

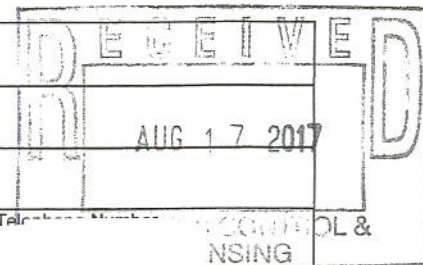
PAID

Project #

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

Check # 3903

Date of Notification (1) 08/12/2017		Name of Building Owner/Operator (2)							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	910 Fourth Ave City, State, Zip Code Asbury Park, NJ 7712							
		Name of Contact	Telephone Number						
		Lew Griffin							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Barack Obama El School		Type of Facility (4)							
Street Address 1300 Bangs Ave		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Asbury Park, NJ		Square Feet	# of Floors						
			Bldg. Age						
County (6) Monmouth County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants	ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC							
Street Address PO Box 385		Street Address 72 Brookside Rd							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Randolph NJ 07869							
Project Manager for Monitoring Firm John Smoyer	Telephone No. (609)652-1833	Telephone No. 973-933-2550	License No. 01133						
Start Date (10) 08/23/2017	Scheduled Completion Date (11) 08/25/2017	Name of OSHA Monitor IRIS							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		2333 RT 22							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code							
<input type="checkbox"/> Other - Describe: _____		Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
in a floor trough		X		air cel pipe wrap & cut	9 LF				
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA					
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>			Date 08/12/2017			



PAID

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

D E C E I V E	AUG 17 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/9/17		Name of Building Owner/Operator (2) Erbe Builders Inc	
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address P.O. Box 4860		City, State, Zip Code Tom River NJ 08745	
Name of Facility Where Abatement is Taking Place (3) Resident		Name of Contact Pat Erbe	
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Toms River		Square Feet 1500	
County (6) Ocean		# of Floors 2	
County Code (7) (STATE USE ONLY)		Bldg. Age 70yrs	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)	
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Contractors LLC	
City, State, Zip Code		Street Address 1212 Burlington Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Delaware NJ 08015	
Telephone No.		Telephone No. 609-346-0916	
Start Date (10) 8/19/17		License No. C1070	
Scheduled Completion Date (11) 8/31/17		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
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		City, State, Zip Code	
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) Outside Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding floor tile		Amount (Specify SF or LF) 1750 SF 350 SF	
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20547	
City, State Delaware NJ		Cubic Yards of Waste	
Disposal Date T.B.D		Name of Registered Landfill WM of PA	
City, State Tullytown PA		Signature [Signature]	
Completed by Joseph T Hill		Title V. President	
Date 8/9/17			



# State of New Jersey - Notification of Asbestos Abatement

Check # 303

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

Date of Notification (1) <b>August 11, 2017</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified x EPA x DCA x DOL DEP x DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 - New Start and Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>Michael Smith ENV HEALTH &amp; SAFETY</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Facilities Office- Bldg # 4115</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>LIV</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>1</b> Bldg. Age: <b>80</b> years	
City (5) <b>Piscataway</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Telephone Number <b>609-386-8800</b>		Telephone Number <b>973-492-0477</b>	
Scheduled Start Date (10) <b>August 18, 2017</b>		Scheduled Completion Date (11) <b>August 28, 2017</b>	
Name of OSHA Monitor <b>Envirovision, Inc.</b>		License Number <b>00340</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Sub 8 Occupied 5pm - 5am ( 24 hrs &amp; Weekends as Needed</b>		Street Address <b>20-21, Bldg E Wagaraw Road</b>	
Source of Work (Check all that apply)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 </div> <div> <input type="checkbox"/> Renovation  <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>		City, State, Zip Code <b>Fairlawn, NJ</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>117 work area</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT, ACT</b>		Amount (Specify SF or LF) <b>200sf</b>	
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler <b>See Hauler Below # 1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Cubic Yards of Waste: <b>10</b>		Name of Registered Landfill <b>GROWS North Landfill</b>	
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		Disposal Date <b>August 28, 2017</b>	
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		City, State <b>100 New Ford Mill Road, Morrisville, PA 19067</b> <b>215-736-1700</b>	
Completed by (Print or Type) <b>Raymond C. Pedalino</b>		Title <b>SENIOR PROJECT MANAGER</b>	
Signature <i>Raymond C. Pedalino</i>		Date <b>August 11, 2017</b>	

GAC # 2017-060



# State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) <b>August 7, 2017</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – New Start and Completion Dates, Additional Work Area, Sub8 Occupied <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>
			City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>
		Name of Contact <b>Michael Smith ENV HEALTH &amp; SAFETY</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Facilities Office- Bldg # 4115</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>LIV</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>1</b> Bldg. Age: <b>80</b> years	
City (5) <b>Piscataway</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>Academic</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>August 11, 2017</b>	Scheduled Completion Date (11) <b>August 21, 2017</b>	Name of OSHA Monitor <b>Envirovision, Inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other – Describe: <b>Sub 8 Occupied 5pm – 5am ( 24 hrs &amp; Weekends as Needed</b>		Street Address <b>20-21 , Bldg E Wagaraw Road</b>	
		City, State, Zip Code <b>Fairlawn, NJ</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> R <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ <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) in Facility (13) <b>117 work area</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES      NO      NA <input checked="" type="checkbox"/> NO	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT, ACT</b>	Amount (Specify SF or LF) <b>200sf</b>
<b>119 work area</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<b>VAT, ACT</b>	<b>360sf</b>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>10</b>	Name of Registered Landfill <b>GROWS North Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</b> NJ DEP # 12561		Disposal Date <b>August 21, 2017</b>	City, State <b>100 New Ford Mill Road, Morrisville, PA 19067</b> 215-736-1700
Hauler #2) <b>Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551</b>			
Completed by (Print or Type) <b>Raymond C. Pedalino</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>August 07, 2017</b>

GAC # 2017-060



# State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) <b>July 24, 2017</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified EPA DCA x DOL DEP x DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>Michael Smith ENV HEALTH &amp; SAFETY</b>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Facilities Office- Bldg # 4115</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>LIV</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>1</b> Bldg. Age: <b>80</b> years	
City (5) <b>Piscataway</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>Academic</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>August 7, 2017</b>	Scheduled Completion Date (11) <b>August 14, 2017</b>	Name of OSHA Monitor <b>Envirovision, Inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>5pm - 5am ( 24 hrs &amp; Weekends as Needed)</b>		Street Address <b>20-21 , Bldg E Wagaraw Road</b>	
		City, State, Zip Code <b>Fairlawn, NJ</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>117,119</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT, ACT</b>	Amount (Specify SF or LF) <b>560 sf</b>
		Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>10</b>	Name of Registered Landfill <b>GROWS North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date <b>August 14, 2017</b>	City, State <b>100 New Ford Mill Road, Morrisville, PA 19067</b> 215-736-1700
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) <b>Raymond C. Pedalino</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>July 24, 2017</b>

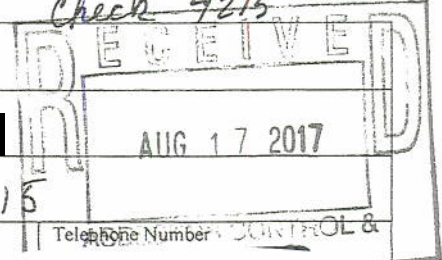
GAC # 2017-060



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

**PAID**

check 4215



Date of Notification (1) <b>8-14-17</b>		Name of Building Owner/Operator (2) <b>B. Bidnik</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>CLIFTON, NJ 07015</b> Name of Contact <b>B. Bidnik</b>							
Telephone Number: [REDACTED]									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>B. Bidnik</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>CLIFTON</b>	Square Feet <b>2500</b>	# of Floors <b>1</b>	Bldg. Age <b>69 YRS</b>						
County (6) <b>PASSAIC</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>9-6-17</b>	Scheduled Completion Date (11) <b>9-7-17</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>8 AM - 5 PM</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"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
<b>BASMENT BOILER RM</b>			<input checked="" type="checkbox"/>	<b>THERMAL INSULATION</b>	<b>55 SF</b>	<input checked="" type="checkbox"/>			
<b>BASMENT BOILER RM</b>			<input checked="" type="checkbox"/>	<b>THERMAL INSULATION</b>	<b>45 LF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>1 3/4 YDS</b>	Name of Registered Landfill <b>Minverva Enterprises, LLC</b>					
City, State <b>Hackensack, NJ 07601</b>		Disposal Date <b>9-7-17</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>8-14-17</b>			



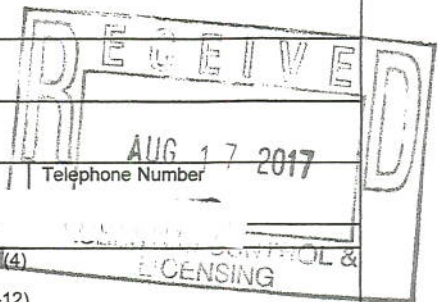
Project #

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

Check # 3901

Date of Notification (1) 08/14/2017		Name of Building Owner/Operator (2) Wayne BOE	
Agencies Notified	Type Notification	Street Address 50 Nellis Drive	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470	
		Name of Contact John Maso	
		Telephone Number	

PAID



Name of Facility Where Abatement is Taking Place (3) Wayne Valley HS		Type of Facility (4)	
Street Address 551 Valley Rd		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Wayne, NJ		Square Feet	# of Floors
County (6) Passaic County		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) RAMM		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC	
Street Address 77 Nottingham Rd		Street Address 72 Brookside Rd		
City, State, Zip Code Fair Lawn		City, State, Zip Code Randolph NJ 07869		
Project Manager for Monitoring Firm Rodger Headrick		Telephone No. (201)475-9880	Telephone No. 973-933-2550	License No. 01133

Start Date (10) 08/11/2017	Scheduled Completion Date (11) 08/13/2017	Name of OSHA Monitor IRIS	
Occupancy Status During Abatement (Check Only One)		Street Address 2333 RT 22	
<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 Union, NJ 07083	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room # 106		X		Glue doots	7 SF	X			

Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S	
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA	
Completed by Elvira Mrda	Title President	Signature <i>Elvira Mrda</i>	Date 08/14/2017		

Aug 14 2017 11:36AM NJ Asbestos Control 609.633.0664

page 2

08/14/2017 10:11AM 2013297440

BEST REMOVAL INC

PAGE 02/04

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:26 and 17:27)

CK 421A

PAID

Date of Notification (1) 8/14/17		Name of Building Owner/Operator (2) MR HARRY CORBRAN						
Agency Method <input type="checkbox"/> EPA <input type="checkbox"/> DOL <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Construction	Street Address [REDACTED]	City, State, Zip Code RIDGEWOOD, NJ 07450					
		Name of Contact MR. CORBRAN						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR CORBRAN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 2800						
City (5) RIDGEWOOD		# of Floors 2						
County (6) BERGEN		County Code (7) STATE USE ONLY						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) Best Removal Inc						
City, State, Zip Code		Street Address 450 South River Street						
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, NJ 07601						
Telephone No.		Telephone No. 201-329-7444						
Start Date (10) 8/16/17		Scheduled Completion Date (11) 8/18/17						
Emergency 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 - Duration: 7:30AM TO 5:30 PM		Name of OSHA Member Omega Environmental						
		Street Address 280 Huyler Street						
		City, State, Zip Code South Hackensack, NJ 07606						
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 or less SF <input checked="" type="checkbox"/> 2500 or less SF <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Compliance with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed (*) and Non-Fixable Procedures								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Nominally Used Solely by Maintenance/ Contract Staff (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Enclosure
BASEMENT			FLOOR TILE + Mastic	360 SF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Date of Waste 8/19/17		Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, NJ 07601				City, State Waynesburg, OH 44688				
Compiled by J. Malozano		Title Estimator		Signature [Signature]		Date 8/14/17		



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

**NO CC**

Date of Notification (1) 8/14/17		Name of Building Owner/Operator (2) East Ridge Development LLC	
Agencies Notified	Type Notification	Street Address 24 Market Street	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgefield, CT 06877	
		Name of Contact Lawrence Harder	

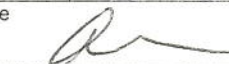
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Gateway Motor Inn Denny's Restaurant (old)		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 119 Route 202		Square Feet 3,000	# of Floors 2
City (5) Raritan		Bldg. Age 65	
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) vacant commercial	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703
Start Date (10) 8/16/17	Scheduled Completion Date (11) 9/30/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)


<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" 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
Roof			x	Entire roof	1600 SF	x			
			x	Roof flashing	400 SF	x			
			x	Roof tar	100 SF	x			

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill
City, State Freehold, NJ		Disposal Date TBD	City, State Birdsboro
Completed by A. Scott Higgins	Title President	Signature 	Date 8/14/17

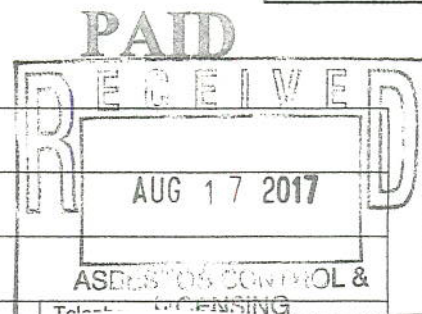
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

**NO CK** **Check 16699**

Date of Notification (1) 8/14/17		Name of Building Owner/Operator (2) East Ridge Development LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  AUG 17 2017 </div>					
Agencies Notified	Type Notification	Street Address 24 Market Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgefield, CT 06877							
		Name of Contact Lawrence Harder							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Gateway Motor Inn Bar/Restaurant				Type of Facility (4)					
Street Address 119 Route 202				<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) Raritan		Square Feet 3,000	# of Floors 2	Bldg. Age 65					
County (6) Somerset		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) vacant commercial					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703					
Start Date (10) 8/16/17		Scheduled Completion Date (11) 9/30/17		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathroom ground floor			x	VAT	60 SF	x			
Bathroom closet			x	VAT	20 SF	x			
Roof over bar			x	tar on metal	1000 SF	x			
Roof			x	roof	3000 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ				Disposal Date TBD	City, State Birdsboro				
Completed by A. Scott Higgins		Title President		Signature 		Date 8/14/17			



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




Date of Notification (1) 08-09-2017		Name of Building Owner/Operator (2) Township of Woodbridge							
Agencies Notified	Type Notification	Street Address 1 Main St							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge NJ 07095							
		Name of Contact Christopher Kosty							
<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 N/A	# of Floors N/A						
City (5) Sewaren NJ 07077		Bldg. Age N/A							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) ABANDONED							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Conexions		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 120 N Wren St		Street Address PO BOX 734							
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. 609-462-3218	Telephone No. 973-692-6298						
License No. 01266									
Start Date (10) 08-22-2017	Scheduled Completion Date (11) 08-25-2017	Name of OSHA Monitor Amax 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 PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom			x	VAT	220 SF	x			
Basement			x	Pipe Insulation/ Boiler rope	325 LF	x			
Basement			x	Flue Packing	5 SF	x			
Exterior			x	Window Caulk	200 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 8 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 08/26/2017		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 	Date 08-09-2017					



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

CK# 32470

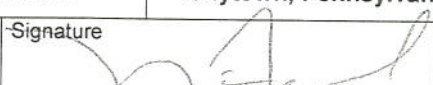
Date of Notification (1) 08 / 14 / 17		Name of Building Owner/Operator (2) Toms River Regional Schools		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> PAID  RECEIVED  AUG 17 2017  OL &amp; </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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 123 Walnut Street City, State, Zip Code Toms River, NJ 08753 Name of Contact Jule Raichle			
						Telephone Number _____			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Hooper Avenue 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 and commercial buildings, homes, etc.)					
Street Address 1517 Hooper Avenue									
City (5) Toms River				Square Feet 60,000	# of Floors 2				
County (6) Ocean				Bldg. Age 60					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address 64 Broad Street				Street Address 1889 Route 9, Unit 61					
City, State, Zip Code Matawan, NJ 07747				City, State, Zip Code Toms River, New Jersey 08755					
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-2217		Telephone No. 732-349-9932	License No. 00624				
Start Date (10) 08 / 24 / 17		Scheduled Completion Date (11) 08 / 25 / 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <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
under 11 sinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fittings	11 fittings	<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 2	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 08/28/17	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 8/14/17			



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

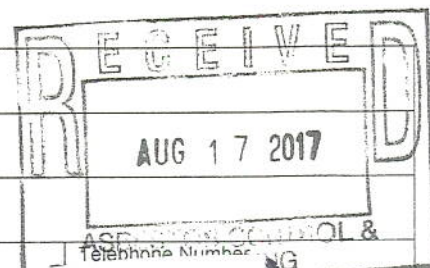
**PAID**

CK # 32471

Date of Notification (1) 08 / 14 / 17		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  AUG 17 2017  CONTROL &amp; </div>						
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 P O Box 188 City, State, Zip Code Spring Lake, NJ 07762 Name of Contact Richard Hyde				
<b>FACILITY INFORMATION</b>						Telephone Number _____				
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b> Street Address [REDACTED]						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
City (5) Sea Girt		County (6) Monmouth		Square Feet 1000 # of Floors 1 Bldg. Age 65						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address				Street Address 1889 Route 9, Unit 61						
City, State, Zip Code				City, State, Zip Code Toms River, New Jersey 08755						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932 License No. 00624						
Start Date (10) 08 / 24 / 17		Scheduled Completion Date (11) 08 / 25 / 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 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
		Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
exterior		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey				Disposal Date 08/28/17	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 8/14/17			

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

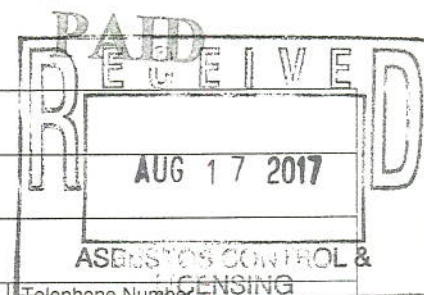
PAID



Date of Notification (1) 8/14/17		Name of Building Owner/Operator (2) Homeshield Solutions LLC							
Agencies Notified	Type Notification	Street Address 585 Prospect St, Unit 301A							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact David Stern							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 446 Cape Breton Ct		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 446 Cape Breton Ct		Square Feet	# of Floors						
City (5) Brick		Bldg. Age							
County (6) Ocean	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) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 8/16/17	Scheduled Completion Date (11) 8/18/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				Siding	500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 8/18/17	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			



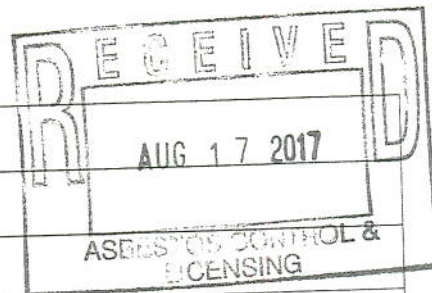
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/14/17		Name of Building Owner/Operator (2) William Rossy							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Metuchen, NJ 08840							
		Name of Contact William							
<p align="center"><b>FACILITY INFORMATION</b></p>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED] METUCHEN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) METUCHEN		Square Feet	# of Floors						
		Bldg. Age							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) HOME							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 8/24/17	Scheduled Completion Date (11) 8/28/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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
INTERIOR				Pipe Insulation	100 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 8/28/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

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

CK# 5840



Date of Notification (1) 8/14/17		Name of Building Owner/Operator (2) Ashley Management							
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 411 Ashley Ave		City, State, Zip Code Lakewood, NJ 08701							
Name of Contact Devora		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Lakewood		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
City, State, Zip Code		Street Address 6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 8/24/17	Scheduled Completion Date (11) 8/28/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Floor Tile	100SF	x			
EXTERIOR				Siding	2000SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 8/28/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

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



Project #

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

**PAID**

Check # 3902

Date of Notification (1) 08/09/2017		Name of Building Owner/Operator (2) Dwight-Englewood School	
Agencies Notified	Type Notification	Street Address 315 E. Palisade Ave	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood, NJ 07631	
		Name of Contact Michael Burns	Telephone Number

**RECEIVED**  
AUG 17 2017  
HOL &

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Dwight-Englewood School		Type of Facility (4)	
Street Address 315 E. Palisade Ave		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Englewood, NJ		Square Feet	# of Floors
County (6) Bergen County		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) RAMM		ASCM No.	
Street Address 77 Nottingham Rd		Name of Abatement Contractor (9) Nick Restoration LLC	
City, State, Zip Code Fair Lawn		Street Address 72 Brookside Rd	
Project Manager for Monitoring Firm Rodger Headrick		City, State, Zip Code Randolph NJ 07869	
Telephone No. (201)475-9880		Telephone No. 973-933-2550	License No. 01133
Start Date (10) 08/21/2017	Scheduled Completion Date (11) 09/06/2017		Name of OSHA Monitor IRIS
Occupancy Status During Abatement (Check Only One)		Street Address 2333 RT 22	
<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 Union, NJ 07083	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Windows outside of the building		X		caulking	3,100LF	X			

Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S	
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA	
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>		Date 08/09/2017

PAID

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

OK # 8372

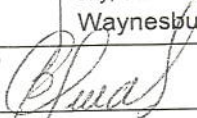
Date of Notification (1) 8-11-2017		Name of Building Owner/Operator (2) Rockefeller Group							
Agencies Notified	Type Notification	Street Address 92 Headquarters Plaza, North Tower, 9th Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Gerald Eglentowicz							
<b>FACILITY INFORMATION</b>									
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 & commercial buildings, homes, etc.)							
Street Address 1430 Park Avenue		Square Feet 20000	# of Floors 1						
City (5) Hoboken, NJ		Bldg. Age 60+							
County (6) Hudson	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-33-8855	License No. 01174						
Start Date (10) 9-5-2017	Scheduled Completion Date (11) 9-11-2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ 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) <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
North side of roof		X		Roofing material	2000 SF	X			
Above office		X		Transite wallboard	1000 SF	X			
Roof parapet		X		Black tar	100 SF	X			
Roof above apartment		X		Transite pipe	2 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Jersey City, NJ			Disposal Date 9-11-2017	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office manager	Signature <i>Liliana Serrano</i>	Date 8-11-2017					



PAID

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

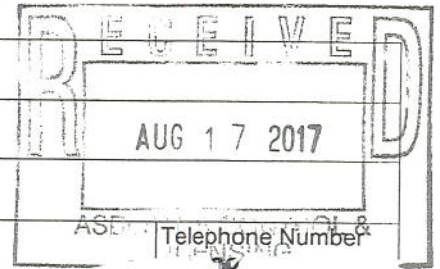
CK# 3051

Date of Notification (1) 08/08/2017		Chec# 3051		Name of Building Owner/Operator (2) St Mary's Church		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  AUG 17 2017  ASBESTOS CONTROL &amp; LICENSING </div>			
Agencies Notified		Type Notification		Street Address 280 Washington Avenue					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Dumont, NJ 07628					
				Name of Contact Ed Kostka					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) A Star is Raising Day Care/St Mary's 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 21-31 New Milford Avenue				Square Feet 60,000		# of Floors 2			
City (5) Dumont				Bldg. Age 50+					
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) EA Services Corporation				
Street Address				Street Address 426 69th Street					
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201-295-1700		License No. 01074		
Start Date (10) 8/9/17		Scheduled Completion Date (11) 8/10/17		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting after 2:30 PM				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		x		Pipe insulation	1 LF		x		
Corridor			x	Pipe Ins	1 LF		x		
Room B-05, B-06 & B-09		x		Pipe Ins	1 LF e.o.		x		
Name of Registered Waste Hauler Tri State Transfer Ass				NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc			
City, State Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Gina Betances		Title Office Manager		Signature 		Date 08/08/2017			



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

*No CK*



Date of Notification (1) <b>11/29/16</b>		Name of Building Owner / Operator (2) <b>Wells Fargo Bank</b>	
Agencies Notified	Type Notification	Street Address <b>One South Broad Street</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Philadelphia, PA 19107</b>	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1-12/9/16	Name of Contact <b>Steve Colton</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Wells Fargo</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>451 White Horse Pike</b>			Square Feet <b>3500</b>		
City (5) <b>Atco</b>		County (6) <b>Camden</b>	County Code (7)		# of Floors <b>2</b>
			Bldg. Age <b>45+</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>			Current Use (Prior if being demolished) <b>Banking Offices</b>		
Street Address <b>120 North Warren Street</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
City, State & Zip Code <b>Trenton, NJ 08010</b>			Street Address <b>1123 Beaver Street</b>		
Project Manager for Monitoring Firm <b>Rollie Jones</b>			Telephone Number <b>609-392-4200</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>ON HOLD</b>		Scheduled Completion Date (11)		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>6:00 PM - 2:30 AM</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)

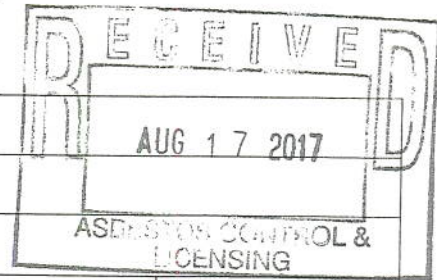
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
Above Drop Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	10 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Drop Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plaster Debris	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1/2 CU YD</b>	Name of Registered Landfill <b>Minerva Landfill</b>	
City, State <b>New Castle, DE</b>		Disposal Date <b>12/10/16</b>	City, State <b>Waynesburg, Ohio</b>		
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>8/11/17</b>



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



NO CK

Date of Notification (1) <b>10/21/16</b>		Name of Building Owner / Operator (2) <b>Colonial Pipeline Company</b>	
Agencies Notified	Type Notification	Street Address <b>400 Blair Road</b>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #1-11/4/16 <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Cancellation	City, State & Zip Code <b>Avenel, NJ 07001</b>	
		Name of Contact <b>Tyson Garvey</b>	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Colonial Pipeline Linden Junction</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>400 Blair Road</b>			Square Feet		
City (5) <b>Avenel</b>			County (6) <b>Middlesex</b>	County Code (7)	# of Floors
			Bldg. Age		
Current Use (Prior if being demolished)					

Name of Monitoring Firm Hired by Building Owner (8) <b>Apex Companies</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
Street Address <b>8854 Rixview Lane</b>		Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Manassas, VA 20109</b>		City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Will Thomas</b>		Telephone Number <b>856-656-2875</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>

Scheduled Start Date (10) <b>11/7/16</b>	Scheduled Completion Date (11) <b>ON HOLD</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" 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 type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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
Exterior Pipeline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Gaskets	30 Ea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

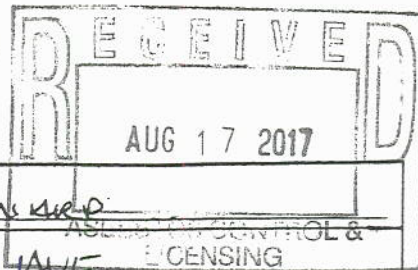
Name of Registered Waste Hauler <b>Disposal by Owner</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>1 Cu Yd</b>	Name of Registered Landfill	
City, State		Disposal Date <b>11/7/16</b>		City, State	
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>		Date <b>8/11/17</b>



CK # 4286

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

PAID



Date of Notification (1) <u>8-11-17</u>		Name of Building Owner/Operator (2) <u>HALLIDAY &amp; COMPANY</u>									
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>700 HAVEN AVE</u>									
		City, State, Zip Code <u>OCEAN CITY N.J 08226</u>									
		Name of Contact <u>SAUE</u>	Telephone Number								
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)									
Street Address [REDACTED]		Square Feet <u>1000</u>	# of Floors <u>1</u>								
City (5) <u>OCEAN CITY</u>		Bldg. Age <u>50+</u>									
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>									
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.									
Street Address		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>									
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE</u>									
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>									
Telephone No.		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>								
Start Date (10) <u>9-6-17</u>	Scheduled Completion Date (11) <u>9-16-17</u>	Name of OSHA Monitor <u>N/A</u>									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address									
		City, State, Zip Code									
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> 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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> <td align="center"><u>X</u></td> </tr> </table>		Yes	No	N/A			<u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>		
	Yes	No	N/A								
		<u>X</u>									
Amount (Specify SF or LF) <u>1500SF</u>											
		Abatement Type <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Removal</td> <td>Repair</td> <td>Encapsulate</td> <td>Enclosure</td> </tr> <tr> <td align="center"><u>X</u></td> <td></td> <td></td> <td></td> </tr> </table>		Removal	Repair	Encapsulate	Enclosure	<u>X</u>			
Removal	Repair	Encapsulate	Enclosure								
<u>X</u>											
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>								
City, State <u>MAPLE SHADE N.J</u>		Disposal Date	Name of Registered Landfill <u>C.M.C.M.U.A</u>								
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>								
			Date <u>8-11-17</u>								



CK# 4286

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

**PAID RECEIVED**

AUG 17 2017

Date of Notification (1) <u>8-11-17</u>		Name of Building Owner/Operator (2) <u>HALLIDAY &amp; LEONARD</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>700 HAVEN AVE</u> City, State, Zip Code <u>OCEAN CITY N.J 08226</u> Name of Contact <u>SAUE</u> Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1000</u>							
City (5) <u>OCEAN CITY</u>		# of Floors <u>1</u>	Bldg. Age <u>50+</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>9-6-17</u>	Scheduled Completion Date (11) <u>9-13-17</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> 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
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1250 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C. M.V. A</u>					
City, State <u>MAPLE SHADE N.J</u>		Disposal Date	City, State <u>WOODBINE</u>						
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>8-11-17</u>						



CK# 4286

PAID

RECEIVED

AUG 17 2017

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

Date of Notification (1) <u>8-11-17</u>		Name of Building Owner/Operator (2) <u>JOHNATHAN HANN</u>		ASBESTOS CONTROL & EXCAVATION					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>P.O. BOX 198</u>					
				City, State, Zip Code <u>CAPE MAY COURT HOUSE</u>					
		Name of Contact <u>JOHN</u>		Telephone No. _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet <u>1500</u>					
City (5) <u>AVALON</u>				# of Floors <u>2</u>					
County (6) <u>CAPE MAY</u>				Bldg. Age <u>50+</u>					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____		Name of Abatement Contractor (9) <u>KLEWCO INC</u>					
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>					
City, State, Zip Code _____		Telephone No. <u>856-779-0472</u>		License No. <u>H-00444</u>					
Project Manager for Monitoring Firm _____		Telephone No. _____		Name of OSHA Monitor <u>N/A</u>					
Start Date (10) <u>9-6-17</u>		Scheduled Completion Date (11) <u>9-13-17</u>		Street Address _____					
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: _____				City, State, Zip Code _____					
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2250 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>3</u>		Name of Registered Landfill <u>C.M.C. M.V.A</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEWCO</u>		Title <u>SUP.</u>		Signature <u>MICHAEL KLEWCO</u>		Date <u>8-11-17</u>			



08/10/2017 08:08

NO. 372 8002

PAID

CK #4190

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:00 and 5:18)

POL - 10 DAY

AUG 12 2017

WAIVER APPROVED

RECEIVED  
AUG 17 2017  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8 / 9 / 17		Name of Building Owner/Operator (2) Joan Mitchell		Street Address [REDACTED]		City, State, Zip Code Willingboro, NJ 08046		Name of Contact Joan Mitchell		Telephone Number																																								
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"/> Amendment Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		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 and commercial buildings, homes, etc.)		Squero Foot 1200		# of Floors 1		Bldg. Age 60																																						
Street Address [REDACTED]		City (5) Willingboro, NJ 08046		County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Residence																																										
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro Consulting Services		ASCM No.		Name of Abatement Contractor (8) Shade Environmental, LLC		Street Address 623 Cutter Avenue		City, State, Zip Code Maple Shade, NJ 08052		Telephone No. 609-296-4070																																								
Street Address PO Box 341		City, State, Zip Code Chesterfield, NJ 08615		Project Manager for Monitoring Firm Bill Walegarber		Telephone No. 609-296-4070		Name of OSHA Monitor EMSL Analytical, Inc.		License No. 00842																																								
Start Date (10) 08 / 17 / 17		Scheduled Completion Date (11) 08 / 18 / 17		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"/> ≥150 sf or ≥200 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-exempted ("") and Non-Friable Procedure		Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Mstr bdrm, bath, closet, hall		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No	N/A	<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"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 513 SF		Abatement Type <table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulation</th> <th>Enclosure</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Removal	Repair	Encapsulation	Enclosure	<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"/>
Yes	No	N/A																																																
<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"/>																																																
Removal	Repair	Encapsulation	Enclosure																																															
<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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 9		Name of Registered Landfill GROWS North Landfill		City, State Morgantown, PA																																										
City, State Freehold, NJ		Disposal Date 10/13/17		Signature [Signature]		Date 8-9-17																																												
Completed By (Print or Type) Diana Lynch		Title Owner																																																

AS6.41  
JAN 13

\* 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)

**PAID**  
**Ck# 1134**

Date of Notification (1) 8/11/17		Name of Building Owner/Operator (2) IC Builders							
Agencies Notified	Type Notification	Street Address 21 Ross Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Demarest, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ilan Cohen	Telephone Number ASBESTOS CONTROL & LICENSING						
<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) Tenafly		Bldg. Age 50+							
County (6) Bergen	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	License No. 01255						
Start Date (10) 8/21/17	Scheduled Completion Date (11) 8/30/17	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>Schedules 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"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Kitchen			x	VAT	120 SF	x			
Basement			x	VAT	75 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 8/11/17			



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

Date of Notification (1) <b>8/10/2017</b>		Name of Building Owner/Operator (2) <b>Kearfott Corp.</b>		<div style="text-align: center;"> <b>PAID</b>  <b>RECEIVED</b>  <b>AUG 17 2017</b>  <b>ENVIRONMENTAL CONTROL &amp; LICENSING</b> </div>
Agencies Notified	Type Notification	Street Address <b>1150 McBride Avenue</b>		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Little Falls, NJ, 07424</b>		
		Name of Contact <b>David Cardy</b>	Telephone Number <b>(973) 417-5905</b>	

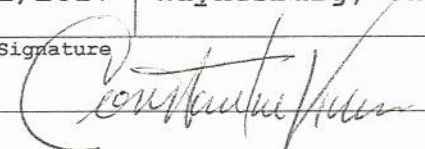
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Kearfott Corp.</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>1150 McBride Avenue</b>			Square Feet      # of Floors      Bldg. Age		
City (5) <b>Little Falls</b>	County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>08- 19- 17</b> Month      Day      Year		Sched. Completion Date (11) <b>08- 21- 17</b> Month      Day      Year		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

## Scope of Work (Check all that apply)

- |  |                                     |  |
|--|-------------------------------------|--|
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> 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"/> Glove-bag Procedure                     |
|  |                                     | <input type="checkbox"/> 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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Ground Floor			X	Fume Hood Transite	15 SF	X				

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>0.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>08/22/2017</b>		City, State <b>Waynesburg, Ohio 44688</b>	
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 			Date <b>8/10/2017</b>



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

VIA FAX  
# 4098

Date of Notification (1) 8/11/17		Name of Building Owner/Operator (2) JBC DEVELOPERS LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]						
		City, State, Zip Code NEWARK N.J. 07104						
		Name of Contact MR TONY CAPTANO						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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, h etc.)						
Street Address [REDACTED]		Square Feet 2,500	# of Floors 2					
City (5) NEWARK N.J. 07104		Bldg. Age 90						
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NOVATECH INC					
Street Address		Street Address P.O. Box 814						
City, State, Zip Code		City, State, Zip Code Old Bridge N.J. 08857						
Project Manager for Monitoring Firm		Telephone No. 732 232x7500	License No. 00806					
Start Date (10) 8/12/17	Scheduled Completion Date (11) 9/29/17	Name of OSHA Monitor NOVATECH INC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814						
		City, State, Zip Code Old Bridge N.J. 08857						
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 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	Encapsulation
EXTERIOR			X	SIDING	800sf	X		
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 5	Name of Registered Landfill GROWS				
City, State Old Bridge N.J. 08857		Disposal Date 9/30/17		City, State Harrisville PA				
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature [Signature]		Date 8/11/17		



CK # 9572

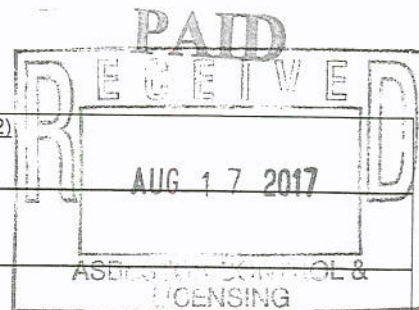
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)



Date of Notification (1) Aug 12, 2017		Name of Building Owner/Operator (2) PSEG Fossil, LLC	
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 80 Park Plaza	City, State, Zip Code Newark, NJ 07102-4109
		Name of Contact Domenic Fiorino	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HUDSON GENERATING Station		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address DUFFIELD & VAN KUEREN ST		Sq. Feet 1,000,000 # of Floors 8	
City (5) JERSEY CITY	County (6) HUDSON	County Code (7) (State Use Only)	Bldg. Age 68 Current Use (prior if being demolished) Electric Generating Station
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Absolut Ace Inc.
Street Address		Street Address PO BOX 295	
City, State, Zip Code		City, State, Zip Code FLORHAM PARK, NJ 07932	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973) 410-9217	License Number 00225
Scheduled Start Date (10) Aug 25, 2017	Scheduled Completion Date (11) Aug 25, 2018	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage		Street Address 5 Linwood Ct City, State, Zip Code Hamilton, NJ 08690	
Source of Work (Check all that apply) (X) Demolition (X) 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 (X) Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Boiler Basement- 11fil, Warehouse and Garages	X	Boiler & Pipe insulation, Transite & Tile	25,000sf
Name of Reg. Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 300
City, State Elizabeth, NJ 07114-2436		Disp. Date	Name of Reg. Landfill Tullytown Resource Recovery
City, State Tullytown, PA 19007			
Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature	Date 8/12/17

CK # 9572

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



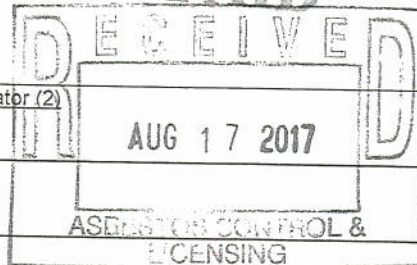
Date of Notification (1) AUG 12, 2017			Name of Building Owner/Operator (2) PSEG Fossil, LLC		
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA		Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled		Street Address 80 Park Plaza	
				City, State, Zip Code Newark, NJ 07102-4109	
		Name of Contact Domenic Fiorino		Tel Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) KEARNY GENERATING Station			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)		
Street Address FOOT OF HACKENSACK AVE			Sq. Feet 1,000,000 # of Floors 8		
City (5) KEARNY	County (6) HUDSON	County Code (7) (State Use Only)	Bldg. Age 78 Current Use (prior if being demolished) Electric Generating Station		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Contractor (9) Absolut Ace Inc.	
Street Address			Street Address PO BOX 295		
City, State, Zip Code			City, State, Zip Code FLORHAM PARK, NJ 07932		
Project Manager for Monitoring Firm		Telephone Number		License Number	
				00225	
Scheduled Start Date (10) Aug 25, 2017		Scheduled Completion Date (11) Aug 25, 2018		Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage			Street Address 5 Linwood Ct City, State, Zip Code Hamilton, NJ 08690		
Source of Work (Check all that apply) (X) Demolition (X) 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 (X) Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap. Enclose	
BASEMENT TO PENTHOUSE, Warehouse & Garages	X	Boiler and pipe insulation, Transite & Mastic	25,000 square feet	X	X X X X
Name of Reg. Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID # 17273		Cubic Yards of Waste 200	
City, State Elizabeth, NJ 07114-2436		Name of Reg. Landfill Tullytown Resource Recovery		City, State Tullytown, PA 19007	
Completed by (Print or Type) ROBERT GROGAN		Title VP		Signature Date 8/12/2017	



OK# 9578

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

PAID

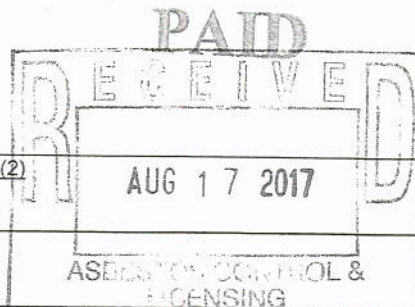


<u>Date of Notification (1)</u> AUB 12, 2017		<u>Name of Building Owner/Operator (2)</u> PSEG Fossil, LLC	
<u>Agencies Notified</u> (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	<u>Notification Type</u> (X) Initial Notification ( ) Amended Certification ( ) Cancelled	<u>Street Address</u> 80 Park Plaza	<u>City, State, Zip Code</u> Newark, NJ 07102-4109
		<u>Name of Contact</u> Domenic Fiorinoi	<u>Tel. Number</u>
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> LINDEN GENERATING Station		<u>Type of Facility (4)</u> ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 4001 S. WOOD AVE		<u>Sq. Feet</u> 8000,000 <u># of Floors</u> 8	
<u>City (5)</u> LINDEN	<u>County (6)</u> UNION	<u>County Code (7)</u> (State Use Only)	<u>Bldg. Age</u> 80 <u>Current Use (prior if being demolished)</u> Electric Generating Station
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> Absolut Ace Inc.
<u>Street Address</u>		<u>Street Address</u> PO BOX 295	
<u>City, State, Zip Code</u>		<u>City, State, Zip Code</u> FLORHAM PARK, NJ 07932	
<u>Project Manager for Monitoring Firm</u>	<u>Telephone Number</u>	<u>Telephone Number</u> (973) 410-9217	<u>License Number</u> 00225
<u>Scheduled Start Date (10)</u> Aug 25, 2017	<u>Scheduled Completion Date (11)</u> Aug 25, 2018	<u>Name of OSHA Monitor</u> MECS	
<u>Occupancy Status During Abatement (Check only one)</u> ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		<u>Street Address</u> 5 Linwood Ct	
<u>Describe</u> Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage		<u>City, State, Zip Code</u> Hamilton, NJ 08690	
<u>Source of Work (Check all that apply)</u> ( ) Demolition (X) 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 (X) Glovebag Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u>	<u>Amount (Specify SF or LF)</u>
BASEMENT TO PENTHOUSE, WAREHOUSE & GARAGES	X	Boiler and pipe insulation, TRANSITE & MASTIC	25,000 square feet
<u>Name of Reg. Waste Hauler</u> Waste Management of New Jersey	<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> 200	<u>Name of Reg. Landfill</u> Tullytown Resource Recovery
<u>City, State</u> Elizabeth, NJ 07114-2436	<u>Disp. Date</u>	<u>City, State</u> Tullytown, PA 19007	
<u>Completed by (Print or Type)</u> ROBERT GROGAN	<u>Title</u> VP	<u>Signature</u>	<u>Date</u> 8/12/17



CK# 9572

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



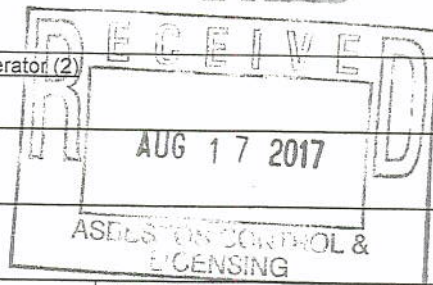
Date of Notification (1) Aug 12, 2017		Name of Building Owner/Operator (2) PSEG Fossil, LLC	
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 80 Park Plaza	City, State, Zip Code Newark, NJ 07102-4109
		Name of Contact Domenic Fiorinoi	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCER GENERATING Station		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address LAMBERTON ROAD		Sq. Feet 1,000,000 # of Floors 10	
City (5) HAMILTON	County (6) MERCER	County Code (7) (State Use Only)	Bldg. Age 55 Current Use (prior if being demolished) Electric Generating Station
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Absolut Ace Inc.
Street Address		Street Address PO BOX 295	
City, State, Zip Code		City, State, Zip Code FLORHAM PARK, NJ 07932	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973) 410-9217	License Number 00225
Scheduled Start Date (10) Aug 25, 2017	Scheduled Completion Date (11) Aug 25, 2018	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours -		Street Address 5 Linwood Ct	
Describe Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage		City, State, Zip Code Hamilton, NJ 08690	
Source of Work (Check all that apply) ( ) Demolition (X) 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 (X) Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
BASEMENT TO PENTHOUSE	X	Boiler and pipe insulation	25,000 square feet
Name of Reg. Waste Hauler Waste Management of New Jersey	NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 200	Name of Reg. Landfill Tullytown Resource Recovery
City, State Elizabeth, NJ 07114-2436	Disp. Date	City, State Tullytown, PA 19007	
Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature 	Date 8/12/17



CK# 9572

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

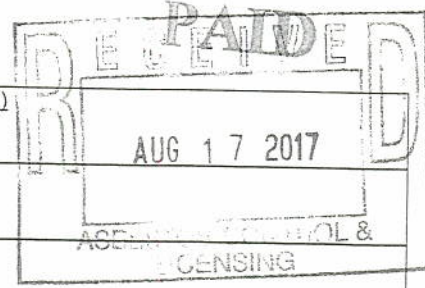
PAID



Date of Notification (1) AUG 12, 2017		Name of Building Owner/Operator (2) PSEG Fossil, LLC	
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 80 Park Plaza	City, State, Zip Code Newark, NJ 07102-4109
		Name of Contact Domenic Fiorino	Tel. Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Sewaren Generating Station		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address 751 Cliff Road		Sq. Feet 1,000,000 # of Floors 8	
City (5) Sewaren	County (6) Middlesex	County Code (7) (State Use Only)	Bldg. Age 68 Current Use (prior if being demolished) Electric Generating Station
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Absolute Ace Inc.
Street Address		Street Address PO BOX 295	
City, State, Zip Code		City State, Zip Code Florham Park, NJ 07932	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973) 410-9217	License Number 00225
Scheduled Start Date (10) Aug 25, 2017	Scheduled Completion Date (11) Aug 25, 2018	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage		Street Address 5 Linwood Ct  City, State, Zip Code Hamilton, NJ 08690	
Source of Work (Check all that apply) ( ) Demolition (X) 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 (X) Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Nos.1, 2,3 & 4 Units, Floors 1-8, WAREHOUSE & GARAGES	X	Boiler and pipe insulation, TRANISTE & MASTIC	25,000 square feet
UNIT #6	X	TRANSITE & PIPING	1,000 SQUARE FEET
Name of Reg. Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID # 17273	Cubic Yards of Waste 200
City, State Elizabeth, NJ 07114-2436		Disp. Date	Name of Reg. Landfill Tullytown Resource Recovery
City, State Tullytown, PA 19007			
Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature	Date 8/12/2017



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



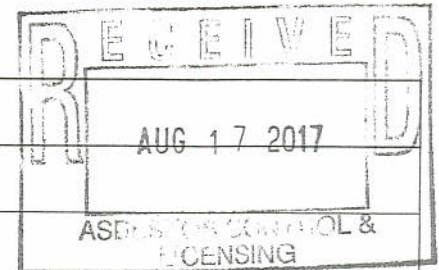
CL # 9572

Date of Notification (1) AUG 12, 2017		Name of Building Owner/Operator (2) NESTLES USA	
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH (X) DCA	Notification Type (X) Initial Notification ( ) Amended Certification ( ) Cancelled	Street Address 61 JERSEYVILLE AVE	
		City, State, Zip Code FREEHOLD, NJ	
		Name of Contact WILSON ROBLES	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Same as above		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
Street Address		Sq. Feet 1,000,000 # of Floors 10	
City (5) FREEHOLD	County (6) MONMOUTH	County Code (7) (State Use Only)	Bldg. Age 71 Current Use (prior if being demolished) FACTORY
Name of Monitoring Firm Hired by Bldg. Owner (8) NA		ASCM No.	Name of Contractor (9) Absolut Ace Inc.
Street Address		Street Address PO BOX 295	
City, State, Zip Code		City State, Zip Code FLORHAM PARK, NJ 07932	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number (973) 410-9217	License Number 00225
Scheduled Start Date (10) Aug 25, 2017	Scheduled Completion Date (11) Aug 25, 2018	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) ( ) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe- PLANT IS OPEN		Street Address 5 Linwood Ct  City, State, Zip Code Hamilton, NJ 08690	
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 (X) Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
BASEMENT- Floors 1-ROOF	X	Boiler, pipe insulation, Roofing, Tile	25,000 square feet
Name of Reg. Waste Hauler BY OWNER	NJDEP Waste Hauler ID #	Cubic Yards of Waste 200	Name of Reg. Landfill
City, State		Disp. Date	City, State
Completed by (Print or Type) ROBERT GROGAN	Title VP	Signature	Date 8/12/2017



PAID

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



Date of Notification (1) 08/08/2017		Name of Building Owner/Operator (2) Manville Public School							
Agencies Notified	Type Notification	Street Address 410 Brooks Blvd							
<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 # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Manville, NJ 08835							
		Name of Contact Kimberly Clelland							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Alexander Batcho Intermediate School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 100 North 13th Avenue		Square Feet 20,000+	# of Floors 2						
City (5) Manville		Bldg. Age 35+							
County (6) Somerset County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Whitman Co.		ASCM No. 00110	Name of Abatement Contractor (9) Nari Construction LLC						
Street Address 7 Pleasant Hill Road		Street Address 63 Leather Stocking Path							
City, State, Zip Code Cranbury, NJ 08512		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Kevin T. Lovely		Telephone No. 732-644-5418	Telephone No. 862-264-9463						
License No. 01306									
Start Date (10) 08/21/2017	Scheduled Completion Date (11) 09/01/2017	Name of OSHA Monitor Nari Construction LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied building</u>		Street Address 63 Leather Stocking Path							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			Breech Insulation	50 SF	x			
Boiler Room	x			Boiler Insulation and Gasket	300 SF	x			
Boiler Room	x			Firebrick and Mortar	100 SF	x			
Boiler Room	x			Pipe Insulation including Elbows	50 LF	x			
Name of Registered Waste Hauler New American Restoration Inc		NJDEP Waste Hauler ID No. 30399	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Igor Jezdimirovic		Title P. Manager		Signature		Date 08/08/2017			

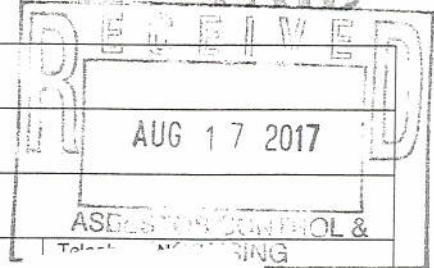


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Print Form

1780

PAID



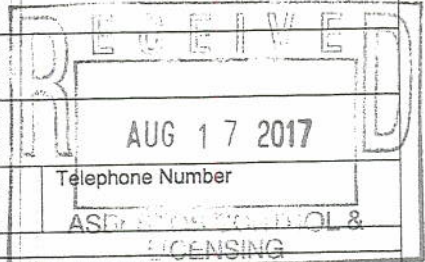
Date of Notification (1) 08/04/17		Name of Building Owner/Operator (2) K. Hovnanians at Cedar Grove							
Agencies Notified	Type Notification	Street Address 110 Fieldcrest Ave.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08837							
		Name of Contact John Crane							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Essex County Hospital Building #3		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 204 Grove Ave.		Square Feet 76,000	# of Floors 2						
City (5) Cedar Grove		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address		Street Address 156 Maple Ave.							
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107						
Start Date (10) 08/07/17	Scheduled Completion Date (11) 09/15/17	Name of OSHA Monitor Leslaw Nalodka							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
offices			*	floor tiles/mastic	3150sf.	*			
roof			*	flashing tar	8000sf.	*			
exterior			*	window caulk	130pcs.	*			
basement			*	pipe insulation	5500lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 200	Name of Registered Landfill GCSL					
City, State Newark, NJ			Disposal Date 09/16/17	City, State Pen Argyl, PA					
Completed by Leslaw Nalodka		Title President	Signature <i>L Nalodka</i>			Date 08/04/17			



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

PAID

Ck# 1135



Date of Notification (1) 8/11/17		Name of Building Owner/Operator (2) c/o Global Development Contractors									
Agencies Notified	Type Notification	Street Address 86 Laverne St	City, State, Zip Code Belleville, NJ								
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Nellie Quinones	Telephone Number ASBESTOS ABATEMENT & LICENSING								
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Commercial Bldg		Type of Facility (4)									
Street Address 11 Mt. Pleasant Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
City (5) E. Hanover		Square Feet 5000	# of Floors 2								
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age 50+								
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) 8/21/17		Scheduled Completion Date (11) 8/30/17	License No. 01255								
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Harmony Contracting Inc									
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>Schedule for Demo</u>		Street Address 360 Palisade Ave									
		City, State, Zip Code Garfield, NJ 07026									
Scope of Work (Check All That Apply)											
<input type="checkbox"/> $\geq 3$ 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 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		
ENTIRE STRUCTURE TO BE DEMOLISHED AND DISPOSED AS ACM				ENTIRE STRUCTURE TO BE DEMOLISHED AND DISPOSED AS ACM							
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. n/a	Cubic Yards of Waste TBD	Name of Registered Landfill TBD							
City, State Riverdale, NJ		Disposal Date TBD		City, State TBD							
Completed by Tina Caporino		Title Secretary		Signature <i>Tina Caporino</i>				Date 8/11/17			



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

OK # 2773

Date of Notification (1) 8/10/17		Name of Building Owner/Operator (2) Ann Ryan							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middletown, NJ 07748							
		Name of Contact Eric Plackis	Telephone Number						
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>PAID RECEIVED</b>  AUG 17 2017  ASBESTOS CONTROL &amp; LICENSING </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Middletown	Square Feet 1522	# of Floors 2	Bldg. Age 60						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries Inc.							
Street Address		Street Address P.O. Box 915							
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196						
Start Date (10) 8/11/17	Scheduled Completion Date (11) 8/17/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
				asbestos floor tile	81 SF				
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 2	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey			Disposal Date 8/17/17	City, State PA					
Completed by Eric Plackis		Title President	Signature [Signature]	Date 8/10/17					



Project #

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

Check # 3904

Date of Notification (1)

08/11/2017

Name of Building Owner/Operator (2)

NJ Department Of Military and Veterans Affairs

Agencies Notified

☐ EPA  
☐ DEP  
☐ DOL

☒ DOH  
☐ DCA

Type Notification

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

Street Address

101 Eggert Crossing Rd

City, State, Zip Code

Lawrence NJ

Name of Contact

Ted

Telephone Number

ASBESTOS CONTROL &amp;

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

National Guard Armory

Street Address

2001 Park Blvd

City (5)

Cherry Hill, NJ

Type of Facility (4)

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

Square Feet

# of Floors

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)

TTI

ASCM No.

Name of Abatement Contractor (9)

Nick Restoration LLC

Street Address

1253 North Church St

City, State, Zip Code

Moorestown, NJ 08057

Street Address

72 Brookside Rd

City, State, Zip Code

Randolph NJ 07869

Project Manager for Monitoring Firm

Telephone No.

(856)840-8800

Telephone No.

973-933-2550

License No.

01133

Start Date (10)

08/22/2017

Scheduled Completion Date (11)

08/24/2017

Name of OSHA Monitor

IRIS

Occupancy Status During Abatement (Check Only One)

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

Street Address

2333 RT 22

City, State, Zip Code

Union, NJ 07083

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)

Yes No N/A

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

Amount  
(Specify  
SF or LF)

Abatement  
Type

Removal

Repair

Encapsulate

Enclosure

1 st floor

X

Windows - 2pcs caulking

X

Name of Registered Waste Hauler

Nick Restoration LLC

NJDEP Waste

Hauler ID No.

33782

Cubic Yards

of Waste

TBD

Name of Registered Landfill

G.R.O.W.S

City, State

Randolph, NJ 07869

Disposal Date

TBD

City, State

Tullytown, PA

Completed by

Elvira Mrda

Title

President

Signature

*Elvira Mrda*

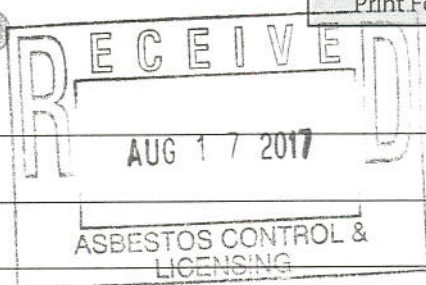
Date

08/11/2017



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

PAID



MO#938034087

Date of Notification (1) 08/11/2017		Name of Building Owner/Operator (2) Michael Santolini							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairview, NJ 07022							
		Name of Contact Michael Santolini	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Fairview		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-345-8685	01311						
Start Date (10) 08/21/2017	Scheduled Completion Date (11) 08/22/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	70 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 08/11/2017		



CH 508

PAID

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

Print Form

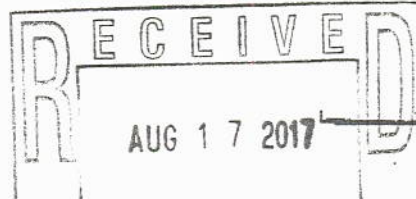
RECEIVED

AUG 17 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08-09-2017		Name of Building Owner/Operator (2) Township of Woodbridge							
Agencies Notified	Type Notification	Street Address 1 Main Street	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodbridge NJ 07095							
		Name of Contact Christopher Kosty	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Woodbridge NJ 07095		Square Feet N/A	# of Floors N/A						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) ABANDONED						
Name of Monitoring Firm Hired by Building Owner (8) Peak Environmental LLC		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 26 Kennedy Blvd, Suite A		Street Address PO BOX 734							
City, State, Zip Code East Brunswick NJ 08816		City, State, Zip Code Woodland Park nj 07424							
Project Manager for Monitoring Firm Matthew Bruno		Telephone No. 732-326-1010	Telephone No. 873-692-6298						
License No. 01266									
Start Date (10) 08-21-2017	Scheduled Completion Date (11) 08-25-2017	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 734							
<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 Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	400 LF	x			
Porch Roof			x	Roof Material	500 SF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424			Disposal Date 08/26/2017	City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 	Date 08-09-2017					





Ch 567

PAID

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 6:28 and 12:120)

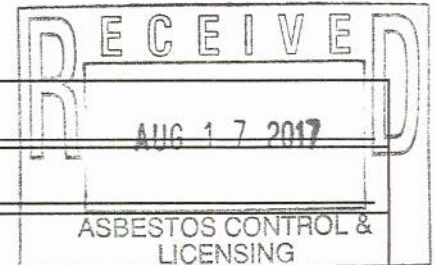
Date of Notification (1) 08-08-2017		Name of Building Owner/Operator (2) Township of Woodbridge		ASBESTOS CONTROL & DOL - LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Main Street City, State, Zip Code Woodbridge NJ 07095 Name of Contact Christopher Kosty Telephone Number (11)					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) American Legion			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 25 Brown Ave			Square Feet N/A						
City (5) Iselin NJ 08830			# of Floors 2		Bldg. Age N/A				
County (6) Middlesex			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Senior Center				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Conections			ASCN No.		Name of Abatement Contractor (9) Amax Contracting LLC				
Street Address 120 N Warren St			Street Address PO BOX 734						
City, State, Zip Code Trenton NJ 08608			City, State, Zip Code Woodland Park NJ 07424						
Project Manager for Monitoring Firm Dominick Dercole			Telephone No. 609-482-3218		Telephone No. 973-692-6298				
Start Date (10) 08-10-2017			Scheduled Completion Date (11) 08-17-2017		License No. 01266				
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 Other - Describe: <u>OCCUPIED BUILDING</u>			Name of OSHA Monitor Amax Contracting LLC						
			Street Address PO BOX 734						
			City, State, Zip Code Woodland Park NJ 07424						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2ND FLOOR			X	2X4 CEILING TILES	500 SF	X			
Name of Registered Waste Hauler Amax Contracting LLC			NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 7 CY	Name of Registered Landfill Fairless Hills			
City, State Woodland Park NJ 07424			Disposal Date 08-25-2017		City, State Morrisville PA				
Completed by Tome Maslarkov			Title Project Manager		Signature 		Date 08-08-2017		

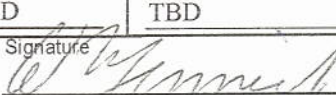


PAID

1823

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



Date of Notification (1) <u>8/11/17</u>		Name of Building Owner/Operator (2) <u>Denise Mozitis</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div>							
		City, State, Zip Code <u>Cherry Hill, NJ</u>							
		Name of Contact <u>Denise Mozitis</u>							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 8 commercial buildings, homes, etc.)							
Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div>		<div style="display: flex; justify-content: space-between;"> <div>Square Feet <u>1800 SF</u></div> <div># of Floors <u>2</u></div> <div>Bldg. Age <u>25 yrs</u></div> </div>							
City (s) <u>Cherry Hill, NJ</u>									
County (6) <u>Camden</u>	County Code(7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) <u>AEi2, LLC</u>						
Street Address _____		Street Address <u>361 E. Fleming Pike</u>							
City, State, Zip Code _____		City, State, Zip Code <u>Hammonton, NJ 08037</u>							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. <u>00689</u>						
Start Date (10) <u>8/11/17</u>	Scheduled Completion Date (11) <u>8/21/17</u>	Name of OSHA Monitor <u>AEi2, LLC</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>361 E. Fleming Pike</u>							
		City, State, Zip Code <u>Hammonton, NJ 08037</u>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<u>Basement</u>			X	<u>Duct Wrap</u>	<u>25 SF</u>	X			
<u>Bathroom</u>			X	<u>Floor Tile</u>	<u>100 SF</u>	X			
<u>Garage</u>			X	<u>Transite Shingles</u>	<u>800SF</u>	X			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>ACUA</u>					
City, State <u>Hammonton, NJ</u>		Disposal Date <u>TBD</u>		City, State <u>TBD</u>					
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>		Signature 		Date <u>8/11/17</u>			



Aug 14 2017 11:36AM NJ Asbestos Control 609.633.0664

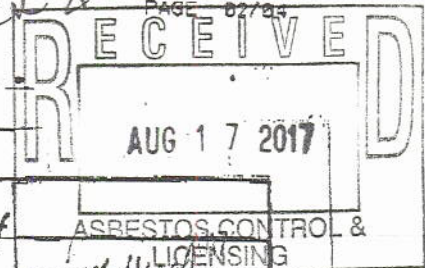
page 1

08/14/2017 10:09AM 2013297440

BEST REMOVAL INC

PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:27 and 17:28)

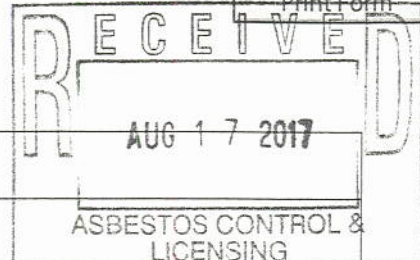


Date of Notification (1) <b>8/14/17</b>		Name of Building Owner/Operator (2) <b>MS. PATRICIA DALEY</b>						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DCJ <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>WHARTON, NJ 07855</b> Name of Contact <b>MS. DALEY</b> Telephone Number						
Name of Facility Where Abatement is Taking Place (3) <b>MS. DALEY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Squres Feet <b>2000</b> # of Rooms <b>2</b> Bldg. Age <b>1935</b>						
City (5) <b>WHARTON</b>		County (6) <b>MORRIS</b>						
Country Code (7) (STATES USE ONLY)		Current Use (Prior to being demolished) <b>RESIDENCE</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCO# No.						
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc</b>						
City, State, Zip Code		Street Address <b>450 South River Street</b> 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>8/15/17</b>		Scheduled Completion Date (11) <b>8/14/17</b>						
Obtaining Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Ventilated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7:00AM TO 3:00 PM</b>		Name of OSHA Monitor <b>Omega Environmental</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"/> 25 sq ft or less <input type="checkbox"/> 250 sq ft or less <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Compliance with Negative Pressure <input checked="" type="checkbox"/> Initial Enclosure <input checked="" type="checkbox"/> Cleaning Procedures <input type="checkbox"/> Non-Exempted (*) and Non-Permissible Procedures								
Location of Asbestos-Containing Material (ACM) <b>TO BE REMOVED</b> In Facility (12)	Is Location Normally Used Solely by Maintenance/Control Staff? (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous) <b>THERMAL SYSTEM INSULATION</b>	Amount (Specify sq ft or LB) <b>90LB</b>	Abatement Type			
	Yes	No			NA	Removal	Repair	Encapsulation
<b>BASEMENT</b>					<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>		RCDF Waste Handler ID No. <b>17109</b>	Cable Years of Waste <b>20YRS</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>				
City, State <b>Hackensack, NJ 07601</b>		Expiry Date <b>8/15/17</b>		City, State <b>Waynesburg, OH 44688</b>				
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>		Signature <b>J. Maiorano</b>		Date <b>8/14/17</b>		

ASB-41 (2-9-05)

\* Do not use this form for asbestos hazardous waste activities.





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

Date of Notification (1) <b>8/15/17</b>		Name of Building Owner/Operator (2) <b>Mane Serrano</b>							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Beonton, NJ 07005</b> Name of Contact <b>Eric Plackis</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Boonton</b>	Square Feet <b>1643</b>	# of Floors <b>2</b>	Bldg. Age <b>87</b>						
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Home</b>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) <b>8/15/17</b>		Scheduled Completion Date (11) <b>8/21/17</b>							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
Scope of Work (Check All That Apply)		City, State, Zip Code							
<input 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 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
				asbestos pipe insulation	100 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Brick Industries Inc.</b>		NJDEP Waste Hauler ID No. <b>21602</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>GROWS Inc.</b>					
City, State <b>Brick, New Jersey</b>		Disposal Date <b>8/21/17</b>		City, State <b>PA</b>					
Completed by <b>Eric Plackis</b>		Title <b>President</b>	Signature 			Date <b>8/15/17</b>			



PAID

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

Check # 10075

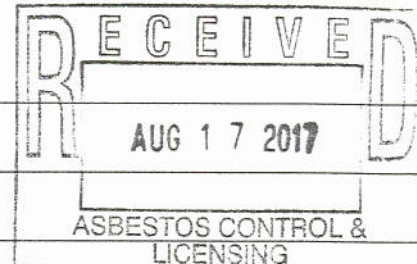
Date of Notification (1) <b>8-12-17</b>		Name of Building Owner/Operator (2) <b>Steve Harcarik</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <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>BRICK NJ 08723</b>							
Name of Contact <b>Steve Harcarik</b>		Telephone Number (N/A)							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</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							
City (5) <b>Manville NJ 08835</b>		# of Floors <b>2</b>							
County (6) <b>Somerset</b>		Bldg. Age <b>90+</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>							
Street Address <b>P.O. Box 337</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		Street Address <b>P.O. Box 337</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b>							
Start Date (10) <b>8-25-17</b>		License No. <b>00394</b>							
Scheduled Completion Date (11) <b>8-31-17</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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>Basement</b>	<b>X</b>			<b>Pipe Insulation</b>	<b>80 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>		Cubic Yards of Waste <b>2</b>		Name of Registered Landfill <b>Waste Management of PA</b>			
City, State <b>New Egypt NJ</b>		Disposal Date <b>8-31-17</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>8-12-17</b>			



CH6038

PAID

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

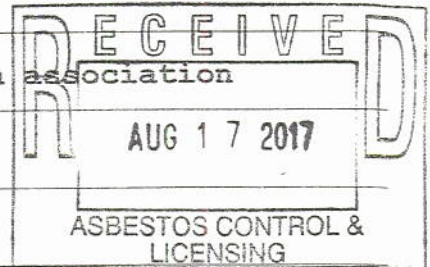


Date of Notification (1) 07/31/2017		Name of Building Owner/Operator (2) Sears Holding, Inc.							
Agencies Notified	Type Notification	Street Address 3333 Beverly Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoffman Estate, IL 60179							
		Name of Contact Gerald L. Jacobs	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kmart #4478		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 1061 White Horse Avenue		Square Feet 80,000	# of Floors 1						
City (5) Trenton		Bldg. Age 38							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Retail Store							
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Solutions		ASCM No.	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 1130 West Chestnut Street		Street Address 1360 Clifton Avenue							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. (973) 494-3762	License No. 001036						
Start Date (10) 08/14/2017	Scheduled Completion Date (11) 08/15/2017	Name of OSHA Monitor Incinia Contracting, 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 Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8PM - 3AM.		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor - Multiple Areas		X	X	Vinyl Floor Tile	250 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641/464	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill Corp.					
City, State Wayne, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Milena Zoric		Title VP	Signature 			Date 07/31/2017			



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

PAID



Date of Notification (1) <b>8/12/2017</b>		Name of Building Owner/Operator (2) <b>Park professional condominium association</b>	
Agencies Notified	Type Notification	Street Address <b>1024 Park Ave</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Plainfield, NJ, 07060</b>	
<input type="checkbox"/> IDEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>V. Collucci</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Park professional condominium association</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>1024 Park Avenue</b>			Square Feet # of Floors Bldg. Age		
City (5) <b>Plainfield</b>	County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>			Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>		
Street Address <b>N/A</b>			Street Address <b>86 Christopher St.</b>		
City, State, Zip Code			City, State, Zip Code <b>Montclair, NJ 07042</b>		
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>	Telephone Number <b>(973) 744-8800</b>		License Number <b>00371</b>
Scheduled Start Date (10) <b>8-25-17</b>		Sched. Completion Date (11) <b>9-9-17</b>		Name of OSHA Monitor <b>N/A</b>	
Month Day Year		Month Day Year			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Street Address		
			City, State, Zip Code		

## Scope of Work (Check all that apply)

- ☒ >3 sf or >3 lf      ☒ Renovation      ☒ Full Containment with Negative Pressure  
☐ >160 sf or >260 lf      ☐ Demolition      ☐ Mini-Enclosure  
☐      ☐      ☐ Glove-bag Procedure  
☐      ☐      ☐ 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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Ground Floor			X	VAT	1700SF	X				

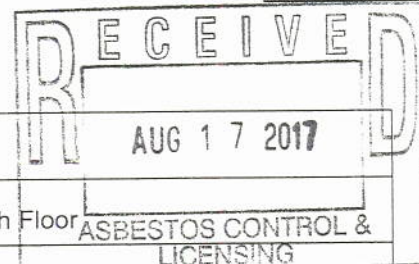
Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>4.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>9-11-17</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>8/12/2017</b>		



CH 2371

PAID

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



Date of Notification (1) 8-11-2017		Name of Building Owner/Operator (2) Rockefeller Group							
Agencies Notified	Type Notification	Street Address 92 Headquarters Plaza, North Tower, 9th Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Gerald Eglentowicz	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 & commercial buildings, homes, etc.)							
Street Address 1427-1429 Willow Avenue		Square Feet 20000	# of Floors 1						
City (5) Hoboken, NJ 07030		Bldg. Age 60+							
County (6) Hudson	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-33-8855	License No. 01174						
Start Date (10) 9-11-2017	Scheduled Completion Date (11) 9-16-2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Roof		X		Roof material	4500 SF	X			
Roof Perimeter		X		Parapet tar	250 SF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Jersey City, NJ			Disposal Date 9-16-2017	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office manager	Signature <i>Liliana Serrano</i>		Date 8-11-2017				



08/10/2017 15:05 2012620321

AMAC

RECEIVED	PAGE 02/03
	AUG 17 2017
ASBESTOS CONTROL & LICENSING DIV.	

PAID

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:00 and 12:120)

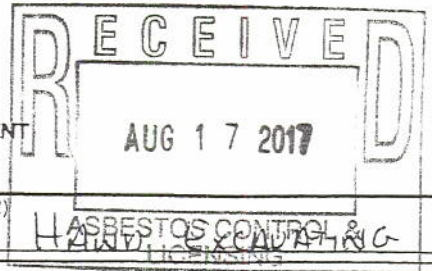
Date of Notification (1) 8/10/17		Name of Building Owner/Operator (2) JERRY ANGELICO											
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation											
Street Address [REDACTED]		City, State, Zip Code Jersey City, N.J. 07305											
Name of Contact ADELZ CRUZ		Telephone Number [REDACTED]											
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 B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)											
Street Address [REDACTED]		Square Feet 1950											
City (5) Jersey City		# of Floors 2											
County (6) HUDSON		Bldg. Age +50											
County Code (7) [REDACTED]		Current Use (Prior to being characterized) RESIDENTIAL											
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) AMAC Contracting Inc.											
Street Address [REDACTED]		Street Address 185 Vreeland Ave											
City, State, Zip Code [REDACTED]		City, State, Zip Code Midland Park, NJ 07432											
Project Manager for Monitoring Firm		Telephone No. (201)262-5841											
Start Date (10) 8/14/17		Scheduled Completion Date (11) 8/14/17											
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.											
Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07608											
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ of or $\geq 3$ ft <input checked="" type="checkbox"/> $\geq 100$ sq ft or $\geq 300$ ft <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"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures													
Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13) Basement	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)										
	<table border="1"> <thead> <tr> <th colspan="2">Abatement Type</th> </tr> <tr> <th>Removal</th> <th>Repair</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Abatement Type		Removal	Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abatement Type													
Removal	Repair												
<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"/>												
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3										
City, State Newark, NJ 07105		Name of Registered Landfill Grand Central Sanitary Landfill											
Disposal Date 8/11/17		City, State Pen Argyl, PA 08702											
Completed by Joseph Vaccaro		Title Vice President	Signature J. Vaccaro										
Date 8/10/17													



CK# 4285

PAID

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



Date of Notification (1) <u>8-11-17</u>		Name of Building Owner/Operator (2) <u>JOHNATHAN HANSEN, CONTRACTING</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. BOX - 198</u> City, State, Zip Code <u>CAPE MAY COURT HOUSE</u> Name of Contact <u>JOHN</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1500</u> # of Floors <u>2</u> Bldg. Age <u>50+</u>							
City (5) <u>STONE HARBOR MARINE</u>		County Code (7) (STATE USE ONLY) <u>CAPE MAY</u> Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N.A.</u>		ASCM No. _____ Name of Abatement Contractor (9) <u>KLEWCO INC</u>							
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u> License No. <u>H 00444</u>							
Start Date (10) <u>8-21-17</u>		Scheduled Completion Date (11) <u>8-28-17</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____							
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>3</u>		Name of Registered Landfill <u>C.M.C.M.U.A</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEWCO</u>		Title <u>SUP.</u>		Signature <u>[Signature]</u>		Date <u>8-11-17</u>			



CK 4285

PAID

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

RECEIVED  
AUG 17 2017

Date of Notification (1) <u>8-11-17</u>		Name of Building Owner/Operator (2) <u>D. L. MINER</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>11 CLERMONT DR. UNIT A</u> City, State, Zip Code <u>CAPE MAY COURT HOUSE N.J. 08210</u>							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>1</u>						
City (5) <u>AVALON</u>		Bldg. Age <u>50+</u>							
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEWCO INC</u>							
Street Address		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>9-5-17</u>	Scheduled Completion Date (11) <u>9-12-17</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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) <u>1750 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1750 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17909</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C. M. C. M. U. A</u>					
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEWCO</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>			Date <u>8-11-17</u>			



CKU  
4285

PAID

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

RECEIVED  
AUG 17 2017

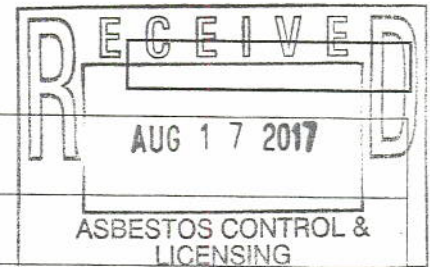
Date of Notification (1) <u>8-11-17</u>		Name of Building Owner/Operator (2) <u>D. L. MINOR</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>11 CLERMONT DR. UNIT A</u>		City, State, Zip Code <u>CAPE MAY COURT HOUSE N.J. 08210</u>	
Name of Contact		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1500</u> # of Floors <u>1</u> Bldg. Age <u>50+</u>	
City (5) <u>STONE HARBOR</u>		Current Use (Prior if being demolished) <u>VACANT</u>	
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEWCO INC</u>	
Street Address		Street Address <u>369 S. SPROCK AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	
Telephone No.		License No. <u>00444</u>	
Start Date (10) <u>8-29-17</u>		Scheduled Completion Date (11) <u>9-5-17</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>N/A</u>	
Street Address		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> 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	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDWING</u>			<u>X</u>
			<u>TRANSITE</u>
			<u>2500 SF</u>
			<u>X</u>
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17909</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J.</u>		Name of Registered Landfill <u>C. M. C. M. U. A</u>	
Disposal Date		City, State <u>WOOD BINE</u>	
Completed By <u>MICHAEL KLEWCO</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>8-11-17</u>



MO#24219191597

PAID

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



Date of Notification (1) 08 / 10 / 17		Name of Building Owner/Operator (2) Susan Coayzille							
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 Ridgewood, NJ 07450 Name of Contact Susan Coayzille							
Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City (5) Ridgewood, NJ 07450		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet      # of Floors      Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 08 / 19 / 17		Scheduled Completion Date (11) 08 / 20 / 17							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT-floor tiles	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>			Date 08/10/17			

ASB-41

MAY 11

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



RECEIVED  
AUG 17 2017  
ASBESTOS CONTROL &  
LICENSING

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



Chart # 3037  
**RECEIVED**  
 AUG 17 2017

**CH 3037**

GAC Project # 060-17

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

**PAID**

Date of Notification (1) <b>August 11, 2017</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.</b> <b>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b> City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>VOORHEES HALL, BLDG# 3013</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>50+ years</b>	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>3 TERRI LANE</b>		Street Address <b>268 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>08/11/17</b>	Scheduled Completion Date (11) <b>08/14/17</b>	Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	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) Abatement Type Remove Repair Encap Enclose
004 Basement Lobby	<input checked="" type="checkbox"/>	Plaster Ceiling	~24 SF <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>15 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date <b>08/14/2017</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>August 11, 2017</b>

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



From: GREENWOOD ABATEMENT

19734920133

08/11/2017 10:17

\*305 P-000/004

PAID

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

GAC Project # 060-17

Date of Notification (1) <b>August 11, 2017</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ LICENSING</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPARTMENT 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>VOORHEES HALL, BLDG# 3013</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>50+ years</b>	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (6) <b>NEW BRUNSWICK</b>	County (8) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (5) <b>ATC</b>		ASCM No. <b>0098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>288 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Telephone Number <b>609-386-8800</b>		Telephone Number <b>973-492-0477</b>	
Scheduled Start Date (10) <b>08/11/17</b>		License Number <b>00840</b>	
Scheduled Completion Date (11) <b>08/14/17</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Schedule: 5PM - 6AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ</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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	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)
004 Basement Lobby	<input checked="" type="checkbox"/>	Plaster Ceiling	~24 SF
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>15 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>08/14/2017</b>	City, State <b>100 New Ford Mill Rd, Morrisville, Pa 19067 215-738-1700</b>
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>August 11, 2017</b>

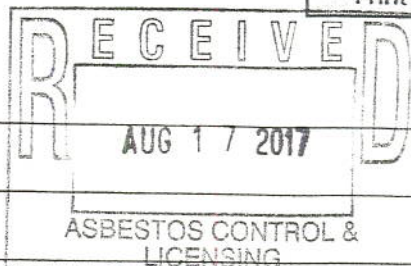
Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



CK 1058

PAID

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

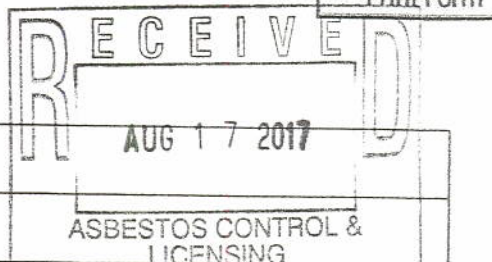


Date of Notification (1) 08/09/2017		Name of Building Owner/Operator (2) MICHELLE CUELLAR							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SADDLE BROOK NJ. 07663							
		Name of Contact MICHELLE CUELLAR	Telephone Number 1 _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) SADDLE BROOK NJ.		Square Feet 1,500	# of Floors 2						
		Bldg. Age 1,948							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) North East Environmental Llc.		ASCM No. _____	Name of Abatement Contractor (9) NORTH EAST ENVIRONMETAL LLC.						
Street Address same		Street Address 1126 51 ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201.776.0642	License No. 01300						
Start Date (10) 08/11/2017	Scheduled Completion Date (11) 08/12/2017	Name of OSHA Monitor ENVIRO PROBE INC							
Occupancy Status During Abatement (Check Only One)		Street Address 108 LIBERTY ST.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code METUCHEN NJ. 08840							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
KITCHEN		X		VAT FLOOR TILE. 9X9	200 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 NY.		Disposal Date TBD		City, State WAYNESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 08/09/2017			



CH1058

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



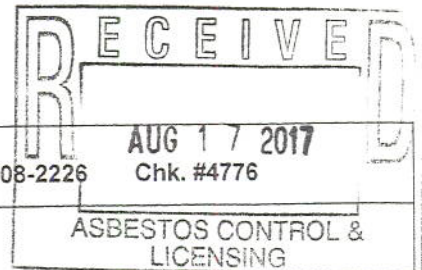
Date of Notification (1) 08/17/2017		Name of Building Owner/Operator (2) MICHELLE CUELLAR							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SADDLE BROOK NJ. 07663							
		Name of Contact MICHELLE CUELLAR	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) SADDLE BROOK NJ.		Square Feet 1,500	# of Floors 2						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age 1,948						
Name of Monitoring Firm Hired by Building Owner (8) North East Environmental Llc.		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMETAL LLC.						
Street Address same		Street Address 1126 51 ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201.776.0642	License No. 01300						
Start Date (10) 08/11/2017	Scheduled Completion Date (11) 08/12/2017	Name of OSHA Monitor ENVIRO PROBE INC							
Occupancy Status During Abatement (Check Only One)		Street Address 108 LIBERTY ST.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code METUCHEN NJ. 08840							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
KITCHEN		X		VAT FLOOR TILE. 9X9	200 SF.	X			
Name of Registered Waste Hauler TRI STATE ASBESTOS INC.		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State BRONX NY.		Disposal Date TBD		City, State WAINESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 08/20/17					



CH4776

PAID

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



Date of Notification (1) 8 / 15 / 17		Name of Building Owner/Operator (2) Gerald Patrick / Job #1708-2226		AUG 17 2017 Chk. #4776					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Deptford, NJ 08096 Name of Contact Jerry Telephone Number _____					
<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 and commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 1100 # of Floors 200 2 Bldg. Age 40					
City (5) Deptford		County (6) Gloucester		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental		ASCM No. _____		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 16 W Elizabeth Ave # 2		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Linden, NJ 07036		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Kelly Walton		Telephone No. (908) 862-4301		Telephone No. 609-702-0400 License No. 00862					
Start Date (10) 8 / 24 / 17		Scheduled Completion Date (11) 8 / 24 / 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: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	153 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 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 8/24/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 8-15-17			



PAID

CH9401, 9407

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

**RECEIVED**  
AUG 17 2017  
Check #9407 & 9401

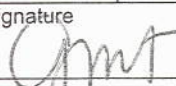
Date of Notification (1) 8 / 14 / 17		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1708-5198	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	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>10 Legion Place- Building A</b>	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code <b>Morristown, NJ 07960</b>	
		Name of Contact <b>John Greco</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L- Legion Place Complex- Building D</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>10 Legion Place</b>			
City (5) <b>Morristown, NJ 07960</b>		Square Feet	# of Floors
		Bldg. Age	
County (6) <b>Morris</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; Health, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>140 S. Village Ave., Suite 130</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Exton, PA 19341</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Telephone No. <b>610-524-5525</b>	License No. <b>00529</b>
Start Date (10) 8 / 23 / 17	Scheduled Completion Date (11) 8 / 29 / 17	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)

- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf  
☒ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

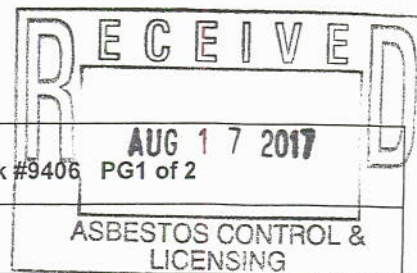
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Reader Meters Office Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2x layer Floor tile & Mastic	1,196 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2x layer Floor tile & Mastic	221 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>				Disposal Date <b>8/29/17</b>	City, State <b>Tullytown, PA</b>				
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>8/14/17</b>			



CK 9406

PAID

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



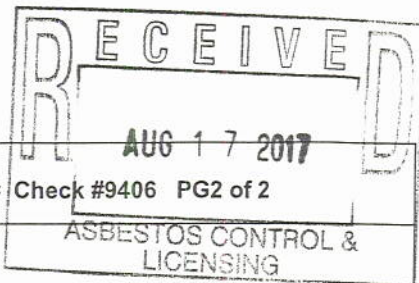
Date of Notification (1) 8 / 14 / 17		Name of Building Owner/Operator (2) Verizon Communications / Check #9406		AUG 17 2017 PG1 of 2					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> 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 100 Greenwood Avenue		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Jenkintown, PA 19046							
		Name of Contact Alex Baylor		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Market CO			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 95 William Street									
City (5) Newark			Square Feet	# of Floors	Bldg. Age				
County (6) Essex		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Offices						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) 8 / 25 / 17	Scheduled Completion Date (11) 10 / 31 / 17		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/5PM-2AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Please see attached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please see attached	Please see attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tank Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	25 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> to 3 <sup>rd</sup> Floor Pipe Chase	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	45 total	<input checked="" 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 10/31/17	City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/14/17			



CK 9406

PAID

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



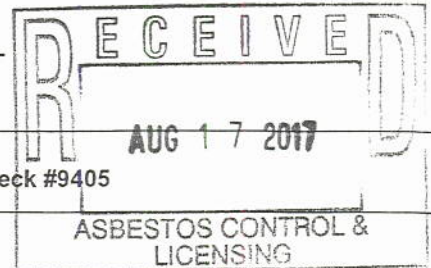
Date of Notification (1) 8 / 14 / 17		Name of Building Owner/Operator (2) Verizon Communications / Job #		Check #9406 PG2 of 2					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (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 100 Greenwood Avenue		City, State, Zip Code Jenkintown, PA 19046					
		Name of Contact Alex Baylor		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Market CO			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 95 William Street			Square Feet						
City (5) Newark			# of Floors		Bldg. Age				
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Offices					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		License No. 00529					
Start Date (10) 8 / 25 / 17		Scheduled Completion Date (11) 10 / 31 / 17		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/5PM-2AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Loft	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	10 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior brick façade/black mastic	2,569 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	88 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 <sup>th</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Caulking and Glazing	3 windows	<input checked="" 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 10/31/17	City, State Tullytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/14/17			



CK9405

PAID

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

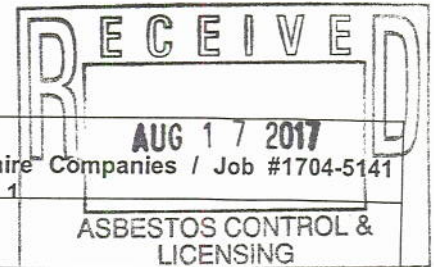


Date of Notification (1) 8 / 14 / 17		Name of Building Owner/Operator (2) All State Legal / Job #1708-5197 Check #9405							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 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>1 Commerce Drive</b> City, State, Zip Code <b>Cranford, NJ 07016</b> Name of Contact <b>Bill Smith</b>							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>All State Legal</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 Commerce Drive</b>									
City (5) <b>Cranford, NJ 07016</b>		Square Feet	# of Floors						
County (6) <b>Union</b>		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connexion</b>		ASCM No.							
Street Address <b>120 North Warren Street</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
City, State, Zip Code <b>Trenton, NJ 08625</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
Project Manager for Monitoring Firm <b>Rollie Jones</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Telephone No. <b>609-392-4200</b>		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>						
Start Date (10) 8 / 26 / 17	Scheduled Completion Date (11) 8 / 26 / 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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fitting Insulation	40 LF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Insulation	5 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>10</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>8/26/17</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>8/14/17</b>			



PAID  
CK 9403, 9404, 9405

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



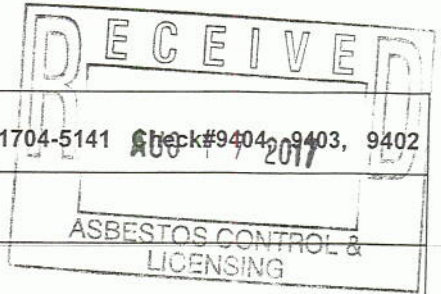
Date of Notification (1) 8 / 10 / 17		Name of Building Owner/Operator (2) HPF VIII 700 Union LLC c/o Hampshire Companies / Job #1704-5141 Check #9402 9403 9404 PG 1							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 22 Maple Avenue City, State, Zip Code Morristown, NJ 07960 Name of Contact Hoon Lee Telephone Number							
<b>FACILITY INFORMATION</b>									
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    Bldg. Age							
City (5) Totowa, NJ 07512		County Code (7)(STATE USE ONLY)							
County (6) Passaic		Current Use (Prior if being demolished) Private Building							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No. 16-0085	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		Name of OSHA Monitor EMSL Analytical							
Start Date (10) 6 / 19 / 17		Scheduled Completion Date (11) 8 / 31 / 17							
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"/> 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"/>	Elbows	1,500 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atrium Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	5,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Single Layer Floor tile & Mastic	7,810 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double Layer Floor tile & Mastic	7,875 SF	<input checked="" 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 8/31/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature		Date			



## NOTIFICATION OF ASBESTOS ABATEMENT

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

CK 9403, 9404, 9402

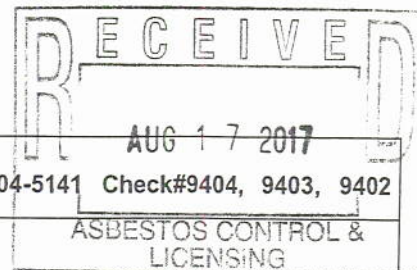


Date of Notification (1) 8 / 10 / 17		Name of Building Owner/Operator (2) HPF VIII 700 Union LLC/ Job #1704-5141 <del>Check #9404, 9403, 9402</del> PG 2							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6 <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 Telephone Number							
<b>FACILITY INFORMATION</b>									
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 Bldg. Age							
City (5) Totowa, NJ 07512		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.							
Street Address 300 Grand Avenue		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Englewood, NJ 07631		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Stephen Jaraczewski		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 201-569-6708		Telephone No. 609-265-2107							
License No. 00529		Name of OSHA Monitor EMSL Analytical							
Start Date (10) 6 / 19 / 17		Scheduled Completion Date (11) 8 / 31 / 17							
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"/> $\geq 3$ 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 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 8/31/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature		Date			



PAID

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

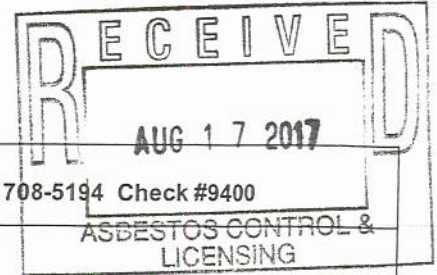


Date of Notification (1) <b>8 / 31 / 17</b>		Name of Building Owner/Operator (2) <b>HPF VIII 700 Union LLC/ Job #1704-5141 PG 3</b>		Check# <b>9404, 9403, 9402</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>6</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>22 Maple Ave.</b>		ASBESTOS CONTROL & LICENSING	
City, State, Zip Code <b>Morristown, NJ 07960</b>		Name of Contact <b>Hoon Lee</b>		Telephone Number	
<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		
City (5) <b>Totowa, NJ 07512</b>			# of Floors		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.		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>Lumberton, NJ 08048</b>	
City, State, Zip Code <b>Englewood, NJ 07631</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>		License No. <b>00529</b>	
Project Manager for Monitoring Firm <b>Stephen Jaraczewski</b>		Telephone No. <b>201-569-6708</b>		Telephone No. <b>609-265-2107</b>	
Start Date (10) <b>6 / 19 / 17</b>		Scheduled Completion Date (11) <b>8 / 31 / 17</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address <b>200 Route 130 North</b>		
			City, State, Zip Code <b>Cinnaminson, NJ 08077</b>		
Scope of Work (Check all that apply)					
<input 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)
	Yes	No	N/A		
Behind Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	532 SF
Garden Hall West Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	308 SF
Hot Water Loop Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	132 SF
Former Telecom Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	420 SF
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>8/31/17</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature Date	



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

**PAID**



Date of Notification (1) 8 / 9 / 17			Name of Building Owner/Operator (2) Manasquan Board Of Education / Job #1708-5194 Check #9400						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 169 Broad Street					
				City, State, Zip Code Manasquan, NJ 08736					
			Name of Contact Matt Hudson		Telephone Number				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Manasquan HS				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 167 Broad Street									
City (5) Manasquan				Square Feet	# of Floors				
				Bldg. Age					
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 120 Warren Street				Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code Trenton, NJ 08608				City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200		Telephone No. 609-265-2107	License No. 00529				
Start Date (10) 8 / 11 / 17		Scheduled Completion Date (11) 8 / 15 / 17		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 120	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile & Mastic	90 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ				Disposal Date 8/15/17	City, State Tuliytown, PA				
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 8/9/17			



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

**PAID**

B & G proj. #: 2017-113

Check # 8531

Date of Notification (1) <u>10/18/15</u> / <u>11/17/17</u>		Name of Building Owner/Operator (2) Rich Fleischman		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <b>RECEIVED</b>   AUG 17 2017   ASBESTOS CONTROL &amp; REMEDIATION </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Basking Ridge, NJ 07920		
		Name of Contact Rich Fleischman		
		Telephone Number [REDACTED]		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Rich Fleischman			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) Basking Ridge, NJ 07920	County (6) Somerset	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/25/2017		Sched. Completion Date (11) 08/26/2017		Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	93 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe	15 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

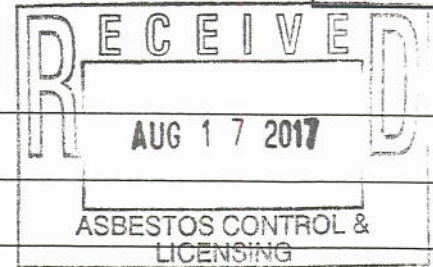
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 yard	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 08/28/2017		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 08/15/2017



CH1205

PAID

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

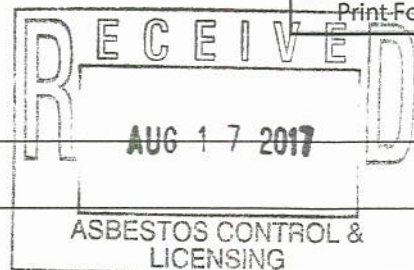


Date of Notification (1) 8/14/17		Name of Building Owner/Operator (2) Margaret Fritz							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Woodland Park, NJ 07424							
		Name of Contact Margaret Fritz							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Woodland Park		Square Feet 1825	# of Floors 2						
		Bldg. Age 65+/-							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 0763							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 8/14/17	Scheduled Completion Date (11) 8/20/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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		x		Linoleum Floor	156 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 CU	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ 07663			Disposal Date TBD	City, State Pen Argyl, PA 18072					
Completed by Richard Cristofol		Title President	Signature 			Date 8/14/17			



PAID

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



Date of Notification (1) 8/14/17		Name of Building Owner/Operator (2) Edith Behr							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 West Orange, NJ 07052							
		Name of Contact Edith Behr							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) West Orange		Square Feet 1900	# of Floors 2						
		Bldg. Age 65+/-							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 8/23/17	Scheduled Completion Date (11) 8/26/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Wrap	26 LF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 CU	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ 07663			Disposal Date TBD	City, State Pen Argyl, PA 18072					
Completed by Richard Cristofol		Title President	Signature 			Date 8/14/17			

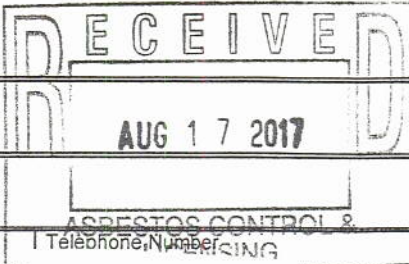


B &amp; G proj. #: 2017-112

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

PAID

Check # 8529

Date of Notification (1) 08/14/17		Name of Building Owner/Operator (2) Rockaway Township School District		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address P.O. Box 500		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Hibernia, NJ 07843		
		Name of Contact Miad Ghaffari / C. Dougherty Co.		
		Telephone Number		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Catherine A Dwyer 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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address 665 Mt. Hope Avenue			Square Feet # of Floors Bldg. Age		
City (5) Wharton, NJ	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) school (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/25/2017		Sched. Completion Date (11) 08/26/2017		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Mainoffice records room			X	pipe fittings	9 fittings	X			

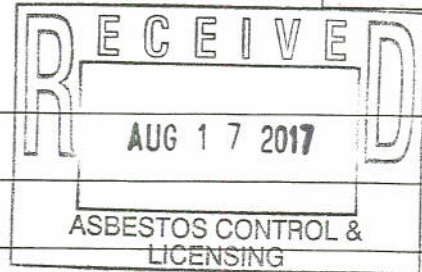
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/28/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/14/2017



CK # 8399

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

PAID

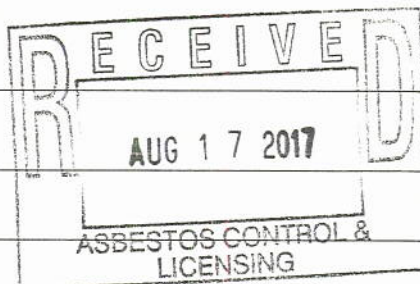


Date of Notification (1) <b>8/16/17</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>JAMES GRAVINA</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4)							
Street Address <b>14 BROADWAY</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>PATERSON</b>		Square Feet <b>Appx 2500</b>	# of Floors <b>2</b>						
County (6) <b>PASSAIC</b>		Bldg. Age <b>Appx 97 yrs</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SUB STATION</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>						
License No. <b>01111</b>									
Start Date (10) <b>8/29/17</b>	Scheduled Completion Date (11) <b>9/11/17</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>396 WHITEHEAD AVE.</b>							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>NECESSARY OPERATORS ONLY</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>BASEMENT + 1<sup>st</sup> FLR. STAIRWELL</b>		<b>X</b>		<b>PIPE INSULATION</b>	<b>110 LF</b>	<b>X</b>			
<b>BASEMENT</b>		<b>X</b>		<b>TRANSITE PANELS</b>	<b>75 SF</b>	<b>X</b>			
<b>BASEMENT</b>		<b>X</b>		<b>FIRE DOORS</b>	<b>60 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>ETGI</b>		NJDEP Waste Hauler ID No. <b>000692061</b>	Cubic Yards of Waste <b>Appx 20</b>	Name of Registered Landfill <b>GROWS NORTH</b>					
City, State <b>FLANDERS, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MANAGER</b>		Signature <i>Carol Raimo</i>			Date <b>8/16/17</b>		



CKL 2219  
0964-02

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



Date of Notification (1) 8 / 15 / 17		Name of Building Owner/Operator (2) <b>PENNSVILLE SCHOOL DISTRICT</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>30 CHURCH STREET</b> City, State, Zip Code <b>PENNSVILLE NJ 08070</b> Name of Contact	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>PENN BEACH ELEMENTARY SCHOOL</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>96 KANSAS ROAD</b>		Square Feet <b>&gt;50,000</b>	
City (5) <b>PENNSVILLE</b>		# of Floors <b>1</b>	Bldg. Age <b>50+</b>
County (6) <b>SALEM</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>HEALTH AND SAFETY SERVICES</b>		ASCM No.	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>
Street Address <b>318 12<sup>TH</sup> STREET</b>		Street Address <b>1345 INDUSTRIAL BLVD</b>	
City, State, Zip Code <b>HAMMONTON NJ 08037</b>		City, State, Zip Code <b>SOUTHAMPTON, PA 18966</b>	
Project Manager for Monitoring Firm <b>AL OSWALD</b>	Telephone No. <b>609 704-8850</b>	Telephone No. <b>215 322-2900</b>	License No. <b>00783</b>
Start Date (10) 6 / 13 / 17	Scheduled Completion Date (11) 9 / 5 / 17	Name of OSHA Monitor <b>CRITERION LABS</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: 7AM-PM4:30PM-AM		Street Address <b>400 STREET ROAD</b> City, State, Zip Code <b>BENSALEM PA 19020</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOM 123	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	6LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOM 124	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	6LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOM 125	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	6LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNIT VENTILATORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOR TILE ASSOCIATE WITH UV	234	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GRP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>58 PYLES LANE NEW CASTLE DE 19720</b>			Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>MICHAEL PARSON</b>	Title <b>PROJECT MANAGER</b>	Signature <i>Michael Parson</i>		Date <b>8-15-2017</b>	

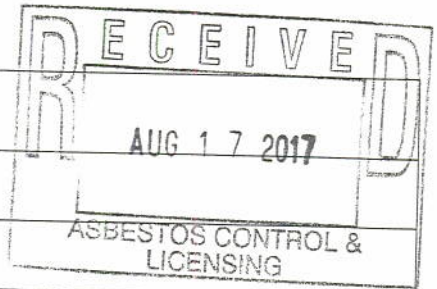


RECEIVED  
AUG 17 2017  
ASBESTOS CONTROL & LICENSING

[illegible]



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



<b>Date of Notification (1)</b> <u>6</u> / <u>20</u> / <u>17</u>		<b>Name of Building Owner/Operator (2)</b> <b>PENNSVILLE SCHOOL DISTRICT</b>	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	<b>Type Notification</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>Street Address</b> <b>30 CHURCH STREET</b> <b>City, State, Zip Code</b> <b>PENNSVILLE NJ 08070</b> <b>Name of Contact</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>PENN BEACH ELEMENTARY SCHOOL</b>		<b>Type of Facility (4)</b> <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.)	
<b>Street Address</b> <b>96 KANSAS ROAD</b>		<b>Square Feet</b> <u>&gt;50,000</u> <b># of Floors</b> <u>1</u> <b>Bldg. Age</b> <u>50+</u>	
<b>City (5)</b> <b>PENNSVILLE</b>		<b>County (6)</b> <b>SALEM</b>	
<b>County Code (7)(STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> <b>SCHOOL</b>	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> <b>HEALTH AND SAFETY SERVICES</b>		<b>ASCM No.</b>	
<b>Street Address</b> <b>318 12<sup>TH</sup> STREET</b>		<b>Name of Abatement Contractor (9)</b> <b>DELTA/BJDS, INC</b>	
<b>City, State, Zip Code</b> <b>HAMMONTON NJ 08037</b>		<b>Street Address</b> <b>1345 INDUSTRIAL BLVD</b>	
<b>Project Manager for Monitoring Firm</b> <b>AL OSWALD</b>		<b>City, State, Zip Code</b> <b>SOUTHAMPTON, PA 18966</b>	
<b>Telephone No.</b> <b>609 704-8850</b>		<b>Telephone No.</b> <b>215 322-2900</b>	
<b>License No.</b> <b>00783</b>		<b>Name of OSHA Monitor</b> <b>CRITERION LABS</b>	
<b>Start Date (10)</b> <u>6</u> / <u>13</u> / <u>17</u>		<b>Scheduled Completion Date (11)</b> <u>8</u> / <u>31</u> / <u>17</u>	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>4:30</u> PM- <u>4</u> AM		<b>Street Address</b> <b>400 STREET ROAD</b>	
<b>Scope of Work (Check all that apply)</b> <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	
<b>Location of Asbestos-Containing Material (ACM) IN Facility (13)</b> <b>TO BE ABATED</b>		<b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b> Yes    No    N/A	
<b>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>		<b>Amount (Specify SF or LF)</b>	
<b>Abatement Type</b> Removal    Repair    Encapsulate    Enclosure			
<b>ROOM 123</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <b>PIPE INSULATION</b> <b>6LF</b> <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
<b>ROOM 124</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <b>PIPE INSULATION</b> <b>6LF</b> <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
<b>ROOM 125</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <b>PIPE INSULATION</b> <b>6LF</b> <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
<b>UNIT VENTILATORS</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <b>FLOOR TILE ASSOCIATE WITH UV</b> <b>234</b> <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
<b>Name of Registered Waste Hauler</b> <b>SERVICE TRANSPORT GRP</b>		<b>NJDEP Waste Hauler ID No.</b> <b>20990</b>	
<b>City, State</b> <b>58 PYLES LANE NEW CASTLE DE 19720</b>		<b>Cubic Yards of Waste</b> <b>Disposal Date</b>	
<b>Name of Registered Landfill</b> <b>MINERVA LANDFILL</b>		<b>City, State</b> <b>WAYNESBURG, OH 44688</b>	
<b>Completed By (Print or Type)</b> <b>MICHAEL PARSON</b>		<b>Title</b> <b>PROJECT MANAGER</b>	
<b>Signature</b> <i>Michael Parson</i>		<b>Date</b> <u>6-20-2017</u>	



[illegible]



0964-02

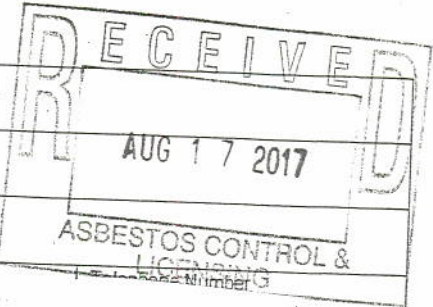
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 6 / 19 / 17		Name of Building Owner/Operator (2) PENNSVILLE SCHOOL DISTRICT							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 CHURCH STREET City, State, Zip Code PENNSVILLE NJ 08070 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PENN BEACH 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 and commercial buildings, homes, etc.)							
Street Address 96 KANSAS ROAD		Square Feet >50,000							
City (5) PENNSVILLE		# of Floors 1							
County (6) SALEM		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) SCHOOL							
Name of Monitoring Firm Hired by Building Owner (8) HEALTH AND SAFETY SERVICES		ASC No. _____							
Street Address 318 12 <sup>TH</sup> STREET		Name of Abatement Contractor (9) DELTA/BJDS, INC							
City, State, Zip Code HAMMONTON NJ 08037		Street Address 1345 INDUSTRIAL BLVD							
Project Manager for Monitoring Firm AL OSWALD		City, State, Zip Code SOUTHAMPTON, PA 18966							
Telephone No. 609 704-8850		Telephone No. 215 322-2900							
Start Date (10) 6 / 13 / 17		License No. 00783							
Scheduled Completion Date (11) 8 / 31 / 17		Name of OSHA Monitor CRITERION LABS							
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: 7AM-4:30PM-AM		Street Address 400 STREET ROAD							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BENSALEM PA 19020							
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 123	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	6LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOM 124	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	6LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOM 125	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE INSULATION	6LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		6LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State 58 PYLES LANE NEW CASTLE DE 19720		Disposal Date		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) MICHAEL PARSON		Title PROJECT MANAGER		Signature Michael Parson		Date 6-19-2017			



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



096422  
Date of Notification (1)  
5-22-2017

Agencies Notified

☒ EPA  
☐ DEP  
☒ DOL

☒ DOH  
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)  
PENNSVILLE SCHOOL DISTRICT

Street Address  
30 CHURCH STREET

City, State, Zip Code  
PENNSVILLE, NJ 08070

Name of Contact

Name of Facility Where Abatement is Taking Place (3)  
PENN BEACH ELEMENTARY SCHOOL

Street Address  
96 KANSAS ROAD

City (5)  
PENNSVILLE

County (6)  
SALEM

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  
.50,000

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
PENNON ASSOCIATES

Street Address  
515 GROVE STREET SUITE 1B

City, State, Zip Code  
HADDON HEIGHTS, NJ 08035

Project Manager for Monitoring Firm  
Alan Lloyd

ASCM No.  
102

Name of Abatement Contractor (9)  
DELTA/BJDS, INC

Street Address  
1345 INDUSTRIAL BLVD

City, State, Zip Code  
SOUTHAMPTON PA 18966

Telephone No.  
215 322-2900

License No.  
00783

Start Date (10)  
6-3-2017

Scheduled Completion Date (11)  
9-1-2017

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: 6 Mon-Sat

Name of OSHA Monitor  
CRITERION LABS

Street Address  
400 STREET ROAD

City, State, Zip Code  
BENSALEM, PA 19020

Scope of Work (Check All That Apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOM 123	<input checked="" type="checkbox"/>	X		PIPE INSULATION	6LF	X			
ROOM 124		X		PIPE INSULATION	6LF	X			
ROOM 125		X		PIPE INSULATION	6LF	X			

Name of Registered Waste Hauler  
SERVICE TRANSPORT

NJDEP Waste Hauler ID No.  
20990

Cubic Yards of Waste

Name of Registered Landfill  
MINERVA LANDFILL

City, State  
58 PYLES LANE, NEW CASTLE DE 19720

Disposal Date

City, State  
WAYNESBURG, OH 44688

Completed by  
CHRISTINE DEL VISCIO

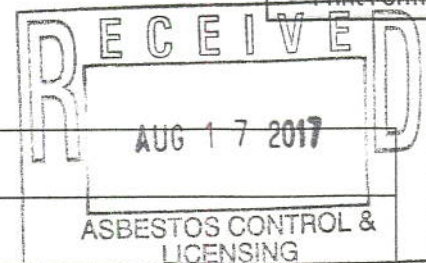
Title  
ASST. ADMIN

Signature  
*Christine DelViscio*

Date  
5-22-2017



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



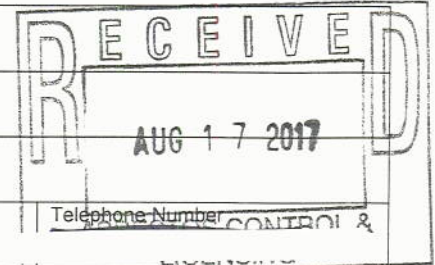
Date of Notification (1) 08-09-17		Name of Building Owner/Operator (2) Township of North Bergen	
Agencies Notified	Type Notification	Street Address 4233 Kennedy Blvd.	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Bergen, NJ 07047	
		Name of Contact Peter Hammer	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) North Bergen		Square Feet	# of Floors
County (6) Hudson		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm		Telephone No.	License No.
Start Date (10) 08-21-17		Scheduled Completion Date (11) 08-23-17	Name of OSHA Monitor Delfa Contracting LLC
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Union City NJ 07087	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)
	Yes	No	
Roof		x	
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Union City, NJ		Cubic Yards of Waste 5	Disposal Date 08-24-17
Completed by Jaime Delgado		Title Proj. Manager.	Signature 
			Date 08-09-17



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

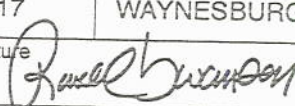
**PAID**

CHECK # 24372/5957



Date of Notification (1) 08-09-17		Name of Building Owner/Operator (2) Orange & Rockland Utilities							
Agencies Notified	Type Notification	Street Address 1 Blue Hill Plaza							
<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 # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pearl River, NY 10965							
		Name of Contact Gerard Friedler							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 275 West Grand Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Montvale		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) O&R Substation							
Name of Monitoring Firm Hired by Building Owner (8) Roco Rescue, Inc.		ASCM No.							
Street Address 7077 Exchequer Drive		Name of Abatement Contractor (9) Pinnacle Environmental Corp.							
City, State, Zip Code Baton Rouge, LA		Street Address 200 Broad Street							
Project Manager for Monitoring Firm Dennis O'Connell		City, State, Zip Code Carlstadt, NJ 07072							
Telephone No. 1-800-406-7626		Telephone No. 201-939-6565	License No. 00756						
Start Date (10) 07-20-17(2)08-21-17	Scheduled Completion Date (11) (2)09-30-17	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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Ground: Electric Box			x	Electric Cable Wrap	1,500LF	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 08-09-17			



Date of Notification (1) 08/10/2017		<b>PAID</b>		Name of Building Owner/Operator (2) MAPLEWOOD III LLC		<div style="border: 2px solid black; padding: 10px; font-size: 1.5em; font-weight: bold; letter-spacing: 0.5em;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">AUG 17 2017</div>		
Agencies Notified		Type Notification		Street Address 2000 MAPLEWOOD DRIVE				
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MAPLE SHADE NJ 08052				
				Name of Contact JIM				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES						Type of Facility (4)		
Street Address 2000 MAPLEWOOD DRIVE						<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) MAPLE SHADE						Square Feet 800	# of Floors 1	
County (6) CAMDEN				County Code (7) (STATE USE ONLY) _____		Bldg. Age 50+		
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.				ASCN No. _____		Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS		
Street Address 1012 INDUSTRIAL DRIVE				Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.				
City, State, Zip Code WEST BERLIN NJ 08091				Street Address 570 CLEMS RUN				
Project Manager for Monitoring Firm MATT DEPALMA				Telephone No. 856-809-1202		City, State, Zip Code MULLICA HILL NJ 08062		
Start Date (10) 08/11/2017				Scheduled Completion Date (11) 08/11/2017		Telephone No. 610-304-4676		
						License No. 01145		
Occupancy Status During Abatement (Check Only One)						Name of OSHA Monitor EMSL		
<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 RT. 130 NORTH		
						City, State, Zip Code CINNAMINSON NJ 08077		
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
						Removal	Repair	Encapsulate
13 OAKWOOD-LAUNDRY ROOM		Yes	No	N/A	64 SF	X		
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES				NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 4		Name of Registered Landfill MINERVA LANDFILL
City, State MULLICA HILL NJ				Disposal Date 08/11/2017		City, State WAYNESBURG, OH		
Completed by RON SWANSON				Title GENERAL MANAGER		Signature 		Date 08/10/2017




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

**CHECK# 1673**

Date of Notification (1) 01/01/2017		Name of Building Owner/Operator (2) MAPLEWOOD III LLC		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   AUG 17 2017   ASBESTOS ABATEMENT &amp; </div>	
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE			
		City, State, Zip Code MAPLE SHADE NJ 08052			
		Name of Contact MAUREEN WILLIAMS			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES				Type of Facility (4)	
Street Address 2000 MAPLEWOOD DRIVE				<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) MAPLE SHADE				Square Feet 800	# of Floors 1
County (6) CAMDEN				County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.			ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 1012 INDUSTRIAL DRIVE			Street Address 570 CLEMS RUN		
City, State, Zip Code WEST BERLIN NJ 08091			City, State, Zip Code MULLICA HILL NJ 08062		
Project Manager for Monitoring Firm MATT DEPALMA			Telephone No. 856-809-1202	Telephone No. 610-304-4676	License No. 01145
Start Date (10) 01/10/2017		Scheduled Completion Date (11) 12/31/2017		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 200 RT. 130 NORTH	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>UNIT VACANT DURING ABATEMENT</u>				City, State, Zip Code CINNAMINSON NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

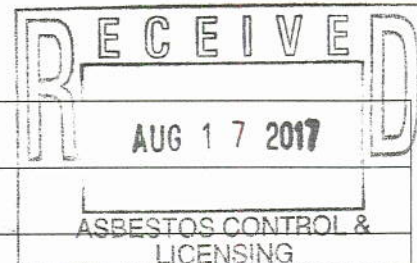
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
THROUGHOUT ENTIRE COMPLEX			X	JOINT COMPOUND	3080 SF	X			
				FLOOR TILE	5000 SF	X			
				MASTIC	5000 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 80	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ			Disposal Date 12/31/2017	City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 01/01/2017	



PAID

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

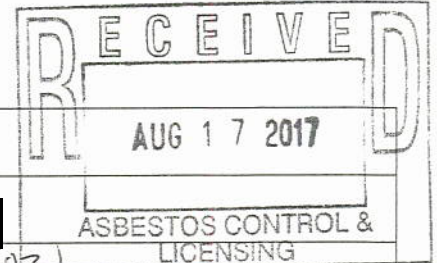


Date of Notification (1) 8-11-2017		Name of Building Owner/Operator (2) Parkwood Development							
Agencies Notified	Type Notification	Street Address 729 Clinton Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Kyle Winschuch	Telephone Number						
<b>FACILITY INFORMATION</b>									
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 & commercial buildings, homes, etc.)							
Street Address 720 Clinton Street		Square Feet 40000	# of Floors 6						
City (5) Hoboken, NJ 07030		Bldg. Age 80+							
County (6) Hudson	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) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-33-8855	License No. 01174						
Start Date (10) 8-14-2017	Scheduled Completion Date (11) 8-18-2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor SW corner		x		Asbestos Debris	200 SF	x			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Jersey City, NJ			Disposal Date 8-18-217	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office manager	Signature <i>Liliana Serrano</i>	Date 8-11-2017					



PAID

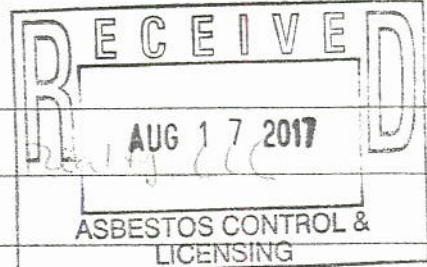
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/14/17		Name of Building Owner/Operator (2) Barbara Berke							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input 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 Monroe, NJ 08831 Name of Contact Eric Plackis Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1200							
City (5) Monroe		# of Floors 2	Bldg. Age 70						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) None							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries Inc.							
Street Address		Street Address P.O. Box 915							
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196						
Start Date (10) 8/14/17	Scheduled Completion Date (11) 8/18/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
				Asbestos floor tile	500sf	x			
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 6	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey			Disposal Date 8/18/17	City, State PA					
Completed by Eric Plackis		Title President	Signature [Signature]			Date 8/14/17			



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

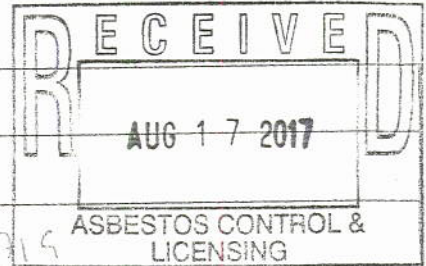


Date of Notification (1) <u>8/12/17</u>		Name of Building Owner/Operator (2) <u>RFH Rutgers Drive Realty LLC</u>							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<u>Room 2093</u> City, State, Zip Code <u>Red Bank New Jersey 07701</u>							
		Name of Contact <u>Devin</u>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <u>RFH Rutgers Drive Realty LLC Property</u>		Type of Facility (4)							
Street Address <u>2 Rutgers Drive</u>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <u>Fair Haven</u>	Square Feet <u>2000</u>	# of Floors <u>1</u>	Bldg. Age <u>1977</u>						
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) <u>8/21/17</u>		Scheduled Completion Date (11) <u>8/29/17</u>							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>7am - 4pm</u>		Street Address							
Scope of Work (Check All That Apply)		City, State, Zip Code							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>basement</u>			<u>X</u>	<u>flooring</u>	<u>700 SF</u>	<u>X</u>			
<u>interior</u>			<u>X</u>	<u>sheetrock/sprinkle</u>	<u>3000 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Ace Insulation Co., Inc.</u>		NJDEP Waste Hauler ID No. <u>12086</u>	Cubic Yards of Waste <u>20</u>	Name of Registered Landfill <u>Chriss Landfill</u>					
City, State <u>Colts Neck, New Jersey</u>		Disposal Date <u>8/29/17</u>	City, State <u>Easton, PA</u>						
Completed by <u>Bree McGuire</u>		Title <u>Secretary Treasurer</u>	Signature <u>Bree McGuire</u>	Date <u>8/12/17</u>					



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

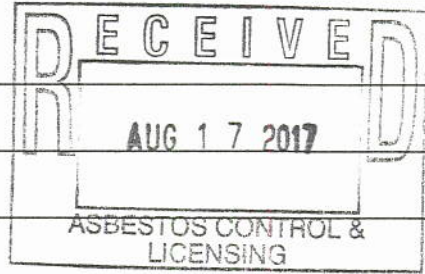
PAID



Date of Notification (1) 8/12/17		Name of Building Owner/Operator (2) D'Agnes Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belmar, New Jersey 07719							
		Name of Contact Mott							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) D'Agnes 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 2500	# of Floors 2						
City (5) Belmar		Bldg. Age 37							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) house + garage							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ace Insulation Co., Inc							
Street Address		Street Address 95 Montrose Rd							
City, State, Zip Code		City, State, Zip Code Colts Neck, New Jersey							
Project Manager for Monitoring Firm		Telephone No. 732 294 1757	License No. 00029						
Start Date (10) 8/23/17	Scheduled Completion Date (11) 8/29/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: 7 AM - 7 PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	Siding/Brick	3000 SF	X			
exterior (roof)			X	flashing	500 CF	X			
exterior (roof)			X	roofing material	1000 SF	X			
interior (basement)			X	pipe wrap	200 CF	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 10	Name of Registered Landfill Chriss Landfill				
City, State Colts Neck, New Jersey		Disposal Date 8/29/17		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature Bree McGuire		Date 8/12/17			



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

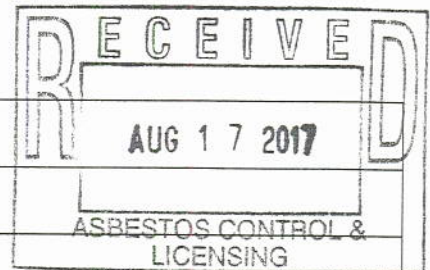


Date of Notification (1) 08-13-17		Name of Building Owner/Operator (2) Emerson Public Schools							
Agencies Notified	Type Notification	Street Address 133 Main St.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Emerson, NJ 07630							
		Name of Contact Chris McQuade							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Emerson Jr. High School		Type of Facility (4)							
Street Address 131 Main St.		<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) Emerson		Square Feet 20,000 +	# of Floors 1						
		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) Westchester Environmental, LLC		ASCM No. 00127	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address 307 N Walnut St.		Street Address 522 7th St.							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm Philip Conteh		Telephone No. (610) 431-7545	License No. 01206						
Start Date (10) 08-07-17	Scheduled Completion Date (11) 08-21-17	Name of OSHA Monitor Delfa Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor / Trainers Room		x		Pipe Insulation	180 LF	x			
1st Floor / Trainers Room		x		Cinderblock wall w/ Vermiculite	700 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10'	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 08-18-17		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature			Date 08-13-17		



PAID

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

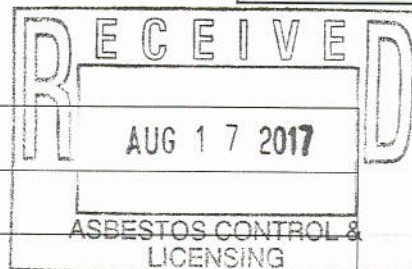


Date of Notification (1) 08/11/2017		Name of Building Owner/Operator (2) Freehold Regional High School District							
Agencies Notified	Type Notification	Street Address 11 Pine Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englishtown, NJ 07726							
		Name of Contact Lorraine Simon	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Administration Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 11 Pine Street		Square Feet 25000+	# of Floors 2+ Bldg. Age 35+						
City (5) Englishtown		Current Use (Prior if being demolished) Boiler Room							
County (6) Monmouth County	County Code (7) (STATE USE ONLY)	Name of Abatement Contractor (9) Nari Construction LLC							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc		ASCM No. 00116							
Street Address 318 12th St,		Street Address 63 Leather Stocking Path							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	License No. 01306						
Start Date (10) 08/25/2017	Scheduled Completion Date (11) 09/02/2017	Name of OSHA Monitor Nari Construction LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>occupied building</u>		Street Address 63 Leather Stocking Path							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Boiler Room	x			Boiler breeching/tank/jacket insul	640 SF	x			
Boiler Room	x			Pipe Insulation	250 LF	x			
Boiler Room	x			Boiler Interior insulation/gasket	200 SF	x			
Boiler Room	x			Boiler Interior Rope insulation	160 LF	x			
Name of Registered Waste Hauler New American restoration Inc		NJDEP Waste Hauler ID No. 30399		Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S				
City, State Paterson, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Igor Jezdimirovic		Title P. Manager		Signature		Date 08/11/2017			



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

PAID



Date of Notification (1) 08/11/2017		Name of Building Owner/Operator (2) Peykar Family Properties Wayne LLC							
Agencies Notified	Type Notification	Street Address 5 Sampson Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne NJ 07663							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Marko Stankovic	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 150 Totowa Rd		Square Feet 15,000	# of Floors 2						
City (5) Wayne		Bldg. Age 50							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial							
Street Address		Street Address 109 Heritage Lane							
City, State, Zip Code		City, State, Zip Code Hamburg, NJ 07419							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-570-2645	License No. 01334						
Start Date (10) 8/14/2017	Scheduled Completion Date (11) 8/28/2017	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 109 Heritage Lane							
		City, State, Zip Code Hamburg, NJ 07419							
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) <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
underground		X		transite pipe	unknown	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 8	Name of Registered Landfill Wastement Management					
City, State Wayne, NJ			Disposal Date	City, State Tulleytown, PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 7/28/2017			



PAID

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

check 12933

Date of Notification (1) 08 / 16 / 17		Name of Building Owner / Operator (2) First Energy		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  AUG 17 2017 </div>					
Agencies Notified		Type of Notification						Street Address 76 South Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation						City, State, Zip Code Akron, Ohio 44308	
								Name of Contact Jim Halsey	
FACILITY INFORMATION				ASBESTOS CONTROL & LICENSING					
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)					
Street Address 28 PARKWAY				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)					
City (5) MORRISTOWN	County (6) MORRIS	County Code (7)	Square Feet	# Of Floors	Building Age				
			Current Use (Prior if being demolished)		Telephone Pole				
Name of Monitoring Firm Hired by Bldg. Owner (8) Environmental Health Investigations			ASCM NO. NORTHSTAR CONTRACTING GROUP. INC.						
Street Address 655 West Shore Trail			Street Address 32 Williams Parkway						
City, State, Zip Code Sparta, NJ 07871			City, State, Zip Code East Hanover, NJ 07036						
Project Mngr. For Monitoring Firm Dino Nappi		Telephone Number 212-682-9271	Telephone Number 973-884-8682		License Number 00860				
Scheduled Start Date (10) 08 / 29 / 17		Scheduled Completion Date (11) 08 / 31 / 17							
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP. INC.						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 8:30 am to 5:00 pm <input checked="" type="checkbox"/> Other - Describe:			Street Address 32 Williams Parkway						
			City, State, Zip Code East Hanover, NJ 07036						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <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 <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			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		
Exterior Telephone Pole	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Transite Conduit	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.					
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105						
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 08/16/17				

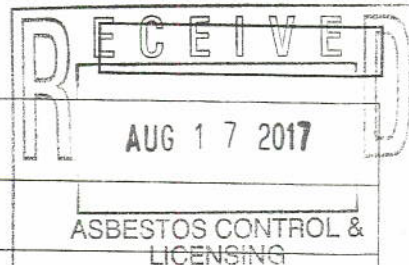


## NOTIFICATION OF ASBESTOS ABATEMENT

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

Check#2852

PAID



Date of Notification (1) 08 / 14 / 17		Name of Building Owner/Operator (2) Robert Long							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Long Valley, NJ 07853							
		Name of Contact Robert Long	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Long Valley, NJ 07853		Square Feet	# of Floors						
County (6) Morris		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 08 / 25 / 17	Scheduled Completion Date (11) 08 / 26 / 17	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite pipe encapsulation	30 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>		Date 08/14/17			

ASB-41

MAY 11

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