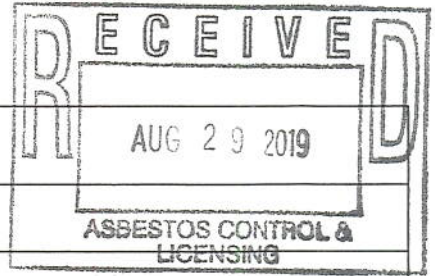


Inv# 14071  
CK 1779 PAID

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



Date of Notification (1) <b>08 / 26 / 19</b>		Name of Building Owner/Operator (2) <b>PPark NJ LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>100 Planten Avenue</b> City, State, Zip Code <b>Prospect Park, NJ 07508</b>							
		Name of Contact <b>Michael Speck</b>	Telephone Number <b>908-868-6422</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>100 Planten Avenue</b>									
City (5) <b>Prospect Park</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Passaic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Mark Jovic Consulting LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>87 Main Street, Suite A</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Lincoln Park, NJ 07035</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Mark Jovic</b>	Telephone No. <b>973-650-0932</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>						
Start Date (10) <b>09 / 04 / 19</b>	Scheduled Completion Date (11) <b>09 / 30 / 19</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Flashing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Roofing Material	3,675 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Flashing	310 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor Blue Room- Bottom Layer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Green Vinyl Floor Tile	375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting/Horizon Disposal/Century Waste, LLC</b>		NJDEP Waste Hauler ID No. <b>0283/ 0146 / 32797</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill / GROWS North Landfill/ Fairless Landfill</b>					
City, State <b>Newark, NJ / Ewing, NJ / Elizabeth, NJ</b>			Disposal Date <b>TBD</b>	City, State <b>Pen Argyl, PA / Morrisville, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>8/26/19</b>			

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AUG 29 2019  
ASBESTOS CONTROL & LICENSING

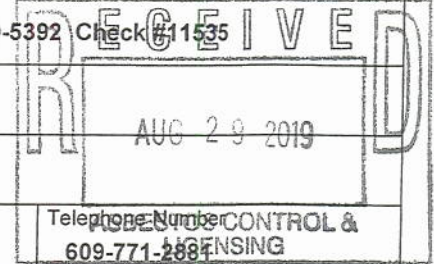
Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 8/26/19
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

OK 11535 PAID

Inv# 14073



Date of Notification (1) 8 / 27 / 19		Name of Building Owner/Operator (2) The College of New Jersey / Job #1810-5392 Check #11535	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 7718 City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti Telephone Number 609-771-2884	

**FACILITY INFORMATION**

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

Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 1805 Atlantic Avenue		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm Christopher Glowacki	Telephone No. 732-859-0766	Telephone No. 609-265-2107	License No. 00529	

Start Date (10) 9 / 9 / 19	Scheduled Completion Date (11) 9 / 17 / 19	Name of OSHA Monitor EMSL Analytical
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-3PM/12PM-____AM	Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077
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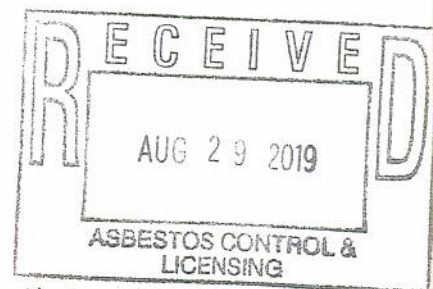
Scope of Work (Check all that apply)

<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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 9/17/19	City, State Tullytown, PA		
Completed By (Print or Type) Lauren Welch	Title Asst Operations Coordinator	Signature 	Date 8-27-19		

TCNJ Forcina Hall Penthouse Mechanical Room



<u>Location</u>	<u>ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Floor & Walls	Tar	70 SF	Removal
Hatch	Black Sealant	25 LF	Removal
Gaskets		35 Total	Removal
Exhaust Pipe		6 LF	Removal
Hatch	White Sealant	15 LF	Removal



CH134, 135, 138

Inv # 14074

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/01/19		Name of Building Owner/Operator (2) JFP HOUSING LP							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 750 NORTHFIELD AVE						
			City, State, Zip Code WEST ORANGE, NJ 07052						
		Name of Contact NIKE PATRIARCHA	Telephone Number 201-206-7166						
Name of Facility Where Abatement is Taking Place (3) JFP HOUSING LP									
Street Address 750 NORTHFIELD AVE		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) WEST ORANGE	Square Feet 80,000	# of Floors 4	Bldg. Age 70's						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APARTMENTS							
Name of Monitoring Firm Hired by Building Owner (8) HILLMAN CONSULTING		ASCM No.	Name of Abatement Contractor (9) ARIAI						
Street Address 1600 RT 22 EAST		Street Address 144 NIKL ST							
City, State, Zip Code UNION NJ 07083		City, State, Zip Code PATERSON NJ 07501							
Project Manager for Monitoring Firm VOJISLAV TESIC		Telephone No. 908 688 7800	Telephone No. 201 790 0539						
Start Date (10) 08/07/19	Scheduled Completion Date (11) N/A	License No. 1257							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: VACANT UNITS		Name of OSHA Monitor GORAN IGEV							
		Street Address 144 NIKL ST							
		City, State, Zip Code PATERSON NJ 07501							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
FLOORING		✓		VAT/MASTIC	700-800	✓			
Name of Registered Waste Hauler ARIAI		NJDEP Waste Hauler ID No. 03361	Cubic Yards of Waste 20 Yd <sup>3</sup>	Name of Registered Landfill FAIRLESS					
City, State PATERSON NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by GORAN IGEV		Title CEO		Signature		Date 08/01/19			