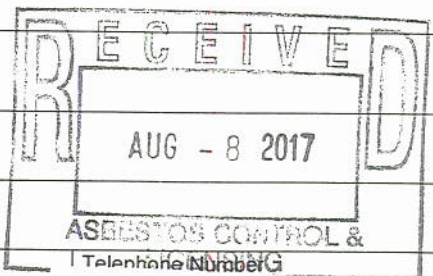
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof valleys and seams	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Tar	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 ATC/ Century Waste LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste As Needed	Name of Registered Landfill
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD	City, State Waynesburg, OH/ Bethlehem, PA
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 	Date 8/4/17

\* 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)

CK# 0153



Date of Notification (1) 08 / 04 / 17		Name of Building Owner/Operator (2) Borough of Keansburg	
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 29 Church Street	
		City, State, Zip Code Keansburg, NJ 07734	
		Name of Contact Kim Gonzalez	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential		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 [REDACTED]		Square Feet	
City (5) Keansburg		# of Floors	Bldg. Age
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Schedule for demolition	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No. 0615995	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane		City, State, Zip Code Garfield, NJ 07026
City, State, Zip Code Union, NJ		Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188

Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Name of OSHA Monitor ALL PRO MANAGEMENT LLC
Start Date (10) 08 / 14 / 17	Scheduled Completion Date (11) 09 / 14 / 17	Street Address 27 Outwater Lane
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		City, State, Zip Code Garfield, NJ 07026

Scope of Work (Check all that apply)

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

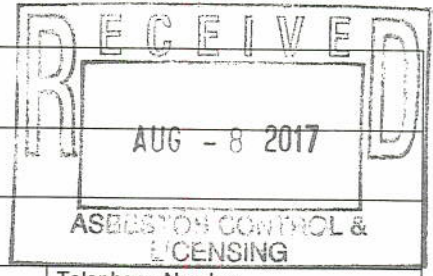
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Eterior Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding Shingles	2,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior window openings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ATC/ Century Waste LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste As Needed	Name of Registered Landfill	
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD	City, State Waynesburg, OH/ Bethlehem, PA		
Completed By (Print or Type) Allen Monchik		Title Project Manager	Signature 		Date 8/4/17



OK # 2153

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



Date of Notification (1) 08 / 04 / 17		Name of Building Owner/Operator (2) Borough of Keansburg	
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 29 Church Street	
		City, State, Zip Code Keansburg, NJ 07734	
		Name of Contact Kim Gonzalez	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residential		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 [REDACTED]		Square Feet	# of Floors
City (5) Keansburg		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Schedule for demolition	
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No. 0615995	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888
			License No. 1188

Start Date (10) 08 / 14 / 17	Scheduled Completion Date (11) 09 / 14 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 27 Outwater Lane	
		City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

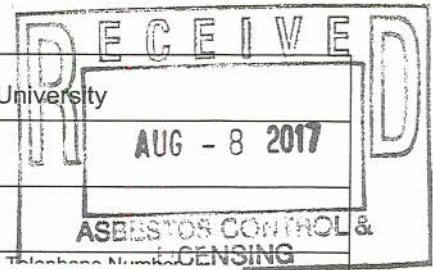
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding Shingles	1,200 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 ATC/ Century Waste LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste As Needed	Name of Registered Landfill	
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD	City, State Waynesburg, OH/ Bethlehem, PA		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 		Date 8/4/17	

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

**OK #5463**



Date of Notification (1) 8/7/17		Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University	
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 EA McMillan Building	
		City, State, Zip Code Princeton, NJ 08544	
		Name of Contact Robert Ortego	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Princeton		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 11 University Place		Square Feet ~6,000	# of Floors 3
City (5) Princeton		Bldg. Age 60+	
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC
Street Address 3 Terri Lane		Street Address 303 B National Road	
City, State, Zip Code Burlington, NJ		City, State, Zip Code Exton, PA 19341	
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 609-386-8800	Telephone No. 484-872-8884
			License No. 01161
Start Date (10) 8/17/17	Scheduled Completion Date (11) 9/8/17	Name of OSHA Monitor EMSL	
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 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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
Basement			X	Duct Wrap insulation	15 SF	X			
Exterior			X	Window Caulking	972 LF	X			

Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill	
City, State Trenton, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Joseph White		Title Project Manager	Signature <i>Joseph White</i>		Date 8/7/17