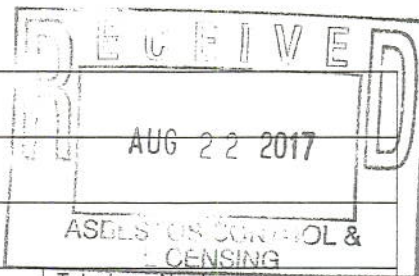


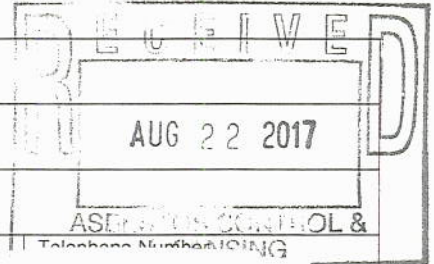
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



**NO CK**

Date of Notification (1) 08/18/2017		Name of Building Owner/Operator (2) Township of Pittsgrove							
Agencies Notified	Type Notification	Street Address 989 Centerton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pittsgrove, NJ 08318							
		Name of Contact Constance Garton							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Grain Mill, (Building 2)		Type of Facility (4)							
Street Address 1237 Landis 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) Pittsgrove		Square Feet ~ 2,200	# of Floors 1						
County (6) Salem		Bldg. Age 60+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Former Grain Mill							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 547-0505	Telephone No. 610 933-4332						
License No. 00836									
Start Date (10) 08/09/2017	Scheduled Completion Date (11) 08/31/2017	Name of OSHA Monitor Neuber Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 42 Ridge Road							
<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 Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Spreadsheet			X	See Attached	See Attached	X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler C&H Disposal Services, Inc.		NJDEP Waste Hauler ID No. 07903		Cubic Yards of Waste ~ 60	Name of Registered Landfill Salem County Improvement Authority				
City, State Elmer, NJ				Disposal Date 08/09/2017	City, State Alloway, NJ				
Completed by Patrick Larney		Title Project Manager		Signature 	Date 08/18/2017				

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



Date of Notification (1) 08/18/2017		Name of Building Owner/Operator (2) Township of Pittsgrove	
Agencies Notified	Type Notification	Street Address 989 Centerton Road	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pittsgrove, NJ 08318	
		Name of Contact Constance Garton	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Grain Mill, (Silo's)		Type of Facility (4)	
Street Address 1237 Landis 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) Pittsgrove	Square Feet ~ 1,000	# of Floors 1	Bldg. Age 60+
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Grain Mill	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASCM No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road	
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460	
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 547-0505	Telephone No. 610 933-4332
License No. 00836			
Start Date (10) 08/09/2017	Scheduled Completion Date (11) 08/31/2017	Name of OSHA Monitor Neuber Environmental Services, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 42 Ridge Road	
<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 Phoenixville, PA 19460	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

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

Name of Registered Waste Hauler C&H Disposal Services, Inc.		NJDEP Waste Hauler ID No. 07903	Cubic Yards of Waste ~ 200	Name of Registered Landfill Salem County Improvement Authority	
City, State Elmer, NJ		Disposal Date 08/09/2017	City, State Alloway, NJ		
Completed by Patrick Larney		Title Project Manager	Signature 	Date 08/18/2017	



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

**PAID** 1710

Print Form

**RECEIVED**  
AUG 22 2017  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/10/17		Name of Building Owner/Operator (2) Rev. Monsignor James Kelly Residence for priests	
Agencies Notified	Type Notification	Street Address 247 Bloomfield Ave.	
<input checked="" 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 Caldwell, NJ 07006	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Nassar Shabo	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Rev. Monsignor James Kelly Residence for Priests		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 247 Bloomfield Ave.		Square Feet 10,100	# of Floors 2
City (5) Caldwell		Bldg. Age 50+	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Retirement Home	
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) Lesco Services Inc.
Street Address 20-21 Wagaraw Rd. Bldg 35E		Street Address 156 Maple Ave.	
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm Frederick Larson		Telephone No. 973-636-9145	License No. 01107
Start Date (10) 08/23/17	Scheduled Completion Date (11) 09/04/17	Name of OSHA Monitor Leslaw Nalodka	
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</u>		Street Address 156 Maple Ave.	
		City, State, Zip Code Wallington, NJ 07057	
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
boiler room	*			pipe insulation	55lf.	*			
boiler room	*			boiler breeching	115sf.	*			
boiler room	*			spray-on ceiling	400sf.	*			
boiler room	*			flue pack	3sf.	*			

Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 10	Name of Registered Landfill GCSL	
City, State Newark, NJ		Disposal Date 09/05/17		City, State Pen Argyl, PA	
Completed by Leslaw Nalodka		Title President	Signature 		Date 08/10/17



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

**NO CK**

Date of Notification (1)  
08/11/17

Name of Building Owner/Operator (2)  
Bristol Myers Squibb

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

Type Notification  
☐ Initial Notification  
☒ Amended Notification  
☒ Cancellation

Street Address  
1 Squibb drive

City, State, Zip Code  
New Brunswick NJ 08903

Name of Contact  
Project Manager

Telephone

**RECEIVED**  
AUG 22 2017  
ASBESTOS CONTROL & LICENSING

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Bristol-Myers Squibb

Street Address  
1 Squibb Drive

City (5)  
New Brunswick

County (6)  
Middlesex

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  
out side

# of Floors  
70

Bldg. Age  
70

Current Use (Prior if being demolished)  
Laboratory Demo

Name of Monitoring Firm Hired by Building Owner (8)  
Environmental Tactics

ASCM No.  
0045

Name of Abatement Contractor (9)  
Advanced Specialty Contractor

Street Address  
2400 Main St Extension Suite 10

City, State, Zip Code  
Sayreville NJ 08872

Telephone Number  
732 525 0100

License Number  
00750

Project Manager for Monitoring Firm  
Tom Geiger

Telephone Number  
732 290 2217

Scheduled Start Date (10)  
08/11/17

Sched. Completion Date (11)  
11/05/17

Month / Day / Year

Occupancy Status During Abatement (Check only one)  
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☐ Other - Describe: outside window glazing

Street Address  
64 Broad St

City, State, Zip Code  
Matawan NJ 07747

Name of OSHA Monitor  
Environmental Tactics

Street Address  
64 Broad St

City, State, Zip Code  
Matawan NJ 07747

Scope of Work (Check all that apply)  
☐ Demolition  
☐ >3 sf or >3 lf  
☐ >160 sf or >260 lf  
☐ Renovation  
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		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	N	C	E
B-101	X		Window Glazing	4500 LF	X				
	X		Roof flashing	10 SF	X				

Name of Registered Waste Hauler  
Freehold C9tagc

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
30

Name of Registered Landfill  
Grows Landfill

City, State  
Freehold NJ

Disposal Date  
10-05-17

City, State  
Tullytown PA

Completed By (Print or Type)  
Kurt Nale

Title  
Branch Manager

Signature  
Kurt Nale

Date  
8-18-17



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

Check No.

4345

PAID



Date of Notification (1) <b>August 17, 2017</b>		Name of Building Owner/Operator (2) <b>PA of NY &amp; NJ, Newark Liberty International Airport</b>						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-04</small> <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>Building 125</b> City, State, Zip Code <b>Newark, NJ 07114</b> Name of Contact <b>Ralph Campione</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Newark Liberty International Airport - WO No. 11</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>Brewster Road, Parking Lot P7 - Building 2</b>		Square Feet <b>840</b>	# of Floors <b>1</b>					
City (5) <b>Newark</b>		Bldg. Age <b>50+/-</b>						
County (6) <b>Essex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>FAA Buidling</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>PA of NY &amp; NJ</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>					
Street Address <b>241 Erie Street, Room 236</b>		Street Address <b>223 Randolph Avenue</b>						
City, State, Zip Code <b>Jersey City, NJ 07310</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>						
Project Manager for Monitoring Firm <b>Ralph Campione</b>		Telephone No. <b>973-624-6898</b>	License No. <b>00120</b>					
Start Date (10) <b>August 28, 2017</b>	Scheduled Completion Date (11) <b>September 30, 2017</b>		Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</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>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071-1998</b>						
Scope of Work (Check all that apply)  <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
Various Locations			X	VAT & Mastic	800 sq ft	X	X	
Name of Registered Waste Hauler <b>Jimmy Byrne</b>		NJDEP Waste Hauler ID No. <b>19551</b>	Cubic Yards of Waste <b>&lt; 5</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>				
City, State <b>11 Vreeland Avenue, Totowa, NJ 07512</b>		Disposal Date <b>08/29/2017 - 09/30/2017</b>		City, State <b>Penn Argile, PA</b>				
Completed by <b>G. Roger Woodman</b>	Title <b>Project Manager</b>		Signature 			Date <b>8/17/2017</b>		



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



CK#  
4344

Date of Notification (1)  
August 17, 2017

Agency Notified  
EPA  
NJ DEP  
NJ DOL

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

Name of Building Owner/Operator (2)  
**PA of NY & NJ, Newark Liberty International Airport**  
Street Address  
**Building 125**  
City, State, Zip Code  
**Newark, NJ 07114**  
Name of Contact  
**Ralph Campione**

Name of Facility Where Abatement is Taking Place (3)  
**Newark Liberty International Airport - WO No. 11**

Street Address  
**Brewster Road, Parking Lot P7 - Building 1**

City (5)  
**Newark**

County (6)  
**Essex**

County Code (7) (STATE USE ONLY)

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

Square Feet  
**1,200**  
# of Floors  
**1**  
Bldg. Age  
**50+/-**

Current Use (Prior if being demolished)  
**FAA Buidling**

Name of Monitoring Firm Hired by Building Owner  
**PA of NY & NJ**

ASCM No.  
**N/A**

Name of Abatement Contractor (9)  
**B&N&K Restoration Co., Inc.**

Street Address  
**241 Erie Street, Room 236**  
City, State, Zip Code  
**Jersey City, NJ 07310**

Street Address  
**223 Randolph Avenue**  
City, State, Zip Code  
**Clifton, NJ 07011**

Project Manager for Monitoring Firm  
**Ralph Campione**

Telephone No.  
**973-624-6898**

Telephone No.  
**973-478-4681**  
License No.  
**00120**

Start Date (10)  
**August 28, 2017**

Scheduled Completion Date (11)  
**September 30, 2017**

Name of OSHA Monitor  
**McCabe Environmental Services, L.L.C.**

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  
**464 Valley Brook Avenue**  
City, State, Zip Code  
**Lyndhurst, NJ 07071-1998**

Scope of Work (Check all that apply)  
☐ ≥ 3 sf or ≥ 3 lf  
☒ ≥ 160 sf or ≥ 260 lf

☐ Renovation  
☒ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior walls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACM containing paint	1400 sq ft	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exterior walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Glazing	254 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler  
**Jimmy Byrne**

NJDEP Waste Hauler ID No.  
**19551**

Cubic Yards of Waste  
**< 5**

Name of Registered Landfill  
**Minerva Enterprises, Inc.**

City, State  
**11 Vreeland Avenue, Totowa, NJ 07512**

Disposal Date  
**08/29/2017 - 09/30/2017**  
Signature

City, State  
**Penn Argile, PA**

Date  
**8/17/2017**

Completed by  
**G. Roger Woodman**  
Title  
**Project Manager**

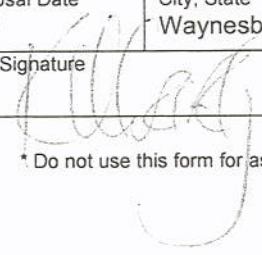
\* Do not use this form for asbestos licensure exempted activities.



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

PAID

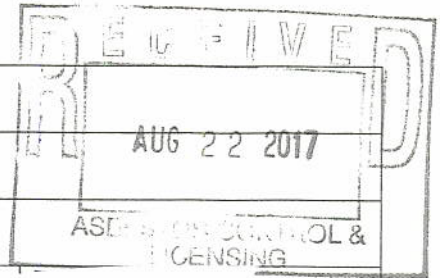
CHECK # ~~24322/5954~~ 75960

Date of Notification (1) 08-16-17		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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3	City, State, Zip Code Pearl River, NY 10965							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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) Omega Environmental		ASCM No. 29673	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 280 Huyler Street		Street Address 200 Broad Street							
City, State, Zip Code So. Hackensack, NJ 07606		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Barrington Smith		Telephone No. 201-489-8700	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"/> $\geq 3$ 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 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 08-16-17			



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



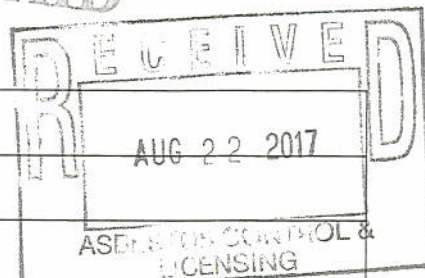
CK#1023

Date of Notification (1) 8/17/2017		Name of Building Owner/Operator (2) Pat Conrad							
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 West New York, NJ 07903							
		Name of Contact Pat Conrad							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pat Conrad 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]									
City (5) West New York NJ 07903		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)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address		Street Address 105 Van Riper Ave							
City, State, Zip Code		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-899-9008						
		License No. 01336							
Start Date (10) 8/31/17	Scheduled Completion Date (11) 9/17/17	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 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
Basement		X		Pipe insulation	78	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 3	Name of Registered Landfill 110 Sand Company					
City, State		Disposal Date TBD		City, State Melville, NY, NY 11747					
Completed by Darko Raloski		Title Project Manager		Signature <i>[Signature]</i>		Date 8/17/2017			



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

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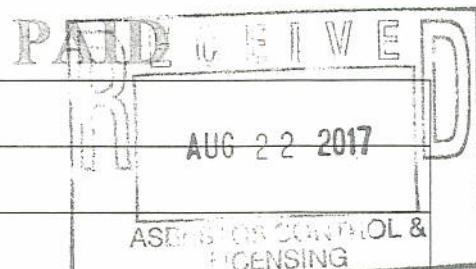


Date of Notification (1) 08/17/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairview, N.J. 07022							
		Name of Contact Kate Silver							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 984	# of Floors 1						
City (5) Fairview		Bldg. Age 95							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 08/31/2017	Scheduled Completion Date (11) 09/14/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipewrap	7 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 08/17/2017					



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

CK # 1476704836

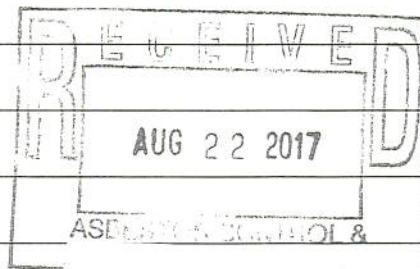


Date of Notification (1) 08/16/2017		Name of Building Owner/Operator (2) Dennis Quinn							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, NJ 07079							
		Name of Contact Dennis Quinn							
<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) South Orange		Bldg. Age N/A							
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) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 08/30/2017	Scheduled Completion Date (11) 08/31/2017	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: <u>occupied</u>		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	45 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 Oliver Hegedis		Title Project Manager	Signature 	Date 08/16/2017					



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

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CIC # 983

Date of Notification (1) 08/16/2017		Name of Building Owner/Operator (2) Arlene Polakoff	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Millburn, NJ 07041	
		Name of Contact Arlene Polakoff	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Millburn	Square Feet N/A	# of Floors N/A	Bldg. Age N/A
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) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512	
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311
Start Date (10) 08/28/2017	Scheduled Completion Date (11) 08/29/2017	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: <u>occupied</u>		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 checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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	110 LF	X			

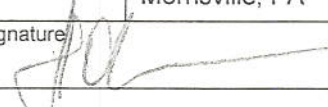
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 08/16/2017	



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

MO# 24687557458

**PAID**

Date of Notification (1) 08/16/2017		Name of Building Owner/Operator (2) Carol Banks		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>PAID</b>  <b>RECEIVED</b>  <b>AUG 22 2017</b> </div>					
Agencies Notified		Type Notification				Street Address			
<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 South Orange, NJ 07079 Name of Contact Carol Banks			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House				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) South Orange				Square Feet N/A	# of Floors N/A				
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) 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.		Telephone No. 973-345-8685	License No. 01311				
Start Date (10) 08/31/2017		Scheduled Completion Date (11) 09/01/2017		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<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				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		Duct Insulation	20 SF	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 Oliver Hegedis		Title Project Manager		Signature 		Date 08/16/2017			

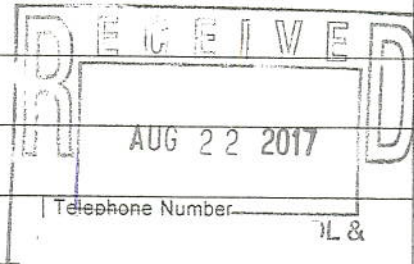


Check#2853

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

**PAID**

Date of Notification (1) 08 / 18 / 17		Name of Building Owner/Operator (2) Matt Venzin	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code West Orange, NJ 07052	
Name of Contact Matt Venzin		Telephone Number [REDACTED]	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) West Orange, NJ 07052		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		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	
Telephone No.		License No. 01127	
Start Date (10) 08 / 28 / 17		Scheduled Completion Date (11) 08 / 29 / 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 type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.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 08/18/17



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Print Form

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

Ck # 1155

Date of Notification (1) 8/18/17		Name of Building Owner/Operator (2) [REDACTED] LLC	
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 Englewood, NJ	
		Name of Contact	
		Telephone Number	


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 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) Englewood, NJ		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	Telephone No. 973460.6026						
		License No. 01255							
Start Date (10) 8/28/17	Scheduled Completion Date (11) 9/5/17	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>Scheduled for Demo</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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
Basement			x	pipe Insulation	100 LF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033058	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>			Date 8/18/17			



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

**NOCK**

Date of Notification (1) 08/16/2017		Name of Building Owner/Operator (2) Township of Pittsgrove							
Agencies Notified	Type Notification	Street Address 989 Centerton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pittsgrove, NJ 08318							
		Name of Contact Constance Garton							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Grain Mill, (Building 1)		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 1237 Landis Avenue		Square Feet ~ 12,000	# of Floors 1-4						
City (5) Pittsgrove		Bldg. Age 60+							
County (6) Salem	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Grain Mill							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc.		ASC No.	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 515 Grove Street Suite 1B		Street Address 42 Ridge Road							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Phoenixville, PA 19460							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856 547-0505	License No. 00836						
Start Date (10) 08/09/2017	Scheduled Completion Date (11) 08/31/2017	Name of OSHA Monitor Neuber Environmental Services, 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 42 Ridge Road							
		City, State, Zip Code Phoenixville, PA 19460							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Spreadsheet			X	See Attached	See Attached	X			
			X			X			
			X			X			
			X			X			
Name of Registered Waste Hauler C&H Disposal Services, Inc.		NJDEP Waste Hauler ID No. 07903	Cubic Yards of Waste ~60	Name of Registered Landfill Salem County Improvement Authority					
City, State <del>Fairless Hills, NJ</del> <u>Elmer, NJ</u>		Disposal Date 08/09/2017	City, State Alloway, NJ						
Completed by Patrick Larney		Title Project Manager	Signature 				Date 08/16/2017		

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

MO#24499213211

Date of Notification (1) 08 / 19 / 17		Name of Building Owner/Operator (2) Fanny Drimonis	
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 West Orange, NJ 07052 Name of Contact Fanny Drimonis	

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AUG 22 2017

ASBESTOS CONTROL & REMEDIATION

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED]		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.)	
City (5) West Orange, NJ 07052		Square Feet	# of Floors
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-638-1777 License No. 01127	
Start Date (10) 08 / 29 / 17	Scheduled Completion Date (11) 08 / 30 / 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> > 160 sf or >260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC 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 08/19/17



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

**NO CK**

**Check 16777**

**RECEIVED**  
AUG 22 2017

Date of Notification (1) 8/17/17		Name of Building Owner/Operator (2) Rod Foly	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood NJ 07675	
		Name of Contact Rod	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Westwood		Square Feet 2,300	# of Floors 2
		Bldg. Age 70	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Single family home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC
Street Address		Street Address PO Box 483, 4 E Gate Drive	
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418	
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703
Start Date (10) 8/21/17	Scheduled Completion Date (11) 9/30/17	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: <u>basement</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
basement & crawl space			x	pipe insulation	120 LF	x			

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

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

**NOCK ON HAND 8/17/17**

**Check 16777**

**RECEIVED**  
AUG 22 2017  
ASBESTOS CONTROL & ABATEMENT

Date of Notification (1) 8/7/17		Name of Building Owner/Operator (2) Rod Foly	
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 Westwood, NJ 07675	
		Name of Contact Rod	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Westwood	Square Feet 2300	# of Floors 2	Bldg. Age 70
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) single family home	
Name of Monitoring Firm Hired by Building Owner (8)		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) 8/17/17	Scheduled Completion Date (11) 9/17/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: <u>basement &amp; crawl space</u>		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 & crawl space			x	pipe insulation	120 SF	x			

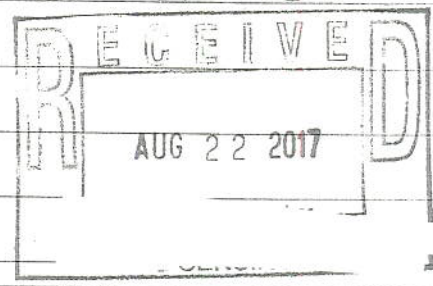
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill
City, State Freehold, NJ	Disposal Date TBD	City, State Birdsboro	
Completed by A. Scott Higgins	Title President	Signature 	Date 8/7/17



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

**PAID**

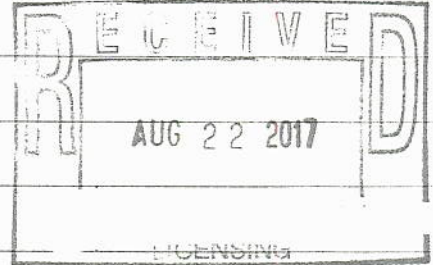
*Check 16886*



Date of Notification (1) 8/18/17		Name of Building Owner/Operator (2) Jason Chen							
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 PO Box 2018							
		City, State, Zip Code Bayonne, NJ 07002							
		Name of Contact Jason							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Jersey City		Square Feet 2400	# of Floors 2						
		Bldg. Age 72							
County (6) Hudson		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		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) 9/6/17	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"/> ≥160 sf or ≥260 lf <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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
basement			x	pipe insulation	100 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, NJ					
Completed by A. Scott Higgins		Title President	Signature 	Date 8/18/17					

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

**PAID**  
*Check 16807*



Date of Notification (1) 8/18/17		Name of Building Owner/Operator (2) Barbara Ferris							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Lyndhurst, NJ 07071							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Rob							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,300	# of Floors 2						
City (5) Lyndhurst		Bldg. Age 75							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Single family home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 8/22/17	Scheduled Completion Date (11) 9/30/17	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: closet		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) <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
ground floor entry closet			x	wall and ceiling plaster	60 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro					
Completed by A. Scott Higgins		Title President	Signature 			Date 8/18/17			

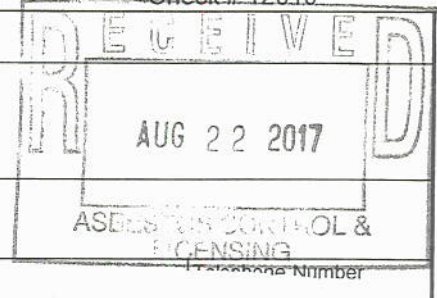


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

**PAID**

Check # 12015

Date of Notification (1) <b>August 18, 2017</b> <b>April 13, 2017</b>		Name of Building Owner / Operator (2) <b>Celgene Corporation</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	<b>86 Morris Avenue</b>  City, State & Zip Code <b>Summit, NJ 07901</b>	
		Name of Contact <b>Kelly Blackwell</b>	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Celgene - Building C</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>86 Morris Avenue</b>		Square Feet <b>133,000</b>	# of Floors <b>3</b>
City (5) <b>Summit, NJ</b>		Bldg. Age <b>50 Years</b>	
County (6) <b>Union</b>		Current Use (Prior if being demolished) <b>Commercial</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>McCabe Environmental Services</b>		ASCM No.	
Street Address <b>464 Valley Brook Avenue, #3A</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Lyndhurst, NJ 07071</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>John Chiavello</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number <b>201-438-4839</b>		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>April 24, 2017</b>	Scheduled Completion Date (11) <b>September 21, 2017</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Building C- Ceiling Deck			X	Fireproofing	50 SF	X			
Building C			X	Floor Tile and Mastic	33,000 SF	X			
Building C			X	Window Caulk	9,600 SF	X			
Building C - Stairwells			X	Rubber Floor	200 LF	X			
Building C - 1 <sup>st</sup> Floor			X	Wall Joint Caulk	15 LF	X			
Building C - Above Ceiling			X	Pipe Insulation	20 LF	X			
Building C - Bathrooms			X	Ceramic Tile Mortar	300 SF	X			

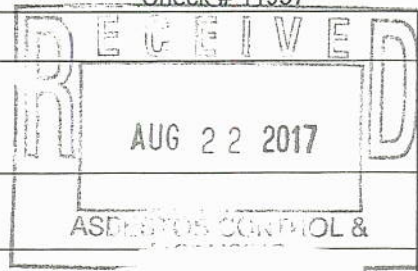
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>160</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Freehold, NJ 07728</b>		Disposal Date <b>September 22, 2017</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>		Date <b>August 18, 2017</b> <b>April 13, 2017</b>	



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

Check # 11937

Date of Notification (1) <b>July 18, 2017</b> <b>April 13, 2017</b>		Name of Building Owner / Operator (2) <b>Celgene Corporation</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	86 Morris Avenue	
		City, State & Zip Code <b>Summit, NJ 07901</b>	
		Name of Contact <b>Kelly Blackwell</b>	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Celgene - Building C</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>86 Morris Avenue</b>		Square Feet <b>33,000</b>	# of Floors <b>3</b>
City (5) <b>Summit, NJ</b>		Bldg. Age <b>50 Years</b>	
County (6) <b>Union</b>		County Code (7) <b>USE ONLY</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>McCabe Environmental Services</b>		ASCM No.	
Street Address <b>464 Valley Brook Avenue, #3A</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Lyndhurst, NJ 07071</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>John Chiavello</b>		Telephone Number <b>201-438-4839</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>April 24, 2017</b>	Scheduled Completion Date (11) <b>August 21, 2017</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Building C- Ceiling Deck			X	Fireproofing	50 SF	X			
Building C			X	Floor Tile and Mastic	33,000 SF	X			
Building C			X	Window Caulk	9,600 SF	X			
Building C - Stairwells			X	Rubber Floor	200 LF	X			
Building C - 1st Floor			X	Wall Joint Caulk	15 LF	X			
Building C - Above Ceiling			X	Pipe Insulation	20 LF	X			
Building C - Bathrooms			X	Ceramic Tile Mortar	300 SF	X			

Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>160</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Freehold, NJ 07728</b>		Disposal Date <b>August 22, 2017</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>		Date <b>July 18, 2017</b> <b>April 13, 2017</b>	

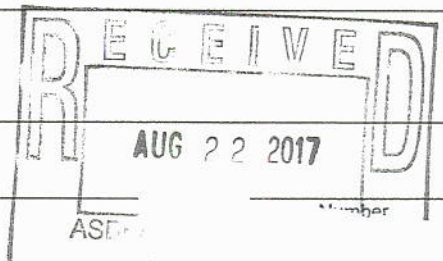


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**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Check # 11637

Date of Notification (1) <b>April 13, 2017</b>		Name of Building Owner / Operator (2) <b>Celgene Corporation</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"/> Cancellation	Street Address  <b>86 Morris Avenue</b>  City, State & Zip Code <b>Summit, NJ 07901</b>  Name of Contact <b>Kelly Blackwell</b>	



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Celgene - Building C</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <b>86 Morris Avenue</b>		Square Feet <b>33,000</b>	# of Floors <b>3</b>
City (5) <b>Summit, NJ</b>		Bldg. Age <b>50 Years</b>	
County (6) <b>Union</b>		County Code (7) <b>USE ONLY</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>McCabe Environmental Services</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address <b>464 Valley Brook Avenue, #3A</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Lyndhurst, NJ 07071</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>John Chiavella</b>		Telephone Number <b>201-438-4839</b>	License Number <b>00817</b>
Scheduled Start Date (10) <b>April 24, 2017</b>	Scheduled Completion Date (11) <b>July 19, 2017</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>  City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

Scope of Work (Check all that apply)

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

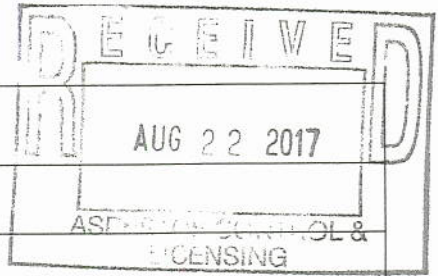
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Building C- Ceiling Deck			X	Fireproofing	50 SF	X			
Building C			X	Floor Tile and Mastic	33,000 SF	X			
Building C			X	Window Caulk	9,600 SF	X			
Building C - Stairwells			X	Rubber Floor	200 LF	X			
Building C - 1 <sup>st</sup> Floor			X	Wall Joint Caulk	15 LF	X			
Building C - Above Ceiling			X	Pipe Insulation	5 LF	X			
Building C - Bathrooms			X	Ceramic Tile Mortar	300 SF	X			

Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>	
City, State <b>Freehold, NJ 07728</b>		Disposal Date <b>July 20, 2017</b>		City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>		Date <b>April 13, 2017</b>	



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

NO CK

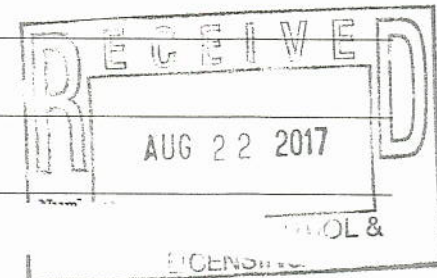


Date of Notification (1) 8 / 18 / 17		Name of Building Owner/Operator (2) Metro Development of SJ, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 53 Covington Lane City, State, Zip Code Voorhees, NJ 08053 Name of Contact Nick Aspras							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Future Wawa		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 900-912 Haddonfield Road		Square Feet 100,000							
City (5) Cherry Hill		# of Floors 1	Bldg. Age 50						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Commercial Space							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Avenue							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Firoz Jan	Telephone No. 609-890-7277	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 07 / 05 / 17	Scheduled Completion Date (11) 09 / 01 / 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 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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	Encapsulate	Enclose
Meinke Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodi's Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roofing and Flashing	7,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodi's Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulking and Glazing	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Jack Robinson Waste Disposal Service		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 90	Name of Registered Landfill GROWS North Landfill					
City, State Voorhees, NJ		Disposal Date 09/01/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 			Date 8/18/17		



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Date of Notification (1) <b>8/17/2017</b>		Name of Building Owner/Operator (2) <b>Ellena Daviet</b>	
Agenies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>East Orange, NJ, 07017</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Ellenna Daviet</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>Ellena Daviet</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    # of Floors    Bldg. Age		
City (5) <b>East Orange</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- 18- 17</b> Month    Day    Year	Sched. Completion Date (11) <b>08- 19- 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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove-bag Procedure
		<input type="checkbox"/> 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			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Boiler Insulation	18 SF	X			

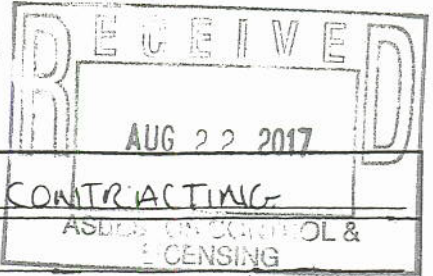
Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>	Cubic Yards of Waste <b>0.75</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>08/21/17</b>	City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>	Title <b>President</b>	Signature 	Date <b>8/17/2017</b>		



CK 4291

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

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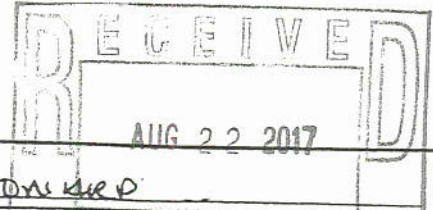
Date of Notification (1) <u>8-18-17</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>					
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>					
		Name of Contact <u>BRUCE</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]							
City (5) <u>OCEAN CITY</u>	Square Feet <u>2000</u>	# of Floors <u>2</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>9-7-17</u>	Scheduled Completion Date (11) <u>9-17-17</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) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1250sf</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste _____	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 KLOMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>8-18-17</u>				



CK 4291

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



Date of Notification (1) <u>8-18-17</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 Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>700 HAVEN</u> City, State, Zip Code <u>OCEAN CITY N.J. 08226</u>							
		Name of Contact <u>SAUE</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>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.	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. <u>856-779-0472</u>	License No. <u>00444</u>						
Start Date (10) <u>9-7-17</u>	Scheduled Completion Date (11) <u>9-17-17</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>2500 SF</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</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.U.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>8-18-17</u>		

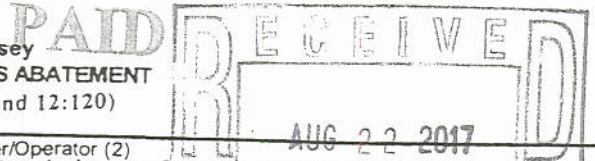
ASB-41

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



CK# 4291

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



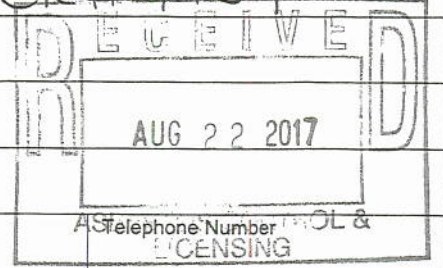
Date of Notification (1) <b>8-78-17</b>		Name of Building Owner/Operator (2) <b>HARBAUGH DEVELOPERS</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>318 GLASSBORO RD</b>							
		City, State, Zip Code <b>WOODBURY HEIGHTS N.J 08097</b>							
		Name of Contact <b>SAME</b>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>1500</b>							
City (5) <b>STONE HARBOR</b>		# of Floors <b>2</b>	Bldg. Age <b>50+</b>						
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEMMCO INC</b>							
Street Address		Street Address <b>369 S. SPRUCE AVE</b>							
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J 08052</b>							
Project Manager for Monitoring Firm		Telephone No. <b>856 779-0472</b>	License No. <b>00444</b>						
Start Date (10) <b>8-28-17</b>	Scheduled Completion Date (11) <b>9-6-17</b>	Name of OSHA Monitor <b>N/A</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		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) <b>TO BE ABATED IN FACILITY</b> (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>SIDING</b>			<b>X</b>	<b>TRANSITE</b>	<b>2750 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>KLEMMCO INC</b>		NJDEP Waste Hauler ID No. <b>17904</b>	Cubic Yards of Waste <b>5 yds</b>	Name of Registered Landfill <b>C. M. C. M. U. A</b>					
City, State <b>MAPLE SHADE N.J</b>		Disposal Date	City, State <b>WOODBINE N.J.</b>						
Completed By <b>MICHAEL KLEMM</b>		Title <b>SUPER</b>	Signature <b>[Signature]</b>		Date <b>8-18-17</b>				



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

**PAID**

CK# 1154



Date of Notification (1) 8/18/17		Name of Building Owner/Operator (2) Abdul Hamdan							
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 Paterson, NJ							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paterson	Square Feet 2000	# of Floors 2	Bldg. Age 50+						
County (6) Passaic	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) 8/28/17	Scheduled Completion Date (11) 9/5/17	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 360 Palisade Ave							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Scheduled for Demo</u>		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <div style="float: right;"> <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         </div>									
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	VAT	100 SF	x			
Basement			x	Pipe Insulation debris	3 LF	x			
Name of Registered Waste Hauler Harmony Contracting		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 8/18/17			



## PAID

CK 4228

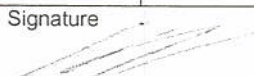
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FBI - NEW YORK

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



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

*Check # 14091*

Date of Notification (1) <b>8 / 18 / 17</b>		Name of Building Owner/Operator (2) <b>1500 Richmond Ave., LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>300 Ocean Ave.</b>							
		City, State, Zip Code <b>Point Pleasant, NJ 08742</b>							
		Name of Contact <b>Stephen Carrochi</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Former Wendy's</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>1600 Richmond Ave.</b>									
City (5) <b>Point Pleasant</b>		Square Feet <b>3,000</b>	# of Floors <b>1</b>						
County (6) <b>Ocean</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>50</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>EHS Environmental Inc.</b>		Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>							
Street Address <b>411 Southgate Court,</b>		Street Address <b>923 Haws Ave.</b>							
City, State, Zip Code <b>Mickleton, NJ 08056</b>		City, State, Zip Code <b>Norristown, PA 19401</b>							
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>856-224-0080</b>	License No. <b>00398</b>						
Start Date (10) <b>9 / 5 / 17</b>	Scheduled Completion Date (11) <b>9 / 15 / 17</b>	Name of OSHA Monitor <b>Plymouth Environmental Co., Inc</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>923 Haws Ave.</b>							
		City, State, Zip Code <b>Norristown, PA 19401</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	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>main roof</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>roof flashing</b>	<b>1,550SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>main roof and play area roof</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>roof tar</b>	<b>300LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Newark, NJ</b>			Disposal Date <b>9/15/17</b>	City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>James M Kelly</b>		Title <b>Vice President</b>	Signature 			Date <b>8/18/17</b>			

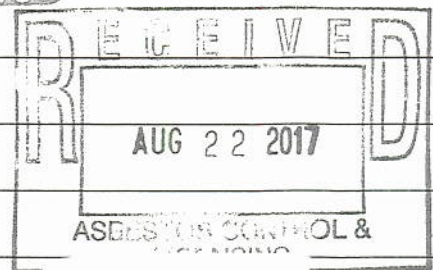


## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

PAL JOB#16-1089

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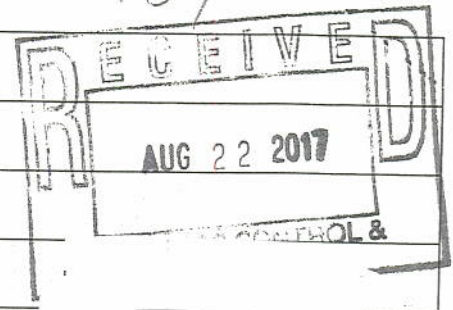


Date of Notification (1) 08/17/2017		Name of Building Owner/Operator (2) William Patterson							
Agencies Notified	Type Notification	Street Address 300 Pompton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Karl Pettit							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) William Patterson University		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 300 Pompton Road		Square Feet 91,500	# of Floors 3						
City (5) Wayne, NJ 07470		Bldg. Age 56							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 1253 N Church Street		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Jeff Seaman		Telephone No. 856-889-5182	Telephone No. 718-349-0900						
License No. 28675									
Start Date (10) 08/28/2017	Scheduled Completion Date (11) 10/20/2017	Name of OSHA Monitor Martin McRea							
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>Normal Hours 7:00am-3:30pm</u>		Street Address 714 Kennedy Blvd.							
		City, State, Zip Code Bayonne, NJ 07002							
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 Corridor/Classroom	<input checked="" type="checkbox"/>	X		Pipe Insulation	78 LF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 15 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 09/03/2017	City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin	Signature 			Date 08/17/2017			



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

**PAID #167**



Date of Notification (1) <b>08/15/2017</b>		Name of Building Owner/Operator (2) <b>Donna and James Hodgens</b>	
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 <b>New City, NY 10958</b>	
		Name of Contact <b>Jim</b>	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		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) <b>Surf City</b>	Square Feet <b>1400</b>	# of Floors <b>2</b>	Bldg. Age <b>50+</b>
County (6) <b>Ocean</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) <b>N/A</b>		ASCM No. _____	
Street Address		Name of Abatement Contractor (9) <b>Safeway Abatement LLC</b>	
City, State, Zip Code		Street Address <b>128 Bartlett Ave</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>West Creek, NJ 08092</b>	
Telephone No. _____		Telephone No. <b>609-618-5955</b>	License No. <b>01319</b>
Start Date (10) <b>9/7/2017</b>	Scheduled Completion Date (11) <b>9/13/2017</b>	Name of OSHA Monitor <b>N/A</b>	
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 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	

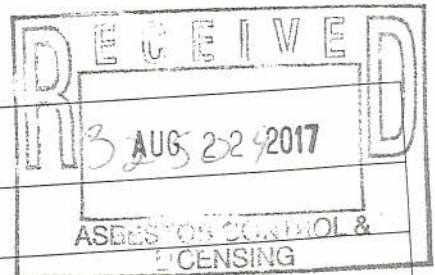
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Exterior</b>		<b>x</b>		<b>Siding</b>	<b>1400 sf</b>	<b>x</b>			

Name of Registered Waste Hauler <b>Timster Trucking Inc</b>		NJDEP Waste Hauler ID No. <b>21079</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Waste Management</b>	
City, State <b>West Creek, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Tullytown, PA</b>	
Completed by <b>Amanda Mears</b>	Title <b>Safeway- Owner</b>	Signature 		Date <b>8/18/17</b>	



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



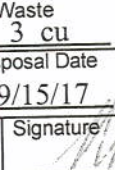
CK# 32509

Date of Notification (1) 08 / 17 / 17		Name of Building Owner/Operator (2) NCN Properties, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 2033 Westfield Avenue		City, State, Zip Code Scotch Plains, NJ 07076							
Name of Contact Nick Novello		Telephone Number							
<b>FACILITY INFORMATION</b>									
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.)							
Street Address [REDACTED]		Square Feet 1500 sf	# of Floors 1						
City (5) Westfield		Bldg. Age 60							
County (6) Union		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 08 / 29 / 17	Scheduled Completion Date (11) 08 / 30 / 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 E.M.S.L. Analytical							
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 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) 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos boiler insulation	100 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	25 sf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 08/31/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]			Date 8/17/17		



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

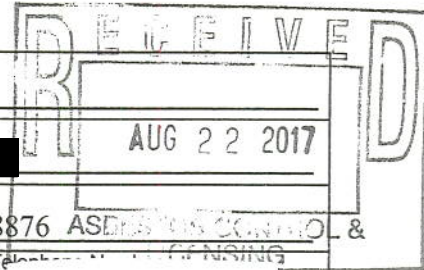
Check # 25569

Date of Notification (1) <u>8/21/17</u>		Name of Building Owner/Operator (2) <u>Van Pelt</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 [REDACTED]		City, State, Zip Code <u>Princeton, NJ 08540</u>						
Name of Contact <u>Mr. Michael Van Pelt</u>		Telephone Number -						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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>2000</u>						
City (5) <u>Princeton, NJ</u>		# of Floors <u>2</u>						
County (6) <u>Middlesex</u>		Bldg. Age <u>75 +/-</u>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.						
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Street Address <u>PO Box 322</u>						
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u>						
Start Date (10) <u>9/11/17</u>		License No. <u>00493</u>						
Scheduled Completion Date (11) <u>9/15/17</u>		Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
<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) <u>165 lf</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>3 cu</u>		Name of Registered Landfill <u>Fairless Landfill</u>		
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/15/17</u>		City, State <u>Morrisville, PA</u>				
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature 		Date <u>8/21/17</u>		



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

**PAID** Check # 25568



Date of Notification (1) <u>8/21/17</u>		Name of Building Owner/Operator (2) <u>Stuckey</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 [REDACTED]	
		City, State, Zip Code <u>Branchburg, NJ 08876</u>	
		Name of Contact <u>Mrs. Karen Stuckey</u>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</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]			
City (5) <u>Branchburg, NJ</u>		Square Feet <u>1800</u>	# of Floors <u>2</u>
		Bldg. Age <u>70 +/-</u>	
County (6) <u>Somerset</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>9/7/17</u>	Scheduled Completion Date (11) <u>9/8/17</u>	Name of OSHA Monitor <u>MECS</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: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input 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)
	Yes	No	
<u>2nd Floor</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Transite Ceiling Panels</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>9/11/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>8/21/17</u>



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

*Check # 2942*  
**PAID**  
AUG 22 2017  
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Date of Notification (1) 08 / 21 / 17		Name of Building Owner / Operator (2) TEXAS EASTERN GAS TRANSMISSION	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 890 WINTER STREET		City, State, Zip Code WALTHAM, MA	
Name of Contact ED RUCKEL			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) SEWAREN GENERATING STATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 751 CLIFF ROAD			Square Feet N/A		
City (5) SEWAREN			County (6) MIDDLESEX		County Code (7)
Current Use (Prior if being demolished) MANUFACTURING			Building Age N/A		
Name of Monitoring Firm Hired by Bldg. Owner (8) SOR TESTING LABORATORIES, INC.			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 98 SAND PARK RD			Street Address 32 Williams Parkway		
City, State, Zip Code CEDAR GROVE, NJ 07009			City, State, Zip Code East Hanover, NJ 07036		
Project Mngr. For Monitoring Firm ORHUN SOR			Telephone Number 973-239-6001		
Sched. Start Date (10) 09 / 01 / 17		Sched. Completion Date (11) 09 / 06 / 17		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 am to 3:30 pm <input checked="" type="checkbox"/> Other - Describe: MON-FRI			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
			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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥3sf or ≥3lf		<input type="checkbox"/> Mini - Enclosure
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos Containing  TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
EXTERIOR PIPE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TAR	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler OWNER		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill OWNER	
City, State		Disposal Date	City, State		
Completed by (Print or Type) Steven Stiles		Title Project Manager	Signature <i>Steven Stiles</i>		Date 08/21/17