

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

GAC Project # 060-18

Date of Notification (1) August 23, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 – Typo Scope of work (description of material & location name) <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS City, State, Zip Code PISCATAWAY, NJ 08854 Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY Telephone Number 848-445-2550
	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) VOORHEES HALL, BLDG# 3013 Street Address COLLEGE AVENUE CAMPUS City (5) NEW BRUNSWICK County (6) MIDDLESEX County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Street Address 3 TERRI LANE City, State, Zip Code BURLINGTON, NJ 08016		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years Current Use (prior if being demolished): ACADEMIC Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 511 MAIN STREET City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN R. KEARNEY Telephone Number 609-386-8800		Telephone Number 973-492-0477 License Number 00840	
Scheduled Start Date (10) 08/24/18		Scheduled Completion Date (11) 8/25/18	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 5PM – 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Room 103A, 103B FOYERS	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Plaster	Amount (Specify SF or LF) 24 SF Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 08/24/2018	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 23, 2018

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

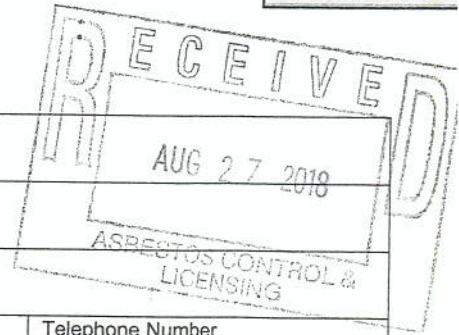
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-18

Date of Notification (1) August 15, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VOORHEES HALL, BLDG# 3013		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years	
Street Address COLLEGE AVENUE CAMPUS	City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN R. KEARNEY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 08/24/18	Scheduled Completion Date (11) 8/25/18	Name of OSHA Monitor ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) Room 103A, 103B & FOYER	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 24 SF
		Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 08/24/2018	Name of Registered Landfill G.R.O.W.S. North Landfill
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 15, 2018

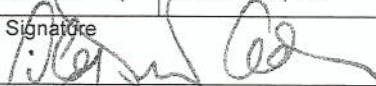
Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

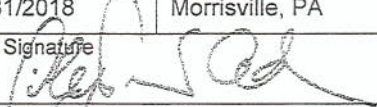


Date of Notification (1) 8/24/18		Name of Building Owner/Operator (2) Rutgers University							
Agencies Notified	Type Notification	Street Address Livingston Campus #21 Road # 1							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Frank Cocilovo	Telephone Number 732-932-2917						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Language Department Auxilliary Bldg		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 12 Morrell St		Square Feet 3,000	# of Floors 2						
City (5) New Brunswick, NJ		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Unoccupied, to be demolished							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group		ASCM No. _____	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address 3 Terri Lane		Street Address 135 Kinnelon rd. Suite 102							
City, State, Zip Code Burlington, NJ		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 9/4/18	Scheduled Completion Date (11) 9/17/18	Name of OSHA Monitor Yannuzzi Environmental Services, 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: _____		Street Address 135 Kinnelon Rd. Suite 102							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
first & 2nd floor			x	VAT & mastic	2003 sf	x			
throughout			x	tar paper on f/g duct insulation	2,400 sf	x			
throughout			x	mud fittings on f/g pipe insulation	125	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ		Disposal Date 9/11/18		City, State Fairless Hills PA					
Completed by John Mucha		Title AHERA Project Designer		Signature <i>John Mucha</i>		Date 8/24/18			

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

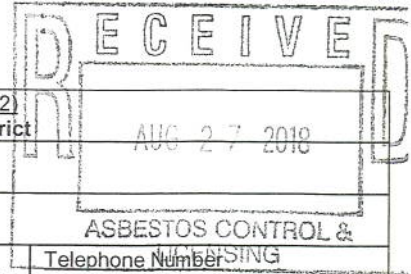
Date of Notification (1) 08/22/2018		Name of Building Owner/Operator (2) Bloomfield Board of Education		Check No. 1227						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 155 Broad Street City, State, Zip Code Bloomfield, New Jersey 07003 Name of Contact Bert Petrik						
				Telephone Number 973-680-8501 x2018						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Demarest Elementary School				Type of Facility (4)						
Street Address 465 Broughton Avenue				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Bloomfield, New Jersey 07003				Square Feet 50,000	# of Floors 2					
				Bldg. Age 50+						
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation						
Street Address 3 Crosswicks Street				Street Address 606 McBride Ave						
City, State, Zip Code Bordentown, New Jersey 08505				City, State, Zip Code Woodland Park, New Jersey						
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520		Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 08/31/2018		Scheduled Completion Date (11) 09/04/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West						
<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: 3 PM Start Fri Unoccupied				City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type			
							Removal	Repair	Encapsulate	Enclosure
Basement Hallway		X		Pipe Insulation (Tent/Glovebag Procedure)		20 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill					
City, State Woodland Park, New Jersey				Disposal Date 09/04/2018		City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 			Date 08/22/2018			

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

Date of Notification (1) 08/14/2018		Name of Building Owner/Operator (2) Bloomfield Board of Education		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 27 2018 Check No. 1222 973-680-8501 x2018 </div>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 Broad Street			
		City, State, Zip Code Bloomfield, New Jersey 07003			
		Name of Contact Bert Petrik			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Demarest Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 465 Broughton Avenue					
City (5) Bloomfield, New Jersey 07003				Square Feet 50,000	# of Floors 2
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates			ASCM No. _____	Name of Abatement Contractor (9) Lilich Corporation	
Street Address 3 Crosswicks Street			Street Address 606 McBride Ave		
City, State, Zip Code Bordentown, New Jersey 08505			City, State, Zip Code Woodland Park, New Jersey		
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520		Telephone No. 973-225-8400	License No. 01104
Start Date (10) 08/27/2018		Scheduled Completion Date (11) 08/31/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>7am-3:30pm Unoccupied</u>				Street Address 2333 Route 22 West	
				City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF) 20 LF
	Yes	No	N/A		
Basement Hallway			X	Pipe Insulation (Tent/Glovebag Procedure)	X
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill
City, State Woodland Park, New Jersey				Disposal Date 08/31/2018	City, State Morrisville, PA
Completed by Adriana Olejarova		Title President		Signature 	Date 08/14/2018

PAID

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



Date of Notification (1) 08/22/18		Name of Building Owner/Operator (2) Rockaway Township School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 16 School Road		City, State, Zip Code Hibernia, NJ 07419	
Name of Contact Donnamarie Palmiere		Board Administrator	
Telephone Number 973-627-8200		ASBESTOS CONTROL & TESTING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Stony Brook Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # of Floors: 3 Bldg. Age: 1947 Current Use (prior if being demolished): Elementary School	
Street Address 44 Stony Brook Rd, Rockaway, NJ 07866			
City (5) Rockaway	County (6) Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	
Street Address		Name of Contractor (9) Panoramic Window & Door Systems Inc.	
City, State, Zip Code Trenton, NJ 08608		Street Address 712 Sergeantsville Road	
Project Manager for Monitoring Firm		Telephone Number P (732)926-0900	License Number 01237
Scheduled Start Date (10) 08/24/18		Scheduled Completion Date (11) 08/29/18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe <input type="checkbox"/> Other – Describe:		Name of OSHA Monitor IAQ GURU LLC	
		Street Address 87 Main Street	
		City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Exterior of Building	<input checked="" type="checkbox"/>	Exterior Window Caulking and Glazing	790 lf
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Landfill
Disposal Date			City, State Easton, PA
Completed by (Print or Type) Mark M Jovic	Title Project Manager	Signature 	Date 08/22/18

APPROVED BY:

Tom Voorhees, POC
8/21/18

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

chk# 3424

Date of Notification (1) 8 / 21 / 18		Name of Building Owner/Operator (2) Princeton University-Office of Design and Construction							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 200 Elm Drive City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert Ortego Telephone Number 609-258-1841							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University		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 81 University Place		Square Feet							
City (5) Princeton		# of Floors							
County (6) MERCER		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.							
Street Address 1253 N Church Street		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Moorestown, NJ 08057		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Michael Keehn		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-386-8800		Telephone No. 215-788-6040							
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Start Date (10) 8 / 22 / 18		Scheduled Completion Date (11) 8 / 22 / 18							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State FAIRLESS HILLS, PA					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 8-21-18			

ASB-41
MAY 11 BS18103


* 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)

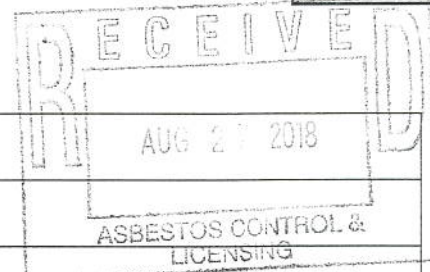
6954

*** Emergency ***

PAID

Date of Notification (1) 8/22/18		Name of Building Owner/Operator (2) Toms River Regional Schools		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 27 2018 </div>					
Agencies Notified		Street Address 1144 Hooper Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Toms River NJ 08753							
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Derek Jordan							
Telephone Number 732-383-1950-3403									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Toms River High School South				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 55 Hyers Street									
City (5) Toms River NJ 08753				Square Feet 1000+	# of Floors 1				
County (6) Ocean				County Code (7) (STATE USE ONLY)	Bldg. Age 35+				
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc.			ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.					
Street Address PO Box 365			Street Address PO Box 329						
City, State, Zip Code Berlin NJ 08009			City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm James Proctor			Telephone No. 856-452-1311	Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 8/23/18		Scheduled Completion Date (11) 8/24/18		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: After 3 PM				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> WET WRAP + CUT <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Custodian Office	x			TSI Elbows on fiber Glass	15	x			
				wet wrap and cut ↗					
Basement	x			TSI Elbows on fiber Glass	3 LF				
				Glove-Bag ↗		x			
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.				
City, State West Berlin NJ				Disposal Date 8/24/18	City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature 			Date 8/22/18		

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



Date of Notification (1) 8/10/2018		Check #3235		Name of Building Owner/Operator (2) Our Lady of Guadalupe School					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 227 Center Street City, State, Zip Code Elizabeth, NJ 07202 Name of Contact Sandra Telephone Number 908-352-7419					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Guadalupe School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 227 Center Street				Square Feet 15,000					
City (5) Elizabeth				# of Floors 2					
County (6) UNION				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASC No.		Name of Abatement Contractor (9) EA Services Corporation					
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700					
Start Date (10) 8/22/2018		Scheduled Completion Date (11) 8/24/18		License No. 01074					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 AM				Name of OSHA Monitor Same as above					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				Street Address City, State, Zip Code					
<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
Youth Center		x		9x9 Floor tile	8 SF	x			
Boiler Room		x		Elbow	1 LF		x		
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprises Inc			
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>		Date 08/08/18			

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

Check # 9087

Date of Notification (1) 8/21/18		Name of Building Owner/Operator (2) Montclair State University		
Agencies Notified	Type of Notification	Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation	One Normal Avenue City, State, Zip Code Upper Montclair, NJ 07043		
		Name of Contact Amy Ferdinand	Telephone Number 973-655-4367	


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Richardson Hall, Montclair State University			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1 Normal Avenue			Square Feet 80000	# of Floors 2	Bldg. Age ~ 50
City (5) Upper Montclair	County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) educational		
Name of Monitoring Firm Hired by Building Owner Detail Associates, Inc.		ASCM No. 00	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 300 Grand Ave.			Street Address 323 Changebridge Road, Suite 100		
City, State, Zip Code Englewood, NJ 07631			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm Anthony Valentine		Telephone Number 201-569-6708	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 8/31/18	Sched. Completion Date (11) 12/31/18		Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: partially vacant, and weekend work			Street Address 2333 Route 22 W		
			City, State, Zip Code Union, NJ 07083		

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 type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Glovebag Procedure |
| | | <input type="checkbox"/> Non – Friable Procedure |

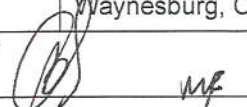
Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
Mechanical Room & 2nd Floor		X		TSI "Wrap and Cut"	200 LF	X			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 5	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 9/20/18 +		City, State Taylor, PA	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 		Date 8/21/18	

ASB-41

Note:

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

Date of Notification (1) 08/06/18		Check # 3234		Name of Building Owner/Operator (2) Christ the King Elementary School	
Agencies Notified		Type Notification		Street Address 239 Woodside Ave	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Newark, NJ, 07104	
				Name of Contact Chris	
				Telephone Number 973-483-0033	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Christ the King Elementary				Type of Facility (4)	
Street Address 239 Woodside Ave				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Newark				Square Feet 20,000+	# of Floors 3
				Bldg. Age 50+	
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services	
Street Address N/A				Street Address 426 69th	
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07093	
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 08/25/18		Scheduled Completion Date (11) 08/27/18		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: 9am				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Bsmt Library		X		Sprayed on Ceiling	3 SF
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise
City, State Bronx, NY				Disposal Date TBD	City, State Waynesburg, OH
Completed by Gina Betances		Title Office Manager		Signature 	Date 08/02/18

Date of Notification (1) 08/21/18		Name of Building Owner/Operator (2) Ridgefield Gardens Street Address 8 West 40th Street, 11th Floor City, State, Zip Code New York, NY 10018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DGL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Name of Contact Marc Popowitz	Telephone Number (212) 697-0450

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ridgefield Gardens Street Address 952 Banta Place City (5) Ridgefield, NJ 07657		County (6) Bergen	County Code (7) (STATE USE ONLY)	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 20000 # of Floors 2 Bldg. Age 50 Current Use (Prior if being demolished) Residential buildings
Name of Monitoring Firm Hired by Building Owner (8) S&S Environmental Sciences, Inc. Street Address 98 Sand Park Road City, State, Zip Code Cedar Grove, NJ 07009 Project Manager for Monitoring Firm Prakash Khaitan Telephone Number 973-857-7188		Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935 Telephone Number 973-614-0377 License Number 00807		
Scheduled Start Date (10) 09/04/18 Month / Day / Year		Sched. Completion Date (11) 09/24/18 Month / Day / Year		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Residential buildings		Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013		

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) 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 I O S U R E
Building No. 1, 2, 6, & 7 - Crawl Space	<input checked="" type="checkbox"/>	Pipe Insulation	2,839 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting, Co. City, State Newark, NJ	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill City, State Pan Argy, PA 18072
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 8/21/18

Date of Notification (1) 08/21/18		Name of Building Owner/Operator (2) Ridgefield Gardens Street Address 8 West 40th Street, 11th Floor City, State, Zip Code New York, NY 10018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Name of Contact Marc Popowitz	Telephone Number (212) 697-0450

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ridgefield Gardens Street Address 952 Banta Place City (5) Ridgefield, NJ 07657		County (6) Bergen	County Code (7) (STATE USE ONLY)	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) Square Feet 20000 # of Floors 2 Bldg. Age 50 Current Use (Prior if being demolished) Residential buildings
Name of Monitoring Firm Hired by Building Owner (8) S&S Environmental Sciences, Inc. Street Address 98 Sand Park Road City, State, Zip Code Cedar Grove, NJ 07009		Name of Abatement Contractor (9) Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Prakash Khaitan		Telephone Number 973-857-7188		
Scheduled Start Date (10) 09/04/18		Sched. Completion Date (11) 09/24/18		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Residential buildings		Name of OSHA Monitor Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013		

Scope of Work (Check all that apply)

☐ Demolition
☐ >3 sf or >3 lf
☒ >160 sf or >260 lf

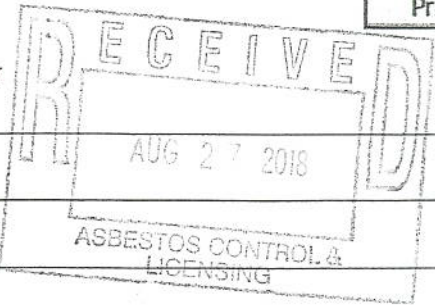
☒ Renovation

☐ 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) 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	E N C I O S U R E
Building No. 1, 2, 6, & 7 - Crawl Space	<input checked="" type="checkbox"/>	Pipe Insulation	2,839 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting, Co. City, State Newark, NJ	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill City, State Pan Argy, PA 18072
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 8/21/18

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



Date of Notification (1) 08/14/2018		Name of Building Owner/Operator (2) JOHN SHERIAN							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code VERONA NJ.							
		Name of Contact JOHN SHERIAN	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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) VERONA NJ.		Square Feet 1,784	# of Floors 2						
County (6)		Bldg. Age 98							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 1126 51 ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm		Telephone No. 201 776 - 0642	License No. 01300						
Start Date (10) 08/24/2018	Scheduled Completion Date (11) 08/25/2018	Name of OSHA Monitor EMSL ANALYTICAL INC							
Occupancy Status During Abatement (Check Only One)		Street Address 307 W 38TH ST.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code NEW YORK NY.							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> 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	80 LF.	X			
Name of Registered Waste Hauler ROVIC Transport		NJDEP Waste Hauler ID No. 1000353PAE	Cubic Yards of Waste 40 c/y	Name of Registered Landfill Grand Central Sanitary Landfill.					
City, State 60 Riverdale Rd. Riverdale NJ 074		Disposal Date		City, State 1963 Pen Argyl Rd. Argyl, PA.					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 08/14/2018			

6...21/2 019 11:07

2012620321

AMAC

RECEIVED PAGE 02/03

CK1131

PAID

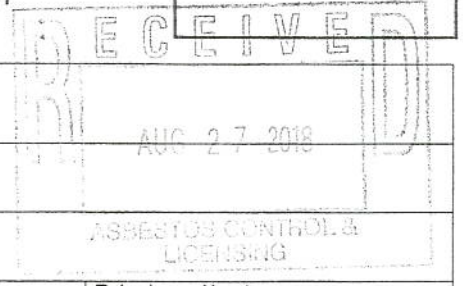
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:26)

RECEIVED
AUG 21 - 2003
11:31
ASBESTOS CONTROL
OFFICE
NAIVER APPROVED

Date of Notification (1) 8/21/18		Name of Building Owner/Operator (2) ANNE TEAMON	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code EAST RUTHERFORD, N.J. 07073	
Name of Contact ANNE TEAMON		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2350	
City (5) EAST RUTHERFORD		# of Floors 2	
County (6) Bergen		Bldg. Age 750	
County Code (7) (STATE USE ONLY)		Current Use (8) (If not being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (5)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A.M.A.C. Contracting Inc.	
City, State, Zip Code		Street Address 186 Midland Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432	
Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 8/21/18		License No. 00156	
Scheduled Completion Date (11) 8/30/18		Name of OSHA Monitor Omega 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 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or less if <input checked="" type="checkbox"/> 23 sf or less if <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed ("") and Non-Frangible Procedures		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) REAR PORCH		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)	
VAT		96 SF	
Abatement Type Removal Repair Encapsulation Enclosure			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ 07105		Cubic Yards of Waste 2	
Disposal Date 8/21/18		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Philly, PA 08702		Completed by Joseph Vaccaro	
Title Vice President		Signature J. Vaccaro	
Date 8/21/18			

Check#3145

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



Date of Notification (1) 08 / 23 / 18		Name of Building Owner/Operator (2) Frank Aversa							
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 Whitehouse Station, NJ 08889							
		Name of Contact Frank Aversa	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Whitehouse Station, NJ 08889		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Rd #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 09 / 03 / 18	Scheduled Completion Date (11) 09 / 05 / 18	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT -floor tiles	320 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 08/23/18		

ASB-41

MAY 11

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


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



Date of Notification (1) 8/23/18		Name of Building Owner/Operator (2) GIA Construction LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1832 Chapel Road City, State, Zip Code Scotch Plains, NJ 07076 Name of Contact Mike Nizolak						
			Telephone Number 732-430-0169						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Mavis Tire Supply Street Address 547 Durie Avenue City (5) Closter County (6) Bergen		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.) Square Feet 3000 # of Floors 1 Bldg. Age 60 County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) store						
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Telephone No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code Glenwood, NJ 07418 Telephone No. 973-764-2276 License No. 703						
Start Date (10) 8/30/18 Scheduled Completion Date (11) 9/30/18		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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
					Removal	Repair	Encapsulate	Enclosure	
entire store			x	floor tile	400 SF	x			
			x	window glazing	19 wiindows	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling City, State Bridgewater NJ		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill City, State Easton PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 8/23/18			

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

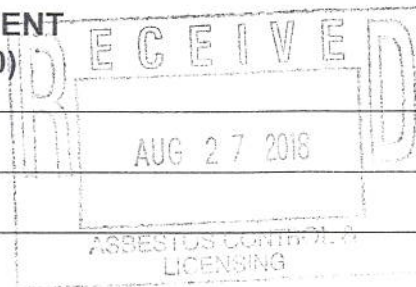
Check 17984

Date of Notification (1) 8/20/18		Name of Building Owner/Operator (2) J.A. Neary Excavating Corporation							
Agencies Notified	Type Notification	Street Address 330 Lincoln Boulevard							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846							
		Name of Contact Phil Sabatino	Telephone Number 732-489-4389						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Barn		Type of Facility (4)							
Street Address 280 Route 17 South		<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) Mahwah		Square Feet 3400	# of Floors 1						
County (6) Bergen		Bldg. Age 72							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) restaurant							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 8/29/18	Scheduled Completion Date (11) 9/29/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
south side			x	window caulk	700 LF	x			
center flat roof			x	roofing	1,200 SF	x			
ground floor			x	floor tile & mastic	2,500 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS/FAIRLESS LANDFILL					
City, State Freehold NJ			Disposal Date TBD	City, State Morrisville PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 8/20/18			

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

Date of Notification (1) 8-22-18		Name of Building Owner/Operator (2) JEANNE DELCOLLE							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ABSECON NJ 08201							
		Name of Contact JEANNE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ABSECON	Square Feet 1200	# of Floors 1	Bldg. Age NA						
County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTIONS		Name of Abatement Contractor (9) FRYMAR CONSTRUCTION							
Street Address PO Box 11645		Street Address PO Box 11587							
City, State, Zip Code PHILA PA 19116		City, State, Zip Code PHILA PA 19116							
Project Manager for Monitoring Firm BRIAN		Telephone No. 267-784-4693	License No. 01276						
Start Date (10) 9-7-18	Scheduled Completion Date (11) 9-7-18	Name of OSHA Monitor EFRAIM DUA							
Occupancy Status During Abatement (Check Only One)		Street Address 279 HENDRIX PL.							
<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 PHILA PA 19116							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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) 220	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BEDROOM.		<input checked="" type="checkbox"/>		FLOOR TILE		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 1	Name of Registered Landfill WESTERN BERKS CC					
City, State PHILA PA		Disposal Date 9-7-18		City, State BIRDSBORO PA					
Completed by EFRAIM DUA		Title V. PRES	Signature <i>Efraim DUA</i>			Date 8-22-18			

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



Date of Notification (1) 8/9/18		Name of Building Owner / Operator (2) Johns Manville	
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 checked="" type="checkbox"/> Amended-#2 – 8/22/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 437 N. Grove Street City, State & Zip Code Berlin, NJ 08009	
		Name of Contact Tim Logsdon	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Johns Manville			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 437 N Grove Street			Square Feet 100000		
City (5) Berlin		County (6) Camden	County Code (7) 		# of Floors Various
			Bldg. Age 85		
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental, Inc			ASCM No. 		
Street Address 617 Stokes Road			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
City, State & Zip Code Medford NJ 08055			Street Address 1123 BEAVER STREET		
Project Manager for Monitoring Firm Mark Rubnitz			Telephone Number 609-868 – 1676		License Number 00509
Scheduled Start Date (10) 8/20/18		Scheduled Completion Date (11) 8/29/18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 7:00am – 4:00pm <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hazardous Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	2800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 15	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 8/22/18

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

CR # 3420

Date of Notification (1) 8/9/18		Name of Building Owner / Operator (2) Johns Manville							
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 checked="" type="checkbox"/> Amended-#1 - 8/14/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 437 N. Grove Street City, State & Zip Code Berlin, NJ 08009 Name of Contact Tim Logsdon Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Johns Manville		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 437 N Grove Street		Square Feet 100000	# of Floors Various						
City (5) Berlin	County (6) Camden	Bldg. Age 85							
County Code (7)		Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental, Inc		ASCM No.							
Street Address 617 Stokes Road		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC							
City, State & Zip Code Medford NJ 08055		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone Number 609-868 - 1676	License Number 00509						
Scheduled Start Date (10) 8/20/18	Scheduled Completion Date (11) 8/25/18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00am - 4:00pm <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET							
City, State & Zip Code BRISTOL, PA 19007		City, State & Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hazardous Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	2800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 15	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro / jk</i>				Date 8/14/18		

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

Chk # 3417

Date of Notification (1) 8/9/18		Name of Building Owner / Operator (2) Johns Manville	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 9432 <input checked="" type="checkbox"/> DOH 9449 <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<div style="text-align: center; border: 1px solid black; padding: 5px;"> RECEIVED AUG 27 2018 ASBESTOS CONTROL & LICENSING </div>	
Street Address 437 N. Grove Street		City, State & Zip Code Berlin, NJ 08009	
Name of Contact Tim Logsdon		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Johns Manville		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 437 N Grove Street		Square Feet 100000	# of Floors Various
City (5) Berlin	County (6) Camden	County Code (7)	Bldg. Age 85
Current Use (Prior if being demolished) Manufacturing			
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental, Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 617 Stokes Road		Street Address 1123 BEAVER STREET	
City, State & Zip Code Medford NJ 08055		City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Rubnitz		Telephone Number 609-868 - 1676	License Number 00509
Scheduled Start Date (10) 8/20/18	Scheduled Completion Date (11) 8/25/18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00am - 4:00pm <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET	
		City, State & Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hazardous Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	50 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

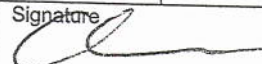
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro / gk</i>	Date 8/9/18

06/09/18

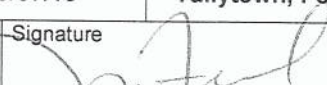
PAID

Print Form

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

Date of Notification (1) 8/23/18		Name of Building Owner/Operator (2) Ted Grovatt Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Harvey Cedars NJ 08008							
		Name of Contact Ted	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ted Grovatt Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Harvey Cedars NJ 08008		Square Feet 1000+	# of Floors 2						
County (6) Ocean		Bldg. Age 35+							
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) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 9/5/14		Scheduled Completion Date (11) 9/14/18							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1900	x			
Exterior			x	Transit Board	300	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/14/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 8/23/18		

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

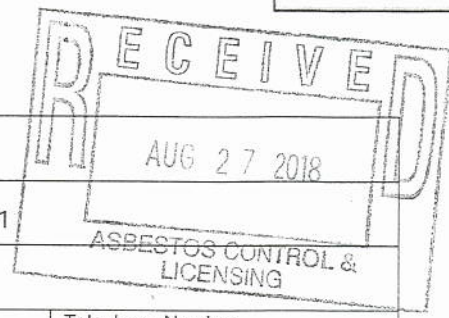
Date of Notification (1) 08 / 23 / 18		Name of Building Owner/Operator (2) Jacobs Demolition							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 9							
		City, State, Zip Code Manasquan, NJ 08736							
		Name of Contact Linda	Telephone Number 732-528-3800						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Manasquan		Square Feet 800 sf	# of Floors 1						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 65						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Residence							
ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 05 / 18	Scheduled Completion Date (11) 09 / 07 / 18	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 09/07/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 8/23/18		

OK 7041

PAID

Print Form

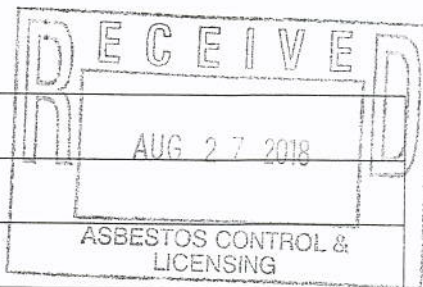
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/22/18		Name of Building Owner/Operator (2) Atlantic Site Construction							
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 1144 East County Line Road, Suite 101		City, State, Zip Code Lakewood, NJ 08701							
Name of Contact Shlomo Horowitz		Telephone Number 732-363-5252							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Lakewood		Square Feet 1630	# of Floors Bldg. Age						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 09/02/18	Scheduled Completion Date (11) 09/07/18		Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	2500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 09/07/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 8/22/2018			

OK 1040

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



Date of Notification (1) 08/22/18		Name of Building Owner/Operator (2) Hesh Properties Rehab							
Agencies Notified	Type Notification	Street Address 981 Princewood Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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) Toms River		Square Feet 1720	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 09/02/18	Scheduled Completion Date (11) 09/05/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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:		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Floor Tile	150SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 09/05/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 08/22/18			

OK 4732

PAID

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

Check 4732
AUG 27 2018
ASBESTOS CONTROL & ABATEMENT

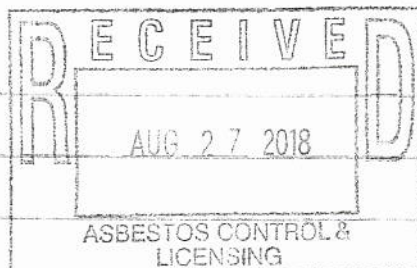
Date of Notification (1) 8-22-2018		Name of Building Owner/Operator (2) J. DE BOER							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" 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 RIDGEWOOD, NJ 07450							
Name of Facility Where Abatement is Taking Place (3) J. DE BOER		Name of Contact J. DE BOER							
Street Address [REDACTED]		FACILITY INFORMATION							
City (5) RIDGEWOOD		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.)							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Square Feet 1750	# of Floors 2						
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age 95 yrs							
ASCM No.		Current Use (Prior if being demolished) RESIDENCE							
Street Address		Name of Abatement Contractor (9) Best Removal Inc.							
City, State, Zip Code		Street Address 450 South River Street							
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, NJ 07601							
Telephone No.		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 9-5-2018	Scheduled Completion Date (11) 9-7-2018	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM 5 PM		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code South Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED	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	THERMAL INSULATION	120 LF	X			
BASEMENT			X	THERMAL INSULATION	68 SF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2 YDS	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 9-7-2018		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator		Signature P. Vaddan		Date 8-22-2018			

063453

Print Form

PAID

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



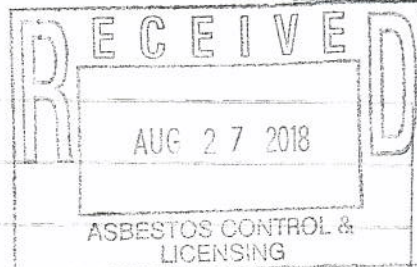
Date of Notification (1) 8/20/2018		Name of Building Owner/Operator (2) Joseph Franco							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Franklin Lakes, NJ, 07417							
		Name of Contact Justin Ginorio	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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) Union City		Square Feet 700 SF	# of Floors 2						
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		ASCM No.	Name of Abatement Contractor (9) Super LLC						
Street Address 2200 Paterson Plank Road		Street Address 203 Belmont Ave							
City, State, Zip Code North Bergen, New Jersey, 07047		City, State, Zip Code Haledon, NJ 07508							
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201 864-6583	Telephone No. 201 336-0477						
Start Date (10) 9/7/2018		Scheduled Completion Date (11) 9/27/2018	License No. 01195						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Super, LLC							
<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 203 Belmont Ave							
		City, State, Zip Code Haledon, NJ 07508							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
419 Bldg. Front end roof			X	Roof Material	350 SF	X			
419 Bldg. Back end roof			X	Roof Material	350 SF	X			
Name of Registered Waste Hauler Super, LLC		NJDEP Waste Hauler ID No. 0034893	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S., Waste Management					
City, State Haledon, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tailor Dominguez		Title Project Manager		Signature		Date 8/20/2018			

053154

DAID

Print Form

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

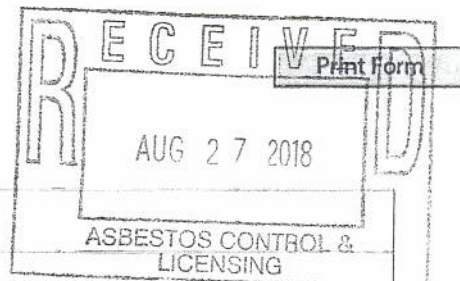


Date of Notification (1) 8/20/2018		Name of Building Owner/Operator (2) Joseph Franco								
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation								
Street Address [REDACTED]		City, State, Zip Code Franklin Lakes, NJ, 07417								
Name of Contact Justin Ginorio		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Union City		Square Feet 360 SF	# of Floors Roof							
County (6) Hudson		Bldg. Age								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned								
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		Name of Abatement Contractor (9) Super, LLC								
Street Address 2200 Paterson Plank Road		Street Address 203 Belmont Ave								
City, State, Zip Code North Bergen, New Jersey, 07047		City, State, Zip Code Haledon, NJ 07508								
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201 864-6583	License No. 01195							
Start Date (10) 9/3/2018	Scheduled Completion Date (11) 9/12/2018	Name of OSHA Monitor Super, LLC								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 203 Belmont Ave								
		City, State, Zip Code Haledon, NJ 07508								
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 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	
411 Bldg. Front end roof			X	Roof Material	360 SF	X				
Name of Registered Waste Hauler Super, LLC		NJDEP Waste Hauler ID No. 0034893	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S., Waste Management						
City, State Haledon, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Tailor Dominguez		Title Project Manager	Signature				Date 8/20/2018			

CK3452

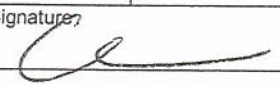
PAID

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



Date of Notification (1) 8/20/2018		Name of Building Owner/Operator (2) Joseph Franco							
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 Franklin Lakes, NJ, 07417							
		Name of Contact Justin Ginorio	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		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) Union City		Square Feet 3,790 SF	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		ASCM No.	Name of Abatement Contractor (9) Super, LLC						
Street Address 2200 Paterson Plank Road		Street Address 203 Belmont Ave							
City, State, Zip Code North Bergen, New Jersey, 07047		City, State, Zip Code Haledon, NJ 07508							
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201 864-6583	License No. 01195						
Start Date (10) 9/12/2018	Scheduled Completion Date (11) 10/5/2018	Name of OSHA Monitor Super, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 203 Belmont Ave							
<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 Haledon, NJ 07508							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor ceiling			X	pipe insulation	320 SF	X			
1st fl laundromat back rm near stairs			X	pipe insulation	320 SF	X			
1st floor heater room			X	pipe insulation	320 SF	X			
1st floor garage area			X	pipe insulation	320 SF	X			
Name of Registered Waste Hauler Super, LLC		NJDEP Waste Hauler ID No. 0034893		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S., Waste Management				
City, State Haledon, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Tailor Dominguez		Title Project Manager		Signature		Date 8/20/2018			

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

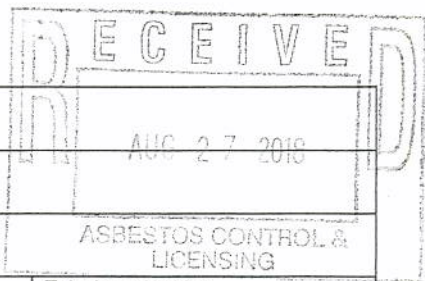
Date of Notification (1) 8/22/18		Name of Building Owner/Operator (2) Pearl River Plumbing Heating & Electric							
Agencies Notified	Type Notification	Street Address 60-70 Dexter Olaza							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 Pearl River NY 10965							
		Name of Contact Tom Bertussi	Telephone Number 845-536-1380						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Bank		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 510 North Bay Avenue		Square Feet 1000 +	# of Floors 2						
City (5) Beach Haven NJ 08008		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bank							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/31/18	Scheduled Completion Date (11) 9/18/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <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 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
1st floor boiler room			X	rope gasket	30 lf	x			
1st floor boiler room			X	pipe insulation	5 lf	x			
1st floor back entrance			X	mastic	600 SF	x			
1st floor back entrance				floor tile & mastic	20 sf	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 9/18/18	City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President	Signature 			Date 8/22/18			

ck6952

PAID

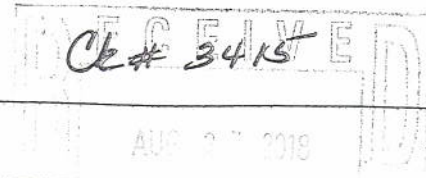
Print Form

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



Date of Notification (1) 8/22/18		Name of Building Owner/Operator (2) Pearl River Plumbing Heating & Electric							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 60-70 Dexter Olaza							
		City, State, Zip Code Pearl River NY 10965							
		Name of Contact Tom Bertussi	Telephone Number 845-536-1380						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Bank		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 510 North Bay Avenue		Square Feet 1000 +	# of Floors 2						
City (5) Beach Haven NJ 08008		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bank							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/31/18	Scheduled Completion Date (11) 9/18/18	Name of OSHA Monitor Same							
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 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
2nd Floor			x	Sheet Flooring	1000 SF	x			
2nd Floor			x	floor tile	75 SF	x			
2nd Floor			x	mastic	700 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/18/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President		Signature 		Date 8/22/18			

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



Date of Notification (1) <u>8</u> / <u>1</u> / <u>18</u>		Name of Building Owner/Operator (2) Edison Housing Authority	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 9401 <input checked="" type="checkbox"/> DOH 9418 <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 14 Rev. Samuel Carpenter Boulevard	
		City, State, Zip Code Edison, NJ 08820	
		Name of Contact Mark Webb	Telephone Number 908-202-3535

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Housing Unit 9A		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 9 A Lyle Place			
City (5) Edison	Square Feet +1500	# of Floors 2	Bldg. Age +30
County (6) Middlesex	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET		
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Dominick Dercole	Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) <u>8</u> / <u>13</u> / <u>18</u>	Scheduled Completion Date (11) <u>8</u> / <u>24</u> / <u>18</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

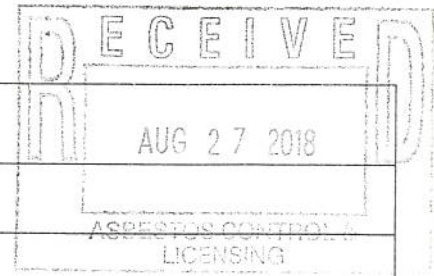
Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input 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
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Linoleum	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Floortile Only	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Floortile Only	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH	
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro/jr</i>		Date 8-1-18	

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



Date of Notification (1) 8 / 1 / 18		Name of Building Owner/Operator (2) Edison Housing Authority							
Agencies Notified <input 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 checked="" type="checkbox"/> Amended Amendment #2-8/21/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 Rev. Samuel Carpenter Boulevard							
		City, State, Zip Code Edison, NJ 08820							
		Name of Contact Mark Webb	Telephone Number 908-202-3535						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Housing Unit 9A		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 9 A Lyle Place									
City (5) Edison		Square Feet +-1500	# of Floors 2						
		Bldg. Age +-30							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. 609-392-4200	Telephone No. 215-788-6040						
		License No. 00509							
Start Date (10) 8 / 13 / 18	Scheduled Completion Date (11) 8 / 21 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: 8:00AM-4:00PM/___PM-___AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Linoleum	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Floortile Only	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Floortile Only	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE			Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature Dillan DeCaro / gk			Date 8-21-18			

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

RECEIVED
AUG 27 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <div style="text-align: center;">8 / 1 / 18</div>		Name of Building Owner/Operator (2) Edison Housing Authority	
Agencies Notified <input 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 checked="" type="checkbox"/> Amended Amendment # 1-8/9/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 Rev. Samuel Carpenter Boulevard	
		City, State, Zip Code Edison, NJ 08820	
		Name of Contact Mark Webb	Telephone Number 908-202-3535

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Housing Unit 9A		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 9 A Lyle Place		Square Feet +1500	# of Floors 2
City (5) Edison		Bldg. Age +30	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET		
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <div style="text-align: center;">8 / 13 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">8 / 24 / 18</div>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: 8:00AM-4:00PM / ____PM-____AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Linoleum	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Floortile Only	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Floortile Only	750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH	

Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 8-9-18
--	---------------------------	-----------------------------------	-----------------------

ASB-41
JAN 13 **PD18066**

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

PAID

Print Form

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

CK# 1794
 AUG 27 2018
 ASBESTOS ABATEMENT
 NOTIFICATION

Date of Notification (1) 8/22/18		Name of Building Owner/Operator (2) Claremont Construction Group Inc							
Agencies Notified	Type Notification	Street Address 49 Route 202							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Far Hills, NJ 07931							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Residential House Scheduled for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 138 Kinderkamack Rd		Square Feet 2000	# of Floors 2						
City (5) Park Ridge		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255						
Start Date (10) 8/31/18	Scheduled Completion Date (11) 9/25/18	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>Abandoned Scheduled for Demo</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥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
Basement / Crawlspace			x	Pipe Insulation	99 LF	x			
Crawlspace			x	Contaminated Debris	200 SF	x			
1st Floor, back mud room			x	9x9 Floor Tile	35 SF	x			
Back Apartment Kitchen			x	Linoleum	122 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 8/22/18			

PAID

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

CK # 1795

Date of Notification (1) 8/22/18		Name of Building Owner/Operator (2) Claremont Construction Group Inc							
Agencies Notified	Type Notification	Street Address 49 Route 202							
<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 Far Hills, NJ 07931							
		Name of Contact	Telephone Number ASBESTOS CONSULTING						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Commercial Building for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 87 Madison St		Square Feet 9600 SF	# of Floors 1						
City (5) Park Ridge		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Building							
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) 8/31/18	Scheduled Completion Date (11) 9/25/18	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 Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abandoned Scheduled for Demo</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥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
Roof			x	Flashing Material	630 SF	x			
Name of Registered Waste Hauler Harmony Contracting INC		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary		Signature <i>E. Cirovic</i>			Date 8/22/18		

IN CONJUNCTION WITH ANNUAL
NOTIFICATION CHECK 1721

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

CHECK# 1753

Date of Notification (1) 08/20/2018		Name of Building Owner/Operator (2) MAPLEWOOD III LLC							
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MAPLE SHADE NJ 08052							
		Name of Contact DAN	Telephone Number 856-206-2196						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 ASHWOOD COURT UNIT A		Square Feet 800	# of Floors 1						
City (5) MAPLE SHADE		Bldg. Age 50+							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	License No. 01145						
Start Date (10) 08/21/2018	Scheduled Completion Date (11) 08/22/2018	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
LIVING ROOM			X	NF1 FLOOR TILE	400 SF	X			
LIVING ROOM			X	NF1 MASTIC	68 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ		Disposal Date 08/22/2018		City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>	Date 08/20/2018					

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT...
(Pursuant to NJAC 8:26 and 5:16)

Check#3143

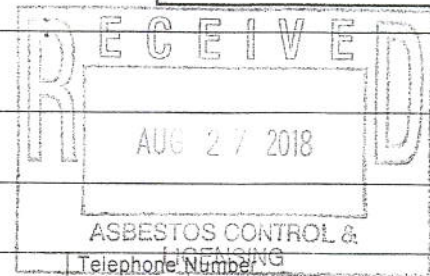
Date of Notification (1) 08 / 21 / 18		Name of Building Owner/Operator (2) La Vern Bohannon		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> DOL - 10 DAY AUG 27 2018 RECEIVED </div>			
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED]	
		City, State, Zip Code East Orange, NJ 07017				Telephone Number [REDACTED]	
		Name of Contact La Vern Bohannon					
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-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address [REDACTED]				Square Feet			
City (5) East Orange, NJ 07017				# 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)		ASCM No.		Name of Abatement Contractor (9)			
Street Address				Gr Tech LLC			
City, State, Zip Code				Street Address 576 Valley Rd #283			
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470			
Start Date (10) 08 / 22 / 18		Schedule Completion Date (11) 08 / 23 / 18		Telephone No. 973-638-1777			
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 _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc		License No. 01127			
		Street Address 20-21 Wagaraw Road, Bldg. # 35E					
		City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input 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)			
		Yes No N/A					
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe insulation			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
		<input type="checkbox"/> <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			
City, State Wayne, NJ 07470				Name of Registered Landfill T.R.R.F. Inc			
Completed By (Print or Type) N. Jevtic		Title Owner		City, State Tullytown, PA			
				Signature N. Jevtic			
				Date 08/21/18			

A89-41
MAY 11

* Do not use this form for asbestos licensee exempted activities.

MO#25131056951

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



Date of Notification (1) 08 / 22 / 18		Name of Building Owner/Operator (2) Joanna Mikolajczuk	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Jersey City, NJ 07304	
Name of Contact Joanna Mikolajczuk		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 [REDACTED]	
City (5) Jersey City, NJ 07304		# of Floors [REDACTED]	
County (6) Hudson		Bldg. Age [REDACTED]	
County Code (7) (STATE USE ONLY) Hudson		Current Use (Prior if being demolished) [REDACTED]	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]	
Street Address [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code [REDACTED]		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Wayne, NJ 07470	
Telephone No. [REDACTED]		Telephone No. 973-638-1777	
Start Date (10) 08 / 31 / 18		License No. 01127	
Scheduled Completion Date (11) 09 / 08 / 18		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling sheetrock	880 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"/>

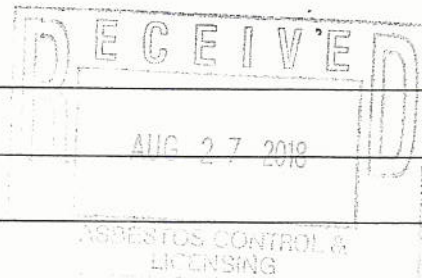
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 08/22/18	

ASB-41

MAY 11

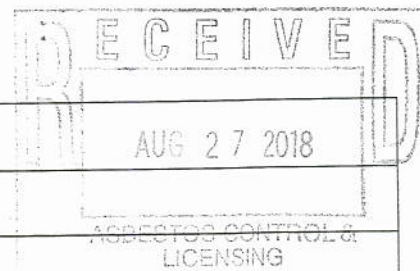
* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 8/21/18		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact Raymond D'Anjou	Telephone Number 609-929-2736						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 665 WHITEHEAD RD		Square Feet 30000	# of Floors 1						
City (5) LAWRENCEVILLE		Bldg. Age 60 yrs							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) GAS HEADQUARTERS							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111						
Start Date (10) 8/25/18	Scheduled Completion Date (11) 8/27/18	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
MEETING ROOM		X		PIPE INSULATION	SOLF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 5	Name of Registered Landfill FAIRLESS					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature <i>Carol Raimo</i>		Date 8/21/18			

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



Date of Notification (1) 8/13/18		Name of Building Owner/Operator (2) PSE&G		AUG 27 2018					
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 4000 HADLEY ROAD City, State, Zip Code SOUTH PLAINFIELD, NJ 7080 Name of Contact RAYMOND D'ANJOU Telephone Number 609-929-2736					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 665 WHITEHEAD RD			Square Feet 30000						
City (5) LAWRENCEVILLE			# of Floors 1		Bldg. Age 60 yrs				
County (6) MERCER		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) GAS HDQTRS					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045		Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA, INC.					
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217		Telephone No. 732-432-8350 License No. 01111					
Start Date (10) 8/25/18		Scheduled Completion Date (11) 8/27/18		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA, INC					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
MEETING ROOM		X		PIPE INSULATION	50 LF	X			
Name of Registered Waste Hauler VEOLIA		NJDEP Waste Hauler ID No. 080631369		Cubic Yards of Waste APPR 5		Name of Registered Landfill FAIRLESS			
City, State FLANDERS, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo		Date 8/13/18			

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

4730

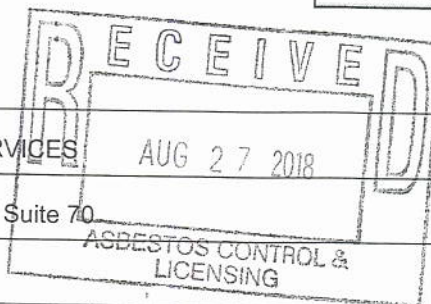
Date of Notification (1) 8/21/18		Name of Building Owner/Operator (2) MS. FRANCIS CEDONIO							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 KEARNY, NJ. 07032							
		Name of Contact MS. CEDONIO	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. FRANCIS CEDONIO		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 1900	# of Floors 2						
City (5) KEARNY		Bldg. Age 1935							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc.						
Street Address		Street Address 450 South River Street							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 9/6/18	Scheduled Completion Date (11) 9/8/18	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
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) 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
BASE FENT			N	VAT	700 SF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3/20	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature <i>[Signature]</i>	Date 8/21/18					

CK 7039

Print Form

PAID

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

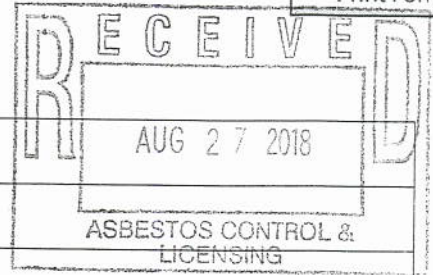


Date of Notification (1) 8/21/18		Name of Building Owner/Operator (2) AMERITRUST RESIDENTIAL SERVICES							
Agencies Notified	Type Notification	Street Address 3525 Piedmont RD NE - Building 7 Suite 70							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> 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 Atlanta, GA, 30305							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1776	# of Floors Bldg. Age						
City (5) Haddon Heights									
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 9/3/18	Scheduled Completion Date (11) 9/12/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
INTERIOR				Floor Tile	900SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 9/12/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date				

CK 1038 PAID

Print Form

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



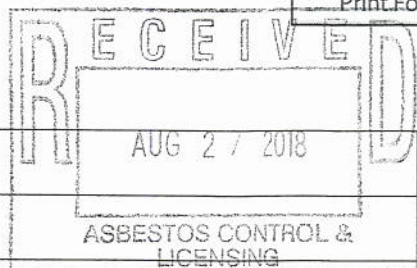
Date of Notification (1) 8/20/18		Name of Building Owner/Operator (2) Blake Property Solutions, LLC							
Agencies Notified	Type Notification	Street Address PO Box 462							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hawthorne, NJ 07507							
		Name of Contact Martin Blake	Telephone Number 917 579 6922						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Haskell		Square Feet 1212	# of Floors Bldg. Age						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 8/30/18	Scheduled Completion Date (11) 9/12/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Floor Tile	90 SF	x			
INTERIOR				Pipe Insulation	40 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 9/12/18	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

OK 7038

PAID

Print Form

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



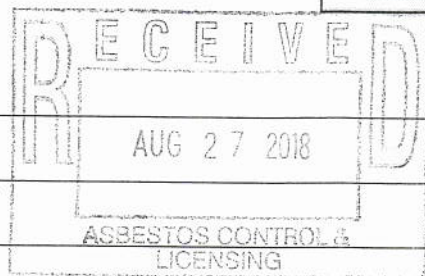
Date of Notification (1) 8/20/18		Name of Building Owner/Operator (2) Middlesex Properties LLC							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code							
		Name of Contact Aaron	Telephone Number 732-597-1099						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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) Highland Park		Square Feet	# of Floors 3						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078						
			License No. 1200						
Start Date (10) 8/30/18	Scheduled Completion Date (11) 9/12/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
INTERIOR				Pipe insulation	150LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 9/12/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

OK 70388

PAID

Print Form

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



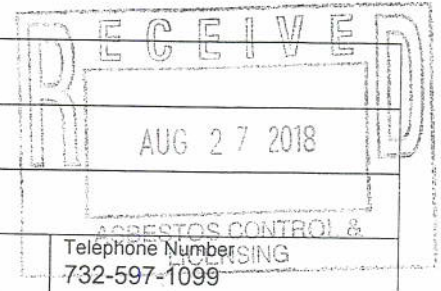
Date of Notification (1) 8/20/18		Name of Building Owner/Operator (2) Middlesex Properties LLC							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code							
		Name of Contact Aaron	Telephone Number 732-597-1099						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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) Highland Park		Square Feet	# of Floors						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 8/30/18	Scheduled Completion Date (11) 9/12/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
INTERIOR				Pipe insulation	90LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 9/12/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

OK 7036

PAID

Print Form

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

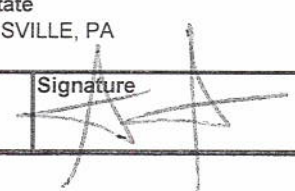


Date of Notification (1) 8/20/18		Name of Building Owner/Operator (2) Middlesex Properties LLC							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code							
		Name of Contact Aaron	Telephone Number 732-597-1099						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		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) Highland Park		Square Feet	# of Floors						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 8/30/18	Scheduled Completion Date (11) 9/12/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
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
INTERIOR				Pipe insulation	300LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 9/12/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			

Check # 3167

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

9318515

Date of Notification (1) 06 / 29 / 18		Name of Building Owner / Operator (2) BRISTOL MYERS SQUIBB, INC.			
Agencies Notified		Street Address ONE SQUIBB DRIVE			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		City, State, Zip Code NEW BRUNSWICK, NJ 08903	
		Name of Contact PHIL DESPIRITO		Telephone Number 732-227-5000	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BRISTOL MYERS SQUIBB			Type of Facility (4)		
Street Address ONE SQUIBB DRIVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7)	Square Feet 25,000	# Of Floors 2	Building Age 40
			Current Use (Prior if being demolished) LABORATORY/RESEARCH		
Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM NO. 0104			
Street Address 655 WEST SHORE TRAIL		Street Address 32 Williams Parkway			
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm WILLIAM KERBEL		Telephone Number 973-729-5649			
Scheduled Start Date (10) 07 / 16 / 18		Sched. Completion Date (11) 09 / 30 / 18		Telephone Number 973-884-8682	
				License Number 00860	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing 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
B 97, EXTERIOR FAÇADE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	VAPOR BARRIER/MASTIC	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B 97 EXTERIOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	TRANSITE DUCT BANK	300 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP INC		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT - FAIRLESS HILL LANDFILL	
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature 		Date 08/24/18

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

RECEIVED
AUG 27 2018

Date of Notification (1) 8/24/18		Name of Building Owner/Operator (2) Michele Weisberg							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Rock, NJ 07452							
		Name of Contact Michele Weisberg	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Glen Rock		Square Feet 2250	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 65 +/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 8/28/18	Scheduled Completion Date (11) 8/31/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		x		VAT	297 SF	x			
Den		x		VAT	156 SF	x			
Laundry Room		x		VAT	59 SF	x			
Name of Registered Waste Hauler All Stages Abatement									
NJDEP Waste Hauler ID No. 0036592			Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by Richard Cristofol			Title President	Signature 			Date 8/24/18		

09165

PAID

B & G proj. #: 2018-169

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

Check # 9165

Date of Notification (1) 10/8/12/13/11/18/		Name of Building Owner/Operator (2) Adam Glinzman	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Upper Saddle River, NJ 07458	
Name of Contact Adam Glinzman		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Adam Glinzman			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Upper Saddle River	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]		Street Address 105 Ryerson Road			
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 09/04/2018		Sched. Completion Date (11) 09/06/2018		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code LincolnPark, NJ 07035			

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	VAT (no mastic)	490 sf	X			

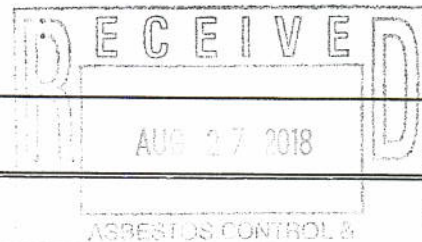
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 09/07/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 08/23/2018

CK 7343

D&S Proj. #: 18-172

PAID

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



Date of Notification (1) 10/18/12/1/17		Name of Building Owner/Operator (2) cathy matanle	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code glen rock, nj 07452	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact cathy matanle	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number _____	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8) _____		ASCM No. _____	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address _____		Street Address 20 California Ave.		
City, State, Zip Code _____		City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm _____	Phone Number _____	Telephone Number 973-345-8020	License Number 01169	
Start Date (10) 09/05/18	Sched. Completion Date (11) 09/28/18	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	180 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 10 YDS	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/06/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature _____	Date 08/21/2018

OK 7344

D&S Proj. #: 18-171

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



Date of Notification (1) 10/18/12/1/1/18		Name of Building Owner/Operator (2) WEST ESSEX BUILDING SUPPLY	
Agencies Notified	Type Notification	Street Address 40 DEPOT STREET	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code verona, nj 07044	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ROBERT SCHNIEDER	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number 973-239-1500	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 09/07/18	Sched. Completion Date (11) 09/28/18		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	90 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BATHROOM		<input checked="" type="checkbox"/>		vat	15 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

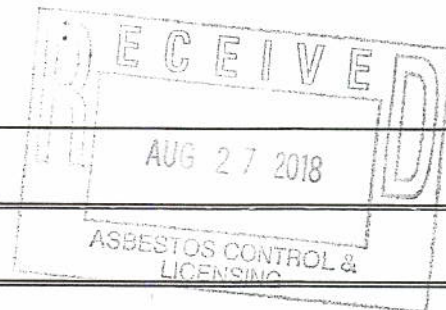
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 09/08/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/21/18

OK 7344

D&S Proj. #: 18-171

PAID

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



Date of Notification (1) 08/12/18		Name of Building Owner/Operator (2) WEST ESSEX BUILDING SUPPLY	
Agencies Notified	Type Notification	Street Address 40 DEPOT STREET	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code verona, nj 07044	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact ROBERT SCHNIEDER	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number 973-239-1500	
<input type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

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

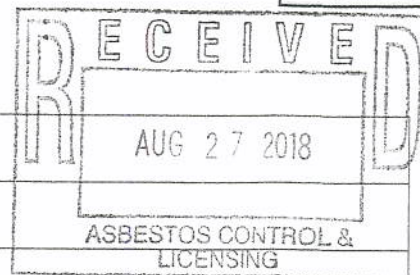
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 09/07/18	Sched. Completion Date (11) 09/28/18		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)			<input type="checkbox"/> Full Containment w/negative pressure			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Mini-enclosure			
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition		<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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	90 l ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BATHROOM		<input checked="" type="checkbox"/>		vat	15 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 09/08/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 08/21/18

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

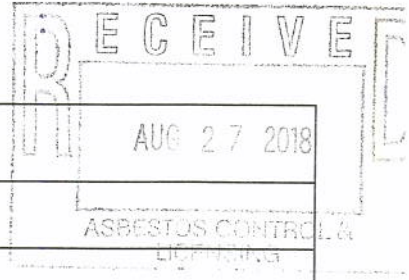


Date of Notification (1) 8/23/2018		Name of Building Owner/Operator (2) LANXESS Solutions US Inc.							
Agencies Notified	Type Notification	Street Address 1020 King George Post Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fords, NJ 08863							
		Name of Contact Lisa Daniels	Telephone Number 732-306-4959						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LANXESS Solutions US Inc.		Type of Facility (4)							
Street Address 1020 King George Post Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fords		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Storage tanks - isolated tank farm							
Name of Monitoring Firm Hired by Building Owner (8) Emilcott Associates, Inc.		Name of Abatement Contractor (9) Stryker Demolition & Environmental Services, LLC							
Street Address 190 Park Avenue		Street Address 992 Old Eagle School Road, STE 910							
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Wayne, PA 19087							
Project Manager for Monitoring Firm Jason Busacco		Telephone No. 973-538-1110	License No. 01286						
Start Date (10) 7/16/2018	Scheduled Completion Date (11) 10/31/2018	Name of OSHA Monitor Stryker Demolition & Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 992 Old Eagle School Road, STE 910							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Isolated Tank Farm		City, State, Zip Code Wayne, PA 19087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Steam Pipe Insulation		X		Pipe Insulation (TSI)	576 LF	X			
Oil/Ester Tanks Insulation		X		Pipe Insulation (TSI)	60 LF	X			
Oil Tank Surfacing Insulation		X		Black Felt (surfacing)	1161 SF	X			
Oil Tank Insulation		X		Insulation (TSI)	250 SF	X			
Name of Registered Waste Hauler Horwith Trucks, Inc.		NJDEP Waste Hauler ID No. SW-1998		Cubic Yards of Waste 30	Name of Registered Landfill Cumberland County Landfill				
City, State Northampton, PA		Disposal Date 9/7/2018		City, State Shippensburg, PA					
Completed by Mark Klotzbach		Title Vice President		Signature 		Date 8/23/2018			

OK 1150

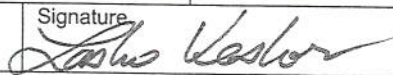
PAID

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



Date of Notification (1) <div style="text-align: center;">08 / 24 / 18</div>		Name of Building Owner/Operator (2) Revco Associates							
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 1 Wayne Hills Mall							
		City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Michael Feehan	Telephone Number 973-471-2394						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant Former Wayne Hills Mall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Wayne Hills Mall		Square Feet 100,000	# of Floors 1						
City (5) Wayne		Bldg. Age 34							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Retail Mall							
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services, Inc.		ASCM No. 00117	Name of Abatement Contractor (9) SAI Environmental Services LLC						
Street Address CPO Box 365		Street Address 277 Fairfield Road, Suite 102							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Fairfield, NJ 07004							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	License No. 01349						
Start Date (10) <div style="text-align: center;">9 / 05 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 31 / 18</div>	Name of OSHA Monitor SAI Environmental Services LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 277 Fairfield Road, Suite 102							
		City, State, Zip Code Fairfield, NJ 07004							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stucco	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing materials	6,806 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile/Mastic	103,800	<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 Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 1800	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 10/31/18		City, State Waynesburgh, OH					
Completed By (Print or Type) Mary Petrovski		Title President	Signature 			Date 8/24/18			

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

Date of Notification (1) 08/23/2018		Name of Building Owner/Operator (2) Meghan DiSabato		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">AUG 27 2018</div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Providence, NJ 07974 Name of Contact Meghan							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) New Providence			Square Feet	# of Floors	Bldg. Age				
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711	License No. 01332					
Start Date (10) 09/01/2018		Scheduled Completion Date (11) 09/04/2018		Name of OSHA Monitor same as (9)					
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: 7:30am-3:30pm			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor tiles, mastic	400 SF	x		x	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007		Cubic Yards of Waste 2	Name of Registered Landfill GROWS North				
City, State Paterson, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Lasko Veskov		Title President		Signature 		Date 08/23/2018			