

OK 28642

PAID

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

**RECEIVED**  
 DEC 7 18

Date of Notification (1) 12-3-18		pk # 28642		Name of Building Owner/Operator (2) Northern Highlands Regional BOE		DEC 7 18	
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 <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled		Street Address 298 Hillside Ave		ASBESTOS CONTROL & LICENSING	
				City, State, Zip Code Allendale, NJ 07401			
				Name of Contact Jamie Atchison		Telephone Number 201-327-8700	
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Northern Highlands Regional High 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: 100k sf # of Floors: 2 Bldg. Age: 11 Current Use (prior if being demolished): High School			
Street Address 298 Hillside Ave.							
City (5) Allendale		County (6) Bergen		County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) RK Occupational & Environmental		ASCM No.		Name of Contractor (9) Panoramic Window & Door Systems Inc.			
Street Address 401 Saint James Ave.				Street Address 712 Sergeantsville Road			
City, State, Zip Code Phillipsburg, NJ 08865				City, State, Zip Code Stockton, NJ 08559			
Project Manager for Monitoring Firm Jon Gilbert		Telephone Number 908-454-6316		Telephone Number P (732)926-0900		License Number 01237	
Scheduled Start Date (10) 12/19/18		Scheduled Completion Date (11) 1/5/19		Name of OSHA Monitor IAQ GURU 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: 12/19 - 12/21 Prep 3-11 pm 12/21 - 1/5 *Removal 7 am - 7 pm* *NO work to be performed Sunday, Christmas, or New Years*				Street Address 87 Main Street			
				City, State, Zip Code Lincoln Park, NJ 07035			
Source 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"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) in Facility (13)		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)		Amount (Specify SF or LF)	Abatement Type
Exterior of 2 <sup>nd</sup> floor rooms 201 - 250		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Brown Window Panels glaze		412 total	<input checked="" type="checkbox"/>
Main Offices and Stairwell 1 <sup>st</sup> floor		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Window Caulk		6 Panels 32 Windows	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Math & English Offices 2 <sup>nd</sup> Floor		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Brown window panel glaze		8 Total	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc		NJDEP Waste Hauler ID # 0036057		Cubic Yards of Waste		Name of Register Chrin Brothers San	
				Disposal Date		City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic		Title Project Manager		Signature 		Date 12-3-18	

CK# 520

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

PAID

RECEIVED  
DEC 2018  
ASBESTOS CONTROL & LICEN

Date of Notification (1)  
12/11/18

Agencies Notified

EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification

Initial  
 Amended  
 Amendment #  
 Emergency (including justification)  
 Cancellation

Name of Building Owner/Operator (2)  
Nelson Residence

Street Address  
[REDACTED]

City, State, Zip Code  
Fair Haven NJ

Name of Contact  
Teresa

Telephone Number

Name of Facility Where Abatement is Taking Place (3)  
Nelson Residence

Street Address  
[REDACTED]

City (5)  
Fair Haven

County (6)  
Monmouth

County Code (7) (STATE USE ONLY)

FACILITY INFORMATION

Type of Facility (4)

School (K-12)  
 Subchapter 8 (Other than K-12)  
 Other (i.e. private & commercial b etc.)

Square Feet  
1200

# of Floors  
2

Current Use (Prior if being demolished)  
residence

Name of Monitoring Firm Hired by Building Owner (8)

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)  
Ace Insulation Co Inc

Street Address  
95 Montrose Rd

City, State, Zip Code  
Colts Neck, NJ 07722

Telephone No.  
(732) 294-1757

License No.  
00029

Start Date (10)  
12/10/18

Scheduled Completion Date (11)  
12/14/18

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Other - Describe: [REDACTED]

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

≥ 3 sf or ≥ 3 lf  
 ≥ 160 sf or ≥ 260 lf

Renovation  
 Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  
interior (out)

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)	Removal
	Yes	No	N/A		
			insulation	20 LF	X

Name of Registered Waste Hauler  
Ace Insulation Co Inc

NJDEP Waste Hauler ID No.  
12086

Cubic Yards of Waste  
1

Name of Registered Landfill  
Fairless

City, State  
Colts Neck, NJ

Disposal Date  
12/14/18

City, State  
Morrisville, PA

Completed by  
Teresa Mc Gwire

Title  
Secretary/Treasurer

Signature  
[Signature]

Date  
12/11/18

ASBESTOS CONTROL & LICEN

Buildings, homes,

Age 36+

Structure  
Abatement Type

Removal  
Encapsulation  
Enclosure

10

PAID

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

CK 4866

RECEIVED  
DEC 14 2018  
CONTROL &...

Date of Notification (1) 12/3/18		Name of Building Owner/Operator (2) MR. ROBERT SENTIPAL		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]		
	City, State, Zip Code HASBROUCK HEIGHTS, NJ 07614		Telephone Number [REDACTED]	
	Name of Contact MR. SENTIPAL			
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) MR. ROBERT SENTIPAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet 2500	# of Floors 2	
City (5) HASBROUCK HEIGHTS		Bldg 1	Age 20	
County (6) BERGEN	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, New Jersey 07601		
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388	
Start Date (10) 12/18/18		Scheduled Completion Date (11) 12/19/18		
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 <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00 PM		Name of OSHA Monitor Omega Environmental		
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		Street Address 280 Huyler Street		
		City, State, Zip Code South Hackensack, NJ 07606		
		<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) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 245LF	Abatement Type Removal Encapsulate Enclosure
Name of Registered Waste Hauler Best Removal, Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2 yd	Name of Registered Landfill Minerva Enterprises, LLC
City, State Hackensack, NJ 07601		Disposal Date 12/19/18	City, State Waynesburg, OH 44688	
Completed by J. Maiorano		Title Estimator	Signature J. Maiorano	Date 12/18

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

PAID

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

RECEIVED  
 DEC 7 2018  
 ASBESTOS CON  
 LICENSING

CK 2850

Date of Notification (1) 11/28/2018		Name of Building Owner/Operator (2) Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) Residence		Street Address [REDACTED]	
Street Address [REDACTED]		City, State, Zip Code Bogota NJ 07603	
City (5) Bogota		Name of Contact Daniel Barteluce	
County (6) Bergen		Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building etc.)	
Street Address [REDACTED]		Square Feet 1,062	
City (5) Bogota		# of Floors 2	
County (6) Bergen		Blk 93	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services	
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue	
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205	
Start Date (10) 12/10/2018		Telephone No. 201-349-2666	
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: _____		Telephone No. 844-462-7465	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		License No. 01316	
Name of OSHA Monitor A. Seine Lighthouse Solutions		Name of OSHA Monitor A. Seine Lighthouse Solutions	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Street Address PO Box 354	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		City, State, Zip Code South Orange, NJ 07079	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe wrap		Amount (Specify SF or LF) 40 LF	
Name of Registered Waste Hauler Newark Carting		Name of Registered Landfill Waste Management Landfill	
NJDEP Waste Hauler ID No. 04509		City, State Penn Argyle, PA	
Cubic Yards of Waste		Disposal Date	
City, State East Orange, NJ		Signature <i>[Signature]</i>	
Completed by Alison Lamers		Date 11/28/201	

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

CK -  
7853

**PAID**

Date of Notification (1) 11/28/18 Type Notification		Name of Building Owner / Operator (2) <b>David Eilbacher</b>		<b>RECEIVED</b> DEC 7 2018 Tel. Number ASF	
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	<input checked="" type="checkbox"/>	Emergency Notification	Street Address		
		Initial Notification	City, State & Zip Code <b>Frenchtown, NJ 08825</b>		
		Amended Notification	Name of Contact <b>David Eilbacher</b>		
Cancellation		Tel. Number			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address			Square Feet	# of Floors	
City (5) <b>Frenchtown</b>			<b>2,800</b>	<b>2</b>	
County (6) <b>Hunterdon</b>	County Code (7)		Bldg. Age <b>70</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>			ASCM No.		
Street Address <b>64 Broad Street</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
City, State & Zip Code <b>Matawan, NJ 07747</b>			Street Address <b>443 Schoolhouse Road</b>		
Project Manager for Monitoring Firm <b>Tom Geiger</b>			Telephone Number <b>732-290-2217</b>	License Number <b>714</b>	
Scheduled Start Date (10) <b>12/10/18</b>		Scheduled Completion Date (11) <b>12/11/18</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:			Street Address <b>443 Schoolhouse Road</b>		
Scope of Work (Check all that apply) Demolition Large Project <input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM Quantity is $\geq 160$ SF or $\geq 260$ LF ACM			Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure Other: <b>Non-friable</b>		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <b>Basement</b>		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) <b>N/A</b>	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) <b>TSI Pipe</b>	Amount (Specify Square Feet or Linear Feet) <b>250 LF</b>	Abatement Type (Specify: Removal, Encapsulation, Enclosure) <b>Removal</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>10</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>12/11/18</b>		City, State <b>Tullytown, Pa</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>		Date <b>11/27/18</b>

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

Che # 1335  
#400-

GAC Project # 060-18

**PAID**

Date of Notification (1) <b>November 28, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification – 2 Phases/Work Areas <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) <b>ALEXANDER JOHNSON HALL, BLDG# 3100</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT 74 STREET 1603, BLDG 4116 LIVINGSTON</b>	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
City (5) <b>NEW BRUNSWICK</b>		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
County (6) <b>MIDDLESEX</b>		Telephone Number <b>848-445-2550</b>	
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.) Sq. Feet: <u>N/A</u> # of Floors: <u>4</u> Bldg. Age: <u>10</u> years	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, C.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Telephone Number <b>609-386-8800</b>		Telephone Number <b>973-492-0477</b>	
Scheduled Start Date (10) <b>12/7/18</b>		License Number <b>00840</b>	
Scheduled Completion Date (11) <b>12/17/2018</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule <b>5PM – 5AM</b> <b>Phase I 12/7 – 12/9</b> <b>Phase II 12/14 – 12/16/2018</b> <b>(24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Amount (Specify SF or LF)	
1 <sup>st</sup> Floor (2 Work Areas)		Abatement Remove Re-Encap Enclose	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		Abatement <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Seal <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
NJDEP Waste Hauler ID # <b>See Below</b>		Cubic Yards of Waste: <b>20 CY</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill <b>G.R.O.W.S. Nor</b>	
Hauler #2) Newark Carting, Inc. Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>12/17/2018</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		City, State, Zip Code <b>1001 W Ford Mill Rd.   Pottsville, Pa 17061-1700</b>	
Title <b>SENIOR PROJECT MANAGER</b>		Date <b>November 28, 2018</b>	
Signature <i>Raymond C. Pedalino</i>		Date <b>November 28, 2018</b>	

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

Check 513340  
7800

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

PAID

Date of Notification (1) <b>November 27, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification - 4 Phases/Work Areas <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) <b>RWJMS RESEARCH TOWER, BLDG# 3688</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>8</b> Bldg. Age: <b>61</b> years	
Street Address <b>BUSCH CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>
Name of Monitoring Firm Hired <b>ATC</b>		ASCM No. <b>00096</b>	Telephone Number <b>848-445-2551</b>
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>12/7/18</b>		Scheduled Completion Date (11) <b>2/4/2019</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 3PM - 5AM Daily Multiple Phases I. 12/7 - 12/24, II. 12/26 - 1/4/19, III. 1/14-1/28/2019, IV. 1/28 - 2/4/2019 (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 26 lf		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13)		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	
8 <sup>th</sup> Floor		<input checked="" type="checkbox"/>	<b>VAT</b>
8 <sup>th</sup> Floor		<input checked="" type="checkbox"/>	<b>BENCHTOPS</b>
8 <sup>th</sup> Floor		<input checked="" type="checkbox"/>	<b>TSI (Wrap/Cut)</b>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Amount (Specify SF or LF) <b>18,700 SF</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Cubic Yards of Waste: <b>80 CY</b>	Abatement Remove Re-Encap Enclose
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill <b>G.R.O.W.S. No</b>	Disposal Date <b>2/4/2019</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>
		Date <b>November 27, 2018</b>	City, State, Zip Code <b>100 Rd. 1906 215-</b>

RECEIVED  
F. (REHS) CAMPUS  
CONTROL & ENG

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

NOCK

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

RECEIVED  
DEC 7 2018  
T. (REHS)  
-CAMPUS  
CONTROL &  
SING

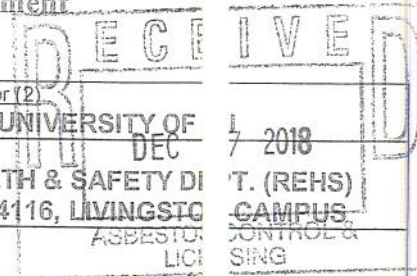
GAC Project # 060-18

Date of Notification (1) <b>November 27, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF ENVIRONMENTAL HEALTH &amp; SAFETY DIVISION</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer Required <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification (2 Phases/Work Areas) <input checked="" type="checkbox"/> Amended Notification #1 - new completion date & materials <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>RBHS NEWARK CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
City (5) <b>NEWARK</b>		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
County (6) <b>ESSEX</b>		Telephone Number <b>848-445-2511</b>	
County Code (7) (State Use Only)		Name of Facility Where Abatement is Taking Place (3) <b>SCHOOL OF DENTAL MEDICINE, BLDG# 7253</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 17 years	
Street Address <b>3 TERRI LANE</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Street Address <b>511 MAIN STREET</b>	
Telephone Number <b>609-386-8800</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Scheduled Start Date (10) <b>11/15/18</b>		Telephone Number <b>973-492-0477</b>	
Scheduled Completion Date (11) <b>12/31/18</b>		License Number <b>00840</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM (2 PHASES, 24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 230 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>D-LEVEL 721 SUITES (2 PHASES)</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
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.) <b>VAT &amp; MASTIC</b>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		Amount (Specify SF or LF) <b>5600 SF</b>	
NJDEP Waste Hauler ID # <b>See Below</b>		Abatement Type <input checked="" type="checkbox"/>	
Cubic Yards of Waste: <b>40 CY</b>		Remove <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
Name of Registe <b>G.R.O.W.S. N</b>		Landfill <b>th Landfill</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>12/31/2018</b>	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		State <b>10 Jew Ford Mill 19 Morrisville, Pa 7 21 736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Signature <i>Raymond C. Pedalino</i>	
Title <b>SENIOR PROJECT MANAGER</b>		Date <b>November 27 2018</b>	

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) <b>November 5, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF ENVIRONMENTAL HEALTH &amp; SAFETY DEPARTMENT</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification (2 Phases/Work Areas) <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) <b>SCHOOL OF DENTAL MEDICINE, BLDG# 7253</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>6</b> years	
Street Address <b>RBHS NEWARK CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Scheduled Start Date (10) <b>11/15/18</b>		Telephone Number <b>973-492-0477</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Scheduled: 5PM - 5AM (2 PHASES, 24 HOURS &amp; WEEKENDS AS NEEDED)</b>		License Number <b>00840</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $>3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 200$ lf		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>D-LEVEL 721 SUITES (2 PHASES)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>		Amount (Specify SF or LF) <b>5600 SF</b>	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		Abatement Type <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap <input checked="" type="checkbox"/> Non-Exempted (*) and Non-F	
NJDEP Waste Hauler ID # <b>See Below</b>		Remove From Facility <input type="checkbox"/> Air Encap <input type="checkbox"/> Enclose	
Cubic Yards of Waste: <b>40 CY</b>		Name of Registered Landfill <b>G.R.O.W.S. North</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>11/27/2018</b>	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		City, State <b>100 New Ford Mill Rd. Morrisville, Pa 16-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Signature <i>Raymond C. Pedalino</i>	
Title <b>SENIOR PROJECT MANAGER</b>		Date <b>November 5, 2018</b>	

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

PAID

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

Chaos #13353

GAC Project # 060-18

RECEIVED  
DEC 7, 2018  
REHS  
CAMPUS  
ASBESTOS CONTROL & ABATE

Date of Notification (1) <b>November 30, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input checked="" type="checkbox"/> Emergency (including Justification- 2 Work Areas) <input type="checkbox"/> Cancelled	
Street Address <b>BUSCH CAMPUS</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT 74 STREET 1603, BLDG 4116, LIVINGSTON</b>	
City (5) <b>PISCATAWAY</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
County (6) <b>MIDDLESEX</b>		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
County Code (7) <b>03016</b>		Telephone Number <b>848-445-2551</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>PSYCHOLOGY, BLDG # 3757</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>BUSCH CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>61</b> years	
City (5) <b>PISCATAWAY</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
Name of Monitoring Firm Hired (8) <b>ATC</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	
Scheduled Start Date (10) <b>11/30/18</b>		License Number <b>00840</b>	
Scheduled Completion Date (11) <b>12/3/2018</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 4PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Seal <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>2nd &amp; 3rd Floor</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>		Amount (Specify SF or LF) <b>2,000 SF</b>	
Abatement Method <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Encap <input type="checkbox"/> Enclose		Abatement Method <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Cubic Yards of Waste: <b>80 CY</b>	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill <b>G.R.O.W.S. No. 1</b>	
Disposal Date <b>12/3/2018</b>		City <b>100 W Ford Mill Rd. 1901 215-5-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Signature <i>Raymond C. Pedalino</i>	
Title <b>SENIOR PROJECT MANAGER</b>		Date <b>November 30, 2018</b>	

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)

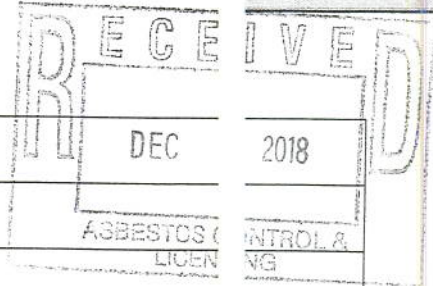
RECEIVED  
2018

GAC Project # 060-18

Date of Notification (1) <b>November 30, 2018</b>		Name of Building Owner/Property Owner (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer Required <input checked="" type="checkbox"/> DCH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input checked="" type="checkbox"/> Emergency (Including Justification- 2 Work Areas) <input type="checkbox"/> Cancelled	
Street Address <b>BUSCH CAMPUS</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (R) 74 STREET 1803, BLDG 4116, LIVINGSTON CAMPUS</b>	
City, State, Zip Code <b>PISCATAWAY NJ 0851</b>		City, State, Zip Code <b>PISCATAWAY, NJ 0851</b>	
Name of Facility Where Abatement is Taking Place (3) <b>PSYCHOLOGY, BLDG # 3757</b>		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than -12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Foot: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>60+</b> years		Telephone Number <b>848-445-2550</b>	
Current Use (prior if being demolished): <b>ACADEMIC</b>		FACILITY INFORMATION	
Name of Monitoring Firm (5) <b>ATC</b>		Name of Contractor (6) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-9800</b>	
Scheduled Start Date (10) <b>11/30/18</b>		Scheduled Completion Date (11) <b>12/3/2018</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 4PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Street Address <b>20-21 WARDARAW ROAD, BLDG# 35E</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ of or $>3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 160$ 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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>2<sup>nd</sup> &amp; 3<sup>rd</sup> Floor</b>		Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscel.) <b>VAT</b>		Amount (Specify SF or LF) <b>2,000 SF</b>	
Abatement Type <b>Remove Asbestos Enclosure</b>		Name of Registered Landfill <b>G.R.O.W.E. North Land</b>	
Name of Reg. Waste Hauler See Hauler Below #1 & #2		NJDEP Waste Hauler ID # <b>See Below</b>	
Cubic Yards of Waste: <b>90 CY</b>		Name of Registered Landfill <b>G.R.O.W.E. North Land</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Discard Date <b>12/3/2018</b>	
Hauler #2) Newark Cartleg. Inc., Newark, NJ 04309 NJ DEP # 4509		City, State <b>100 New Ford Rd. Morrisville 19067 215-736-1760</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Signature <i>Raymond C. Pedalino</i>	
Title <b>NO SENIOR PROJECT MANAGER</b>		Date <b>November 30, 2018</b>	

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

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



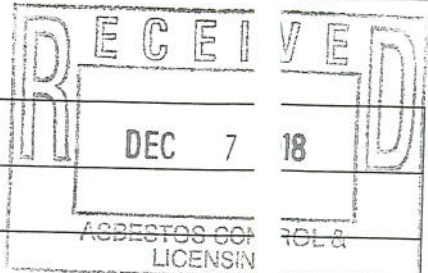
UK1088

Date of Notification (1) 12/04/2018		Name of Building Owner/Operator (2) Plainsboro Township			
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		Street Address 641 Plainsboro Road		
	<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 Plainsboro, NJ 08536		
			Name of Contact Carlos Amaral		
			Telephone Number 732-558-5000		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Wicoff House (left of municipal building)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 641 Plainsboro Road		Square Feet	# of Floors		
City (5) Plainsboro		Bl	Age		
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc		ASCM No.	Name of Abatement Contractor (9) Osiyo Inc		
Street Address 120 North Warren Street		Street Address 292 Main Street, #261			
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Harleysville, PA 19438			
Project Manager for Monitoring Firm Steven Mania		Telephone No. 609-392-4200	Telephone No. 610-400-8711		
			License No. 01373		
Start Date (10) 12/15/2018		Scheduled Completion Date (11) 12/15/2018			
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Schneider Laboratories Global Inc.			
<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: Basement vacated during entire period of abatement		Street Address 2512 West Cary Street			
		City, State, Zip Code Richmond, VA 23220			
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process					
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)	At	
				Removal	Encapsulate
Basement	Yes No N/A	Pipe Insulation	10LF	X	
Basement	Yes No N/A	Elbows (3)	9LF	X	
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill	
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Carol Bradford		Title President	Signature <i>Carol Bradford</i>	Date 12/04/2018	

CK# 24748

PAID

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

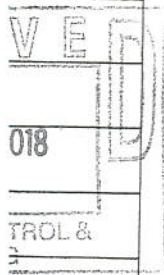
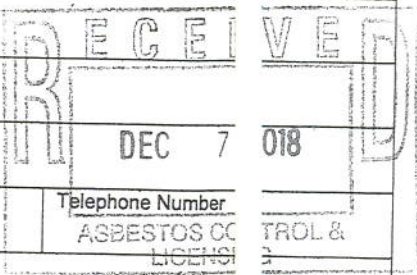


Date of Notification (1) 12/3/18		Name of Building Owner/Operator (2) NJ Department of Transportation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) NJDOT Mainline Approach Bridge		Street Address 110 Wood Street	
Street Address Structure # 1120-150 I-95 Over Route 29, D&R Canal, and Route 175		City, State, Zip Code Morrisville, PA 19067	
City (5)		Name of Contact Chris Harney	
County (6) Mercer		Telephone Number 267-790-1047	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) NJDOT Mainline Approach Bridge		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 Structure # 1120-150 I-95 Over Route 29, D&R Canal, and Route 175		Square Feet	
City (5)		# of Floors	
County (6) Mercer		Current Use (Prior if being demolished) Bridge	
Name of Monitoring Firm Health & Safety Services, Inc.		Name of Abatement Contractor (9) Diamond Huntbach Construction Corp.	
Street Address PO Box 365		Street Address 500 E Luzerne Street, Unid D	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Philadelphia, PA 19124	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	
Start Date (10) 12/5/18		License No. 00646	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor 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 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 Process	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)	
Yes No N/A		Removal	
Median		8" wide roofing cement joint	
Southbound		8" wide roofing cement joint	
Northbound		8" wide roofing cement joint	
Name of Registered Waste Hauler		Name of Registered Landfill	
Waste Management		Fairless Hills	
City, State Tom River, NJ		City, State Morrisville, PA	
Completed by Wayne Huntbach		Signature <i>Wayne Huntbach</i>	
Title Project Manager		Date 12/3/18	

PAID

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

CK# 1958



Date of Notification (1) 12/3/18		Name of Building Owner/Operator (2) East Newark Town Center LLC	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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	
Name of Facility Where Abatement is Taking Place (3) Building # 61		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 900 Passaic Ave		Square Feet 25,000	
City (5) East Newark		# of Floors 3	
County (6) Essex		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm 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	
Start Date (10) 12/12/18		Scheduled Completion Date (11) 01/31/19	
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: Scheduled for Demo		Name of OSHA Monitor Harmony Contracting Inc	
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	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Process			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 2nd Floor Bathroom		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A x	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Tile		Amount (Specify SF or LF) 100 SF	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No. _____	
City, State Riverdale, NJ		Cubic Yards of Waste TBD	
Completed by E. Cirovic		Name of Registered Landfill ISEI Landfill	
Title Secretary		Disposal Date TBD	
Signature E. Cirovic		City, State Bethlehem, PA	
Date 12/3/18			

CK1489

PAID

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



Date of Notification (1) December 03, 2018		Name of Building Owner/Operator (2) PAL-PIKE ASSOCIATES, LLC	
Agencies Notified	Type of Notification	Street Address One Wayne Hill Mall	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne NJ 07470	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Project Manager	Telephone Number 973-234-7026

Name of Facility Where Abatement is Taking Place (3) Former K-Mart / Pathmark			Type of Facility (4)		
Street Address 140 RT 10 W			<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) RANDOLPH			Square Feet 95,000	# of Floors 1	Block Age 1970
County (6) Morris			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) empty

Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		ASCM No.	Name of Abatement Contractor (9) The MACK Group, LLC.	
Street Address 2200 Paterson Plank rd # 7		Street Address 1500 Kings HWY N, STE 209		
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Cherry Hill, NJ 08034		
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201-864-6583	Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 11/1/18		Scheduled Completion Date (11) 11/1/19		Name of OSHA Monitor The MACK Group, LLC.

Occupancy Status During Abatement (Check Only One)		Street Address 1500 Kings HWY N, STE 209		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Cherry Hill, NJ 08034		
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours				
<input type="checkbox"/> Other - Describe:				
Scope of Work (Check All That Apply)				
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> ≥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) 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)	Removal	Abatement type	
	Yes	No	N/A				Encapsulate	Enclosure
Inside		<input checked="" type="checkbox"/>		Floor Tile & Mastic	70,500 SF	<input checked="" type="checkbox"/>		
"-"		<input checked="" type="checkbox"/>		pipe fittings	500	<input checked="" type="checkbox"/>		
roof	<input checked="" type="checkbox"/>			tar/flashing	2,000 SF	<input checked="" type="checkbox"/>		
"-"	<input checked="" type="checkbox"/>			roofing	6,365 SF	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler Newark Carting / Spartan		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 793.6	Name of Registered Landfill GROWS / TRRF Landfill	
City, State Newark, NJ / Donora, PA		Disposal Date 11/1/19		City, State Tullytown, PA	
Completed by Michael Cooper		Title President	Signature 	Date 12/3/18	

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



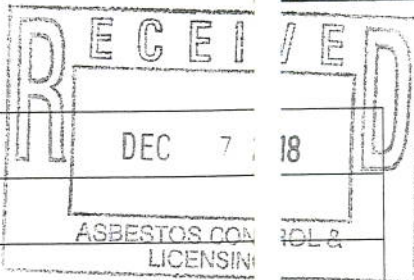
119

Date of Notification (1) <b>October 18, 2018</b>		Name of Building Owner/Operator (2) <b>PAL-PIKE ASSOCIATES, LLC</b>						
Agencies Notified		Type Notification						
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	Street Address <b>One Wayne Hill Mall</b>						
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code <b>Wayne NJ 07470</b>						
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Name of Contact <b>Project Manager</b>						
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Telephone Number <b>973-234-7026</b>						
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation							
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>Former K-Mart</b>		Type of Facility (4)						
Street Address <b>140 RT 10 W</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) <b>RANDOLPH</b>		Square Feet <b>95,000</b>	# of Floors <b>1</b>					
County (6) <b>Morris</b>		Current Use (Prior if being demolished) <b>empty</b>						
County Code (7) <i>(STATE USE ONLY)</i> _____								
Name of Monitoring Firm Hired by Building Owner (8) <b>A.E.S.L.</b>		ASCM No. _____	Name of Abatement Contractor (9) <b>The MACK Group, LLC.</b>					
Street Address <b>2200 Paterson Plank Road # 7</b>		Street Address <b>1500 Kings HWY N, STE 209</b>						
City, State, Zip Code <b>North Bergen, NJ 07047</b>		City, State, Zip Code <b>Cherry Hill, NJ 08034</b>						
Project Manager for Monitoring Firm <b>Carmelo Altomonte</b>		Telephone No. <b>201-864-6583</b>	Telephone No. License No. <b>(973) 759 - 5000 00781</b>					
Start Date (10) <b>11/1/18</b>	Scheduled Completion Date (11) <b>2/28/19</b>		Name of OSHA Monitor <b>The MACK Group, LLC.</b>					
Occupancy Status During Abatement (Check Only One)		Street Address <b>1500 Kings HWY N, STE 209</b>						
<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 <b>Cherry Hill, NJ 08034</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 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) In Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<b>Inside</b>		<input checked="" type="checkbox"/>		<b>Floor Tile &amp; Mastic</b>	<b>70,500 SF</b>	<input checked="" type="checkbox"/>		
<b>pipe fittings</b>		<input checked="" type="checkbox"/>			<b>500</b>	<input checked="" type="checkbox"/>		
<b>roof</b>	<input checked="" type="checkbox"/>			<b>tar/flashing</b>	<b>2,000 SF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Newark Carting / Spartan</b>		NJ DEP Waste Hauler ID No. <b>4509</b>	Cubic Yards of Waste <b>730</b>	Name of Registered Landfill <b>GROWS / TRRF Landfill</b>				
City, State <b>Newark, NJ / Donora, PA</b>		Disposal Date <b>2/28/19</b>		City, State <b>Tullytown, PA</b>				
Completed by <b>Michael Cooper</b>		Title <b>President</b>	Signature 	Date <b>10/18/18</b>				



**PAID**

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



CK 3294

Date of Notification (1) 12/3/2018		Check # 3294	Name of Building Owner/Operator (2) Juliane J Bianculli	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]		
		City, State, Zip Code Rahway, NJ 07065		
Name of Contact Juliane Bianculli			Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Juliane Bianculli		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet 2,000	# of Floors 2	Building Age 50
City (5) Rahway	County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation	
Street Address		Street Address 426 69th Street		
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-295-1700	License No. 01074
Start Date (10) 12/5/2018	Scheduled Completion Date (11) 12/7/2018	Name of OSHA Monitor Same as above		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting at 9 AM		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"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process
---	--	---	--

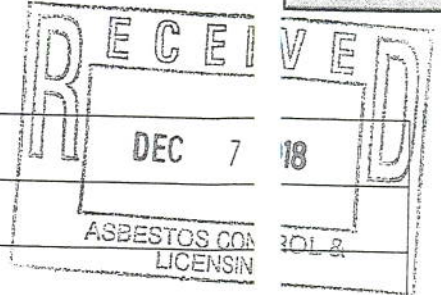
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Abatement Type	
	Yes	No	N/A				Encapsulate	Enclosure
Living Room		x		Plaster ceiling	30 SF	x		
Rear Room		x		Drywall and plaster ceiling	144 SF	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, NJ		Disposal Date TBD	City, State Waynesburg, OH		
Completed by Gina Betances		Title Office Manager	Signature <i>Gina Betances</i>	Date 12/3/2018	

OK7445

PAID

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

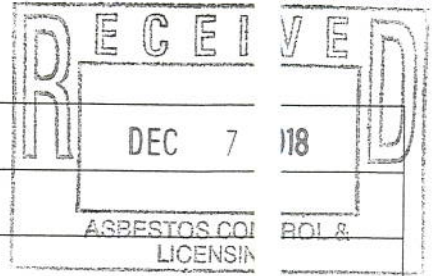


Date of Notification (1) 12/04/18		Name of Building Owner/Operator (2) SDK Apartments	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 101 Prospect Avenue		City, State, Zip Code Carrollton, TX 75011	
Name of Facility Where Abatement is Taking Place (3) 101 Prospect Avenue		Name of Contact Raman Khosla	
Street Address 101 Prospect Avenue		Telephone Number 201-343-5133 ex 02	
City (5) Hackensack		FACILITY INFORMATION 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		Square Feet _____ # of Floors _____ Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
City, State, Zip Code		Street Address 6 WHITE DOVE COURT	
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701	
Start Date (10) 12/16/18		Telephone No. 732-668-9078	
Scheduled Completion Date (11) 12/21/18		License No. 1200	
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: _____		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Process		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) INTERIOR		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) PIPE INSULATION Amount (Specify SF or LF) 400LF	
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	
City, State NEWARK, NJ		Cubic Yards of Waste 12 Name of Registered Landfill IESI	
Completed by JOSEPH PERLSTEIN		Disposal Date 12/21/18 City, State BETHLEHEM PA	
Title OWNER		Signature _____	
		Date 12/04/18	

CK 7447

PAID

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



Date of Notification (1) 12/04/18		Name of Building Owner/Operator (2) Ashley Management	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 411 Ashley Avenue City, State, Zip Code Lakewood, NJ 08701	
	Name of Contact Ashley Management		Telephone Number 732-719-6336
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) 1231 Carmel Court		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 build etc.)	
Street Address 1231 Carmel Court		Square Feet	# of Floors
City (5) Lakewood		Current Use (Prior if being demolished)	
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	
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
Start Date (10) 12/16/18		Scheduled Completion Date (11) 12/19/18	License No. 1200
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: _____		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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 Proc		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	
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)
EXTERIOR			SIDING
			1500SF
			x
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 12
City, State NEWARK, NJ		Name of Registered Landfill IESI	
Completed by JOSEPH PERLSTEIN		Title OWNER	Disposal Date 12/19/18
		Signature	City, State BETHLEHEM PA
			Date 12/04/18

OK 105663

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

RECEIVED DEC 2018

Date of Notification (1) **12-4-18** Name of Building Owner/Operator (2) **Don DeRosa**

Agencies Notified:  EPA,  DEP,  DOL,  DOH,  DCA

Type Notification:  Initial,  Amended,  Amendment #,  Emergency (including justification),  Cancellation

Street Address: [Redacted] City, State, Zip Code: **Red Bank NJ 07702**

Name of Contact: **Don DeRosa** Telephone Number: [Redacted]

Name of Facility Where Abatement is Taking Place (3) **Residential Dwelling** Type of Facility (4):  School (K-12),  Subchapter 8 (Other than K-12),  Other (i.e. private & commercial buildings, homes, etc.)

Street Address: [Redacted] Square Feet: [Redacted] # of Floors: **3**

City (5) **Red Bank NJ 07702** County (6) **Monmouth** County Code (7) (STATE USE ONLY) \_\_\_\_\_ Current Use (Prior if being demolished) \_\_\_\_\_

Name of Monitoring Firm Hired by Building Owner (8) **EPC Technologies** ASCM No. **N/A** Name of Abatement Contractor (9) **EPC Technologies Inc**

Street Address: **P.O. Box 337** Street Address: **P.O. Box 337**

City, State, Zip Code: **New Egypt, NJ 08533** City, State, Zip Code: **New Egypt NJ 08533**

Project Manager for Monitoring Firm: **Steve Schenker** Telephone No.: **609 758-3365** Telephone No.: **609 758-3365** License No.: **00094**

Start Date (10) **12-17-18** Scheduled Completion Date (11) **12-19-18** Name of OSHA Monitor: **EPC Technologies Inc**

Occupancy Status During Abatement (Check Only One):  Facility Closed/Vacated During Entire Period of Abatement,  Abatement Performed Outside of Normal Facility Hours,  Other - Describe: \_\_\_\_\_

Street Address: **P.O. Box 337** City, State, Zip Code: **New Egypt NJ 08533**

Scope of Work (Check All That Apply):  ≥3 sf or ≥3 lf,  ≥160 sf or ≥260 lf,  Renovation,  Demolition,  Full Containment with Negative Pressure,  Mini-Enclosure,  Glovebag Procedure,  Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Abatement Type	
	Yes	No	N/A				Encapsulate	Enclosure
Basement/Crawlspace	X			Pipe Insulation	130 LF	X		

Name of Registered Waste Hauler: **EPC Technologies** NJDEP Waste Hauler ID No.: **17000** Cubic Yards of Waste: **3** Name of Registered Landfill: **Waste Management of PA**

City, State: **New Egypt NJ** Disposal Date: **12-19-18** City, State: **Morrisville PA**

Completed by: **Steve Schenker** Title: **President** Signature: **Steve Schenker** Date: **12/4/18**

PAID

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

CK 4865

RECEIVED  
DEC 2018

Date of Notification (1) 12/3/18		Name of Building Owner/Operator (2) MS CARMEN CHAMBERS			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]			
		City, State, Zip Code SOUTH ORANGE, NJ, 07079			
		Name of Contact MS CHAMBERS	Telephone Number		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) MS - CARMEN CHAMBERS		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 2100	# of Floors 2		
City (5) SOUTH ORANGE		Bldg 1	Age 40		
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCES			
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, New Jersey 07601			
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388		
Start Date (10) 12/17/18	Scheduled Completion Date (11) 12/18/18		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 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) 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	
				Removal	Encapsulate/Enclosure
BASEMENT BOILER ROOM	Yes No N/A	THERMAL SYSTEMS INSULATION	20 LF	X	
Name of Registered Waste Hauler Best Removal, Inc.		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 295	Name of Registered Landfill Minerva Enterprises, LLC	
City, State Hackensack, NJ 07601		Disposal Date 12/18/18	City, State Waynesburg, OH 44688		
Completed by J. Maiorano		Title Estimator	Signature [Signature]	Date 12/18	

State of New Jersey - Notification of Asbestos Abatement

PAID

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

RECEIVED  
DEC 7 2018  
ASBESTOS CONTROL & LICENSING

CK 13350

Date of Notification (1) <b>November 29, 2018</b>		Name of Building Owner/Operator (2) <b>The Valley Hospital</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA x DOL <input checked="" type="checkbox"/> DEP x DOH		Notification Type Initial Notification x Amendment # 1-11/29/18 Emergency (including justification)	
Name of Facility Where Abatement is Taking Place (3) <b>The Valley Hospital Warehouse</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>Unknown</b> # of Floors: <b>4</b> Bldg. Age: <b>0+ years</b>	
Street Address <b>599 Valley Health Plaza</b>		City, State, Zip Code <b>Ridgewood, NJ 07450-2736</b>	
City (5) <b>Paramus</b>	County (6) <b>Bergen</b>	County Code (7) (State Use Only)	Name of Contact <b>William Stasiak</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Colden Corporation</b>		ASCM No.	Telephone Number <b>201-447-8141</b>
Street Address <b>28 Washington Street</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>Ballston Spa, NY 12020</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>Jim Miades</b>	Telephone Number <b>347.435.3561</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>December 5, 2018</b>	Scheduled Completion Date (11) <b>March 31, 2019</b>		Name of OSHA Monitor <b>EMSL inc.</b>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Street Address <b>1056 Stelton Road</b>	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Warehouse</b>	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.) <b>TSI VAT &amp; Mastic Concrete Expansion Joint Glue Daubs Mechanical Duct Tar</b>	Amount (Specify SF or LF) <b>400 LF 2,990 sf 450 sf 130 sf 6 sf</b>
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>140</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # <b>12567</b>		Name of Registered Landfill <b>Meadowfill Land</b>	
Hauler #2) <b>Newark Carting Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		Disposal Date <b>March 31, 2019</b>	City, Route, Bridge, Port, WVA <b>Box 68, WVA 2784</b>
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>November 29, 2018</b>

GAC # 2018-665 Please Note: Amendment # 1 - New Start Date 12/05/2018 and add asbestos quantities

(K1333)

**PAID**

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:120)

RECEIVED  
DEC 7 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1)  
11/29/2018

Name of Building Owner/Operator (2)  
Clifton Board of Education

Check# 1333

Street Address  
745 Clifton Avenue

City, State, Zip Code  
Clifton, New Jersey 07013

Name of Contact  
All Marcone

Telephone Number  
973-470-2278

Agencies Notified

EPA  
 DEP  
 DOL  
 DOH  
 DCA

Type Notification

Initial  
 Amended  
 Amendment #  
 Emergency (Including Justification)  
 Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Woodrow Wilson Middle School

Type of Facility (4)

School (K-12)  
 Subchapter 6 (Other than K-12)  
 Other (i.e. private & commercial bldgs, homes, etc.)

Street Address  
1400 Van Houten Avenue

City (5)  
Clifton, New Jersey 07013

County (6)  
Passaic

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
Middle School

Name of Monitoring Firm  
AHERA Consultants

Hired by Building Owner (8)  
Yes

ASCM No.

Name of Abatement Contractor (9)  
Lilich Corporation

Street Address  
608 McBride Ave

City, State, Zip Code  
Woodland Park, New Jersey 07083

Project Manager for Monitoring Firm  
John Smoyer

Telephone No  
609-662-1833

Telephone No  
973-226-8400

License No.  
01104

Start Date (10)  
11/30/2018

Scheduled Completion Date (11)  
12/01/2018

Name of O&M Monitor  
Iris Environmental Laboratories, LLC

Street Address  
2333 Route 22 West

City, State, Zip Code  
Union, NJ 07083

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement  
 Abatement Performed Outside of Normal Facility Hours  
 Other - Describe: 3PM Start

Scope of Work (Check All That Apply)

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

Renovation  
 Demolition

Full Containment with Negative Pressure  
 Micro-enclosure  
 Temporary Glove Bag Procedure  
 Non-Exempted (\*) and Non-Friable Procedures

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	
	Yes	No	N/A			Removal	Repair
First Floor Main Entrance		X		Pipe Insulation (O&M Removal)	5 LF	X	

Name of Registered Waste Hauler  
Lilich Corporation

NJDEP Waste Hauler ID No.  
18724

Cubic Yards of Waste  
1

Name of Registered Landfill  
Fairless Landfill

City, State  
Morrisville, PA

Disposal Date  
12/01/2018

City, State  
New Jersey

Completed by  
Adriana Olejarska

Title  
President

Date  
11/29/2018

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

CK 1340

PAID

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

RECEIVED  
 2018  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/30/2018		Name of Building Owner/Operator (2) Livingston Board of Education		Check# 1340 DEC		2018	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 11 Foxcroft Road		City, State, Zip Code Livingston, New Jersey 07039		ASBESTOS CONTROL & LICENSING
			Name of Contact James Perrette		Telephone Number 973-590-1713		
	<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) Livingston Board of Education		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 bldg, homes, etc.)		Square Feet 20,000		# of Floors 1	
Street Address 11 Foxcroft Road		City (5) Livingston, New Jersey 07039		County (6) Essex		County Code (7) (STATE USE ONLY)	
City (5) Livingston, New Jersey 07039		Current Use (Prior if being demolished) Board of Education		Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	
Street Address 500 South Broad Street		City, State, Zip Code Glen Rock, New Jersey 07452		Name of Abatement Contractor (9) Lilich Corporation		Street Address 606 McBride Ave	
Project Manager for Monitoring Firm Bruce Wolf		Telephone No 201-652-1119		Telephone No. 973-225-8400		License No. 01104	
Start Date (10) 12/10/2018		Scheduled Completion Date (11) 12/13/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC		Street Address 2333 Route 22 West	
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: 4 PM Start		City, State, Zip Code Union, NJ 07083		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Tent/Glove Bag 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)	
Garage		Yes No N/A		Pipe w/Assoc Fittings (Wrap&Cut)		24 LF X	
Utility Room Next to Garage		X		Valves (Wrap & Cut)		4 (ea) X	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Landfill	
City, State Woodland Park, New Jersey		Disposal Date 12/13/2018		City, State Morrisville, PA		Date 11/30/2018	
Completed by Adriana Oiejarova		Title President		Signature 		Date 11/30/2018	



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

CHECK # 2578

CK 25-80 PAID

RECEIVED  
 DEC 7 18  
 ROL &

Date of Notification (1) 11-29-18		Name of Building Owner/Operator (2) Johnson & Johnson				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Johnson & Johnson Plaza				
	City, State, Zip Code New Brunswick, NJ 08901		Telephone Number (732) 524-2560			
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) Johnson Hall		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 build gs, homes, etc.)				
Street Address 501 George Street		Square Feet 20,000	# of Floors 2			
City (5) New Brunswick		Current Use (Prior if being demolished) Museum				
County (6) Middlesex		County Code (7) (STATE USE ONLY)				
Name of Monitoring Firm Environmental Health Investigators, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.			
Street Address 655 West Shore Trail		Street Address 200 Broad Street				
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Carlstadt, NJ 07072				
Project Manager for Monitoring Firm Laura Wieczszak		Telephone No. (973) 651-1040	Telephone No. 201-939-6565			
Start Date (10) 12-01-18		Scheduled Completion Date (11) 12-31-18	License No. 00756			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Even-Air Inc.				
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 Proc		Street Address 10-59 Jackson Avenue				
		City, State, Zip Code Long Island City, NY 11101				
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)	Removal	Encapsulate	Enclosure
1st Floor: Lobby		Pipe Insulation	5LF	x		
1st Floor: Lobby		VAT	16SF	x		
Name of Registered Waste Hauler ATC, Inc. / JBT (5007 )		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises		
City, State Shirley, NY / Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH 44688			
Completed by Richard Doran		Title Project Manager	Signature 	Date 11-29-18		

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

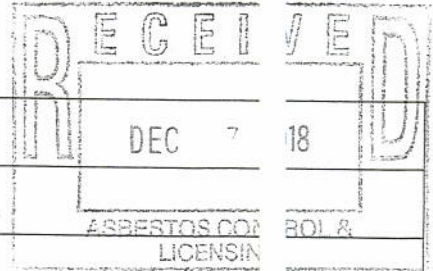
CHECK # 6007, 5784

OK 25781 PAID

**RECEIVED**  
 DEC 7 2018  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11-29-18		Name of Building Owner/Operator (2) The Port Authority of NY & NJ			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Newark Liberty International Airport, Bldg. 125, Central Terminal Area			
	City, State, Zip Code Newark, NJ 07114		Telephone Number (973) 622-0800		
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport		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 3 Brewster Road	City (5) Newark	Square Feet 100,000	# of Floors 8		
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Airport			
Name of Monitoring Firm The Port Authority of NY & NJ	Hired by Building Owner (8) ASCM No. N/A	Name of Abatement Contractor (9) Pinnacle Environmental Corp.			
Street Address 241 Erie Street	City, State, Zip Code Jersey City, NJ 07310	Street Address 200 Broad Street	City, State, Zip Code Carlstadt, NJ 07072		
Project Manager for Monitoring Firm Ralph Campione	Telephone No. 973-622-0800	Telephone No. 201-939-6565	License No. 00756		
Start Date (10) 11-19-18	Scheduled Completion Date (11) 01-30-19	Name of OSHA Monitor Testor Technology Environmental Services			
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: Abatement will be conducted in a restricted area.	Street Address 10-59 Jackson Avenue				
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 Process				
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)	Removal	Abatement type Encapsulate Enclosure
Exterior: Building 109: Roof		ACRM	600SF	x	
Exterior: Building 109: Kitchen		Sink Gasket	2SF	x	
Exterior (On steel pipe)		Bitumen Tar Mastic	730LF	x	
Name of Registered Waste Hauler ATC, Inc. / JBT (5007)	NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises		
City, State Shirley, NY / Bronx, NY	Disposal Date TBD	City, State Waynesburg, OH 44688			
Completed by Raymond Kinsella	Title Project Manager	Signature	Date 11-29-18		

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



CK13200

PAYED

Date of Notification (1) 11/24/2018		Name of Building Owner/Operator (2) PROPDASS CORPORATION	
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 of 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 65 DAVIS AVE.	
		City, State, Zip Code KEARNY NJ. 07032	
		Name of Contact ANGELICA CABALLERO	Telephone Number 201- 279 - 5900
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 81 MISSION ST.		Square Feet 2,100 SF.	# of Floors 2
City (5) MONTCLAIR NJ. 07042		Current Use (Prior if being demolished) YES	
County (6)		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL
Street Address		Street Address 1126 51ST,	
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 -776 - 0642
			License No. 01300
Start Date (10) 12/03/2018		Scheduled Completion Date (11) 12/04/2018	Name of OSHA Monitor IRIS ENVIRONMENTAL LLC.
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 RT. 22W.	
		City, State, Zip Code UNION NJ. 07083	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
ROOF		X	Roofing material
Name of Registered Waste Hauler TRI- STATE - ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD
City, State BRONX NY.		Name of Registered Landfill MINERVA ENTERPRISE INC	
		Disposal Date TBD	City, State WAYNESBURG, OHIO
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 
			Date 11/24/2018

PAID

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

check # 00-1

RECEIVED  
DEC 7 2018  
ASBESTOS CONTAMINATION  
LICENSING  
L &

Date of Notification (1)  
11 / 06 / 18

Agencies Notified

<input type="checkbox"/>	EPA	<input type="checkbox"/>
<input type="checkbox"/>	DEP	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	DOH	<input type="checkbox"/>
<input checked="" type="checkbox"/>	DOL	<input type="checkbox"/>

Name of Building Owner / Operator (2)  
D&R HOBOKEN, LLC

Street Address  
570 COMMERCE BLVD

City, State, Zip Code  
CARLSTADT, NJ 07072

Name of Contact  
NICHOLAS DINALLO

Telephone Number  
201-487-5657

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
416 JEFFERSON STREET

Street Address  
416 JEFFERSON STREET

City (5)  
HOBOKEN

County (6)  
HUDSON

County Code (7)

Type of Facility (4)

School (K-12)

Subchapter 8 (Other than K-12)

Other (i.e., private & commercial bldgs., homes, etc.)

Square Feet  
880

# Of Floors  
1

Building Age  
40

Current Use (Prior if being demolished)  
RESIDENCE/HOUSE

Name of Monitoring Firm Hired by Bldg. Owner (8)  
AET

Street Address  
907 Doolittle Drive

City, State, Zip Code  
Bridgewater, NJ 08807

Project Mngr. For Monitoring Firm  
Eric Southerland

Telephone Number  
610-891-0114

ASCM NO. \

NORTHSTAR CONTRACTING GROUP, INC.

Street Address  
32 Williams Parkway

City, State, Zip Code  
East Hanover, NJ 07936

Scheduled Start Date (10)  
12 / 06 / 18

Sched. Completion Date (11)  
12 / 21 / 18

Telephone Number  
973-884-8682

License Number  
00860

Occupancy Status During Abatement (Check Only 1)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe: \_\_\_\_\_

Other - Describe: 7:00AM - 3:30PM MON-FRI

Name of OSHA Monitor  
NORTHSTAR CONTRACTING GROUP, INC.

Street Address  
32 Williams Parkway

City, State, Zip Code  
East Hanover, NJ 07936

Scope of Work (Check All That Apply)

Demolition

≥3sf or ≥3lf

≥160 sf or ≥260 lf

Renovation

Full Containment with Negative Pressure

Mini - Enclosure

Glovebag Procedure

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)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF & FLASHING	880 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	700 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"/>

	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L
ROOF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROOF & FLASHING	880 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC	700 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"/>

Name of Registered Waste Hauler  
NORTHSTAR CONTRACTING GROUP, INC

City, State  
EAST HANOVER, NJ 07936

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Disposal Date

Name of Registered Landfill  
FAIRLESS LANDFILL

City, State  
MORRISVILLE, PA 10967

Completed by (Print or Type)  
Steve Stiles

Title  
Project Manager

Signature  
*Steve Stiles*

Date  
12/06/18

B & G proj. #: 2018-251

PAID

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

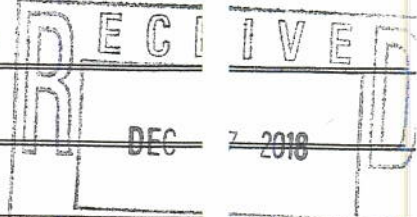
Check # 9020

Date of Notification (1)

12/10/18

Name of Building Owner/Operator (2)

Morris - Union Jointure Commission Board of Education



Agencies Notified

Type Notification

- EPA
- DEP
- DOL
- DOH
- DCA

- Initial
- Amendment
- Cancellation

Street Address

340 Central Avenue

City, State, Zip Code

New Providence, NJ 07974

Name of Contact

Erick Hammerdahl

Telephone Number  
908-464-7425

CONTROL & TESTING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Morris - Union Jointure, Developmental Learning Center ( NON Sub 8 )

Type of Facility (4)

- School (K - 12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc)

Street Address

340 Central Avenue

Square Feet

# of Floors

Bldg. Age

City (5)

New Providence

County (6)

Morris

County Code (7)

(State use only)

Current Use (Prior if being demolished) school (non sub 8)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

0033

Scheduled Start Date (10)

12/14/2018

Sched. Completion Date (11)

01/31/2019

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)

- Facility closed/vacated during entire period of abatement.
- Abatement performed outside of normal facility hours- Describe: \_\_\_\_\_
- Other-Describe: start time: 3:30 pm - 12:00 am

Scope of Work (check all that apply)

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

Location of asbestos-containing material 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)

Amount (Specify SF or LF)

Room 139

VAT & mastic

16 sf

R	E	E
e	n	n
p	c	c
a	a	a
i	p	l
r		

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
1/2

Name of Registered Landfill  
Grand Central Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
12/14/18 - 01/31/19

City, State  
Pen Argyle, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature

*Gordana Luna*

Date  
12/04/18