

Ch 6158

PAID

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

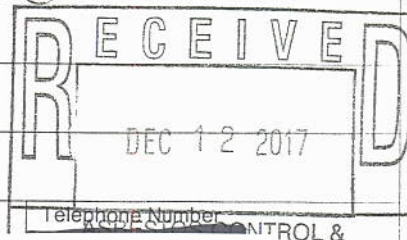
RECEIVED	Print Form
DEC 12 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/6/17		Name of Building Owner/Operator (2) TFE PROPERTIES							
Agencies Notified	Type Notification	Street Address 399 Monmouth Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Windsor, NJ 08520							
		Name of Contact CARRIE JONES	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1 Woodbridge Center		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 1 Woodbridge Center		Square Feet	# of Floors						
City (5) Woodbridge		Bldg. 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)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 12/17/17	Scheduled Completion Date (11) 12/22/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR - 4th Floor				ACM Insulation	500 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 12/22/17	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

PAID

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

Check 1717



Date of Notification (1) 12/7/17		Name of Building Owner/Operator (2) The L Group, LLC							
Agencies Notified	Type Notification	Street Address 534 Broadway							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne NJ 07002							
		Name of Contact Lance Lucarelli							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bayonne		Square Feet 2300	# of Floors 2						
County (6) Hudson		Bldg. Age 72							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) vacant home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address 4 E Gate Drive, PO Box 483							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 12/16/17	Scheduled Completion Date (11) 12/31/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
roof			x	roof core & tar	300 SF	x			
kitchen			x	flooring	150 SF	x			
Name of Registered Waste Hauler Tony's Clean-Up & Hauling		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers					
City, State Bridgewater NJ		Disposal Date TBD		City, State Easton PA					
Completed by A. Scott Higgins		Title President		Signature 				Date 12/6/17	

PAID

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

OK 31597

Date of Notification (4)

12 / 6 /17

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

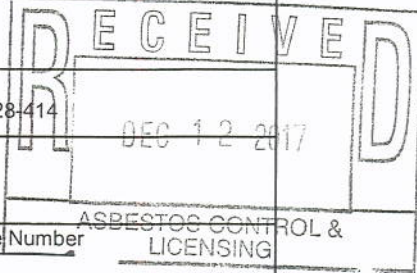
ASBESTOS CONTROL & LICENSING

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 K

Square Feet

13,900

of Floors

1

Bldg. Age

53

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

OFFICE

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 19 /17
Month Day Year

Sched. Completion Date (11)

6 / 30 /18
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

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: Monday -Friday 7am-3:30 pm

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation☒ Full Containment with Negative Pressure☐ Mini-Encl.☐ Glovebag Procedure☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR MENS ROOM			X	FIRE PROOFING	285 SF	X			

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

NJDEP Waste

Hauler ID No.
15939

Cubic Yards of Waste

10

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State

FREEHOLD, NEW JERSEY

Disposal Date

12/19/17-6/30/18

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

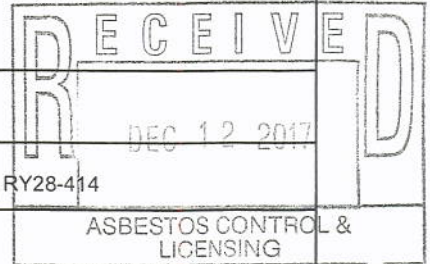
Signature

Date

12/6/17

no ck

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



Date of Notification (1)

12 / 7 /17

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

ASBESTOS CONTROL &
LICENSING

Name of Contact

PATRICIA JOHNSON

Telephone Number

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold #1
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80N

Square Feet

40,000

of Floors

1

Bldg. Age

65

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 5 /17
Month Day Year

Sched. Completion Date (11)

4 / 5 /18
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

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: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

☐ Full Containment with Negative Pressure

☒ Mini Encl.

☐ Glovebag Procedure

☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR LABS			X	GALBESTOS DUCT	200 SF	X			
1ST FLOOR LABS			X	DUCT SEAM CAULK	290 SF	X			
1ST FLOOR LABS			X	SOUND PROOF BATTING INSULATION	130 SF	X			
1ST FLOOR LABS			X	PIPE FITTING	8 LF	X			

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

NJDEP Waste
Hauler ID No.
15939

Cubic Yards of Waste
10

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State
FREEHOLD, NEW JERSEY

Disposal Date
10/23-12/30/17

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

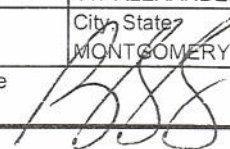
Signature

Date

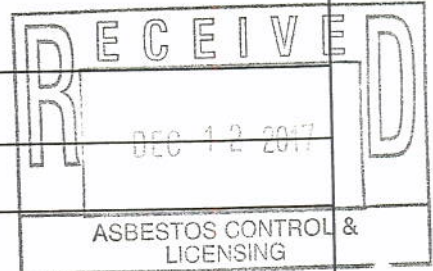
12/7/17

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

CK #

Date of Notification (1) 11 / 22 /17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 12 2017 ESTOS CONTROL & LICENSING </div>			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION				Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
						City, State, Zip Code RAHWAY, NEW JERSEY 07065	
				Name of Contact PATRICIA JOHNSON			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N				Square Feet 40,000	# of Floors 1		
City (5) RAHWAY				County (6) UNION	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.				ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 655 WEST SHORE TRAIL				Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code SPARTA, NEW JERSEY 07871				City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649		Telephone Number 845-369-7500	License Number 1101		
Expected State Date (10) 12 / 5 /17 Month Day Year		Sched. Completion Date (11) 4 / 5 /18 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Street Address 117 EAST 30TH STREET			
				City, State, Zip Code NEW YORK, NEW YORK 10016			
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encl. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)			
1ST FLOOR LABS		<input checked="" type="checkbox"/>		GALBESTOS DUCT 200 SF			
1ST FLOOR LABS		<input checked="" type="checkbox"/>		DUCT SEAM CAULK 290 SF			
1ST FLOOR LABS		<input checked="" type="checkbox"/>		SOUND PROOF BATTING INSULATION 130 SF			
1ST FLOOR LABS		<input checked="" type="checkbox"/>		PIPE FITTING 8 LF			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15			
City, State FREEHOLD, NEW JERSEY		Disposal Date 10/23-12/30/17		City, State MONTGOMERY, PA 17752			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 11/22/17		

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



Date of Notification (1)
12 / 7 /17

Name of Building Owner/Operator (2)
ACTORS HOME

Street Address
155-175 WEST HUDSON AVENUE

City, State, Zip Code
ENGLEWOOD, NEW JERSEY 07631

Name of Contact
JORDAN STROHL

Telephone Number

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 Notification
<input checked="" type="checkbox"/>	Amended Notification #3
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
THE LILLIAN BOOTH ACTORS HOME

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
155-175 WEST HUDSON AVENUE

Square Feet
10,360

of Floors
2

Bldg. Age
58

City (5)
ENGLEWOOD

County (6)
BERGEN

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
17

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
WILLIAM KERBEL

Telephone Number
973-729-5649

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)
11 / 20 /17
Month Day Year

Sched. Completion Date (11)
12 / 7 /17
Month Day Year

Name of OSHA Monitor
AMERISCI

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: WEDNESDAY 8PM-4AM

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NY, NY 10016

Scope of Work (Check all that apply)

☐ Demolition

☒ Renovation

☐ >3SF OR LF

☒ >160 SF OR 260 LF

☐ Full Containment with Negative Pressure

☐ Mini-Enclo.

☐ Glovebag Procedure

☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
LOWER LEVEL			X	VAT & MASTIC COMPLETE	600 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
5

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY

Disposal Date
11/20/17-12/30/17

City, State
PAINFIELD TOWNSHIP, PA

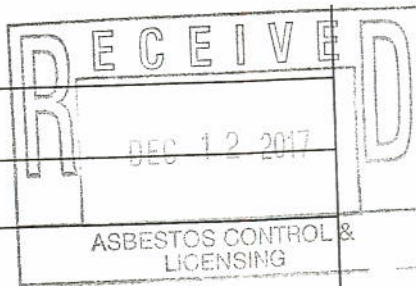
Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date
10/7/17

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



Date of Notification (1) 12 / 5 /17		Name of Building Owner/Operator (2) ACTORS HOME	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 155-175 WEST HUDSON AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code ENGLEWOOD, NEW JERSEY 07631	
		Name of Contact JORDAN STROHL	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) THE LILLIAN BOOTH ACTORS HOME			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 155-175 WEST HUDSON AVENUE			Square Feet 10,360	# of Floors 2	Bldg. Age 58
City (5) ENGLEWOOD	County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC.			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		

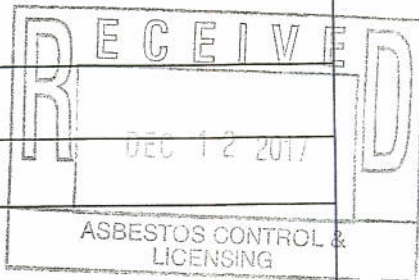
Project Manager for Monitoring Firm WILLIAM KERBEL		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 11 / 20 /17 Month Day Year		Sched. Completion Date (11) 12 / 30 /17 Month Day Year		Name of OSHA Monitor AMERISCI
Occupancy Status During Abatement (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: WEDNESDAY 8PM-4AM			Street Address 117 EAST 30TH STREET	
			City, State, Zip Code NY, NY 10016	

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
<input checked="" type="checkbox"/> Renovation			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
LOWER LEVEL			X	VAT & MASTIC	600 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 5	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY	Disposal Date 11/20/17-12/30/17	City, State PAINFIELD TOWNSHIP, PA	Date 12/5/17
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	

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



Date of Notification (1) 11 / 21 /17		Name of Building Owner/Operator (2) ACTORS HOME	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 155-175 WEST HUDSON AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code ENGLEWOOD, NEW JERSEY 07631	
		Name of Contact JORDAN STROHL	

FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3) THE LILLIAN BOOTH ACTORS HOME		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)
Street Address 155-175 WEST HUDSON AVENUE	Square Feet 10,360	# of Floors 2
City (5) ENGLEWOOD	County (6) BERGEN	Bldg. Age 58
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901
Project Manager for Monitoring Firm WILLIAM KERBEL	Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 11 / 20 /17 Month Day Year	Sched. Completion Date (11) 12 / 30 /17 Month Day Year	Name of OSHA Monitor AMERISCI
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: MONDAY-FRIDAY 7AM-12 AM (DOUBLE SHIFT)		Street Address 117 EAST 30TH STREET
		City, State, Zip Code NY, NY 10016

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation
<input type="checkbox"/> >3SF OR LF	
<input checked="" type="checkbox"/> >160 SF OR 260 LF	

<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> Mini-Enclo ,
<input type="checkbox"/> Glovebag Procedure
<input checked="" type="checkbox"/> Non-Friable Procedure

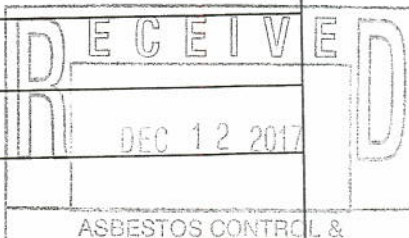
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
LOWER LEVEL			X	VAT & MASTIC	600 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 5	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY	Disposal Date 11/20/17-12/30/17	City, State PAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/21/17

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

CK 31523

Date of Notification (1) 11 / 8 /17		Name of Building Owner/Operator (2) THE LILLIAN BOOTH ACTORS HOME	
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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 155-175 WEST HUDSON AVENUE		City, State, Zip Code ENGLEWOOD, NEW JERSEY 07631	
Name of Contact JORDAN STROHL		Telephone Number	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) THE LILLIAN BOOTH ACTORS HOME		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 155-175 WEST HUDSON AVENUE		Square Feet 10,360	# of Floors 2
City (5) ENGLEWOOD		County (6) BERGEN	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM KERBEL		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 11 / 20 /17 Month Day Year		Sched. Completion Date (11) 12 / 30 /17 Month Day Year	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-12 AM (DOUBLE SHIFT)		Name of OSHA Monitor AMERISCI	
		Street Address 117 EAST 30TH STREET	
		City, State, Zip Code NY, NY 10016	

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Mini-Enclo.
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
LOWER LEVEL			X	VAT & MASTIC	600 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 5	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State NEWARK, NEW JERSEY				Disposal Date 11/20/17-12/30/17	City, State PAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ				Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 11/8/17			

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

056-12 2017

ASBESTOS CONTROL & LICENSING

Notification (1)

12 / 4 / 17

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 Notification
<input checked="" type="checkbox"/>	Amended Notification
<input type="checkbox"/>	Cancellation
<input checked="" type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

#4

Name of Building Owner/Operator (2)
THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY

Street Address
CASTLE POINT ON HUDSON

City, State, Zip Code
HOBOKEN, NEW JERSEY 07030

Name of Contact
DAVID FERNANDEZ

Name of Facility Where Abatement is Taking Place (3)

STEVENS INSTITUTE OF TECHNOLOGY

Street Address
1 CASTLE POINT TERRACE

City (5)
HOBOKEN

County (6)
HUDSON

County Code (7) (STATE USE ONLY)

ASCM No.
99

Name of Monitoring Firm Hired by Building Owner (8)
LANGAN ENGINEERING

Street Address
300 KIMBALL DRIVE

City, State, Zip Code
PARSIPPANY, NEW JERSEY 07054

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
20,000

of Floors
1

Bldg. Age
60

Current Use (Prior if being demolished) Pharm. Lab.

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Project Manager for Monitoring Firm
VIJAY PATEL

Expected State Date (10)
8 / 7 / 17

Sched. Completion Date (11)
12 / 4 / 17

Name of OSHA Monitor
QUALITY ENVIRONMENTL

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement

☒ Abatement Performed Outside of Normal Facility Hours - Describe:
MONDAY-FRIDAY 7AM-3:30 PM

Other - Describe:

Scope of Work (Check all that apply)

☒ Demolition

☐ >3SF OR LF

☒ >160 SF OR 260 LF

☒ Renovation

☒ Full Containment with Negative Pressure

☒ Mini-Encl.

☒ Glovebag Procedure

☒ Non-Friable Procedure

☒ Wrap and Cut

cope of Work (Check all that apply)		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Glovebag Procedure		<input checked="" type="checkbox"/> Non-Friable Procedure		Abatement Type							
<input type="checkbox"/>	Demolition	Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)			Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
<input checked="" type="checkbox"/>	>3SF OR LF >160 SF OR 260 LF														
		Yes	No	N/A											
1ST FL. POWERHOUSE				X	BOILER BREECHING		COMPLETE		2,100 SF		X				
1ST FL. POWERHOUSE				X	PIPE INSULATION		COMPLETE		165 LF		X				
1ST FL. POWERHOUSE				X	PIPE FITTING		COMPLETE		100 LF		X				
1ST FL. POWERHOUSE				X	TANK INSULATION		COMPLETE		510 SF		X				
1ST FL. POWERHOUSE				X	PIPE FLANGE GASKET		COMPLETE		25 SF		X				
1ST FL. POWERHOUSE				X	BOILER BREECHING		COMPLETE		200 SF		X				
EXTERIOR POWERHOUSE				X	PIPE INSULATION		DELETED		150 SF		X				
TRENCH-EXTERIOR POWERHOUSE				X	BUILT UP ROOFING		COMPLETE		650 SF		X				
ROOF -POWERHOUSE				X	ROOF MASTIC		COMPLETE		600 SF		X				
ROOF -POWERHOUSE				X	FOUNDATION SEAM CAULK		COMPLETE		45 LF		X				
POWERHOUSE EXTERIOR WALL				X	PIPE INSULATION		COMPLETE		35 LF		X				
POWERHOUSE -THROUGHOUT		NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 160		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL								
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State															
					Disposal Date		City, State								

PLAINEFIELD, NEW JERSEY 07105

Completed by (Print or Type)

JAMIN SANCHEZ

7/24/17-7/15/18

PLAINEFIELD TOWNSHIP PA

Date

12/4/17

Signature

[Handwritten Signature]

Title

DIRECTOR OF OPERATIONS



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

Date of Notification (1)

9 / 19 /17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification
☐ Cancellation
☒ On Hold
☐ EMERGENCY NOTIFICATION

#3

Name of Building Owner/Operator (2)

THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY

Street Address

CASTLE POINT ON HUDSON

City, State, Zip Code

HOBOKEN, NEW JERSEY 07030

Name of Contact

DAVID FERNANDEZ

TOS CONTROL & LICENSING



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

STEVENS INSTITUTE OF TECHNOLOGY

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
20,000

of Floors
1

Bldg. Age
60

Street Address

1 CASTLE POINT TERRACE

City (5)

HOBOKEN

County (6)

HUDSON

County Code (7)
(STATE USE ONLY)

ASCM No.
99

Current Use (Prior if being demolished) Pharm. Lab.
COLLEGE/UNIVERSITY

Name of Monitoring Firm Hired by Building Owner (8)

LANGAN ENGINEERING

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

300 KIMBALL DRIVE

City, State, Zip Code

PARSIPPANY, NEW JERSEY 07054

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

VIJAY PATEL

Telephone Number

201-398-4544

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)

8 / 7 /17
Month Day Year

Sched. Completion Date (11)

7 / 15 /18
Month Day Year

Name of OSHA Monitor
QUALITY ENVIRONMENTL

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: MONDAY-FRIDAY 7AM-3:30 PM

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

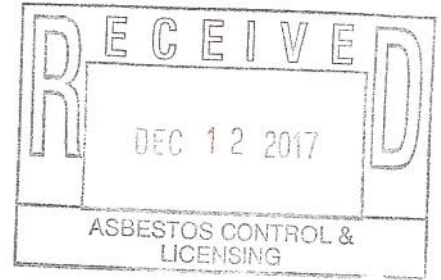
Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

☒ Full Containment with Negative Pressure
☒ Mini-Encl.
☒ Glovebag Procedure
☒ Non-Friable Procedure
☐ Wrap and Cut

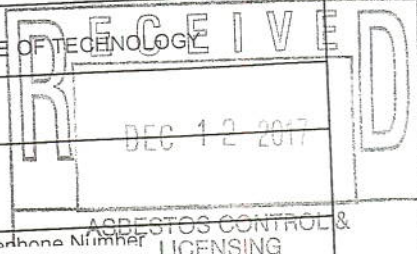
x		>3SF OR LF		>160 SF OR 260 LF		X		Non-Friable Procedure		Abatement Type						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)						Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE	
						Yes	No	N/A								
1ST FL. POWERHOUSE								X	BOILER BREECHING	COMPLETE	2,100 SF	X				
1ST FL. POWERHOUSE								X	PIPE INSULATION	COMPLETE	165 LF	X				
1ST FL. POWERHOUSE								X	PIPE FITTING	COMPLETE	100 LF	X				
1ST FL. POWERHOUSE								X	TANK INSULATION	COMPLETE	510 SF	X				
1ST FL. POWERHOUSE								X	PIPE FLANGE GASKET	COMPLETE	25 SF	X				
1ST FL. POWERHOUSE								X	BOILER BREECHING	COMPLETE	200 SF	X				
EXTERIOR POWERHOUSE								X	PIPE INSULATION		150 SF	X				
TRENCH-EXTERIOR POWERHOUSE								X	BUILT UP ROOFING	COMPLETE	650 SF	X				
ROOF -POWERHOUSE								X	ROOF MASTIC	COMPLETE	600 SF	X				
ROOF -POWERHOUSE								X	FOUNDATION SEAM CAULK	COMPLETE	45 LF	X				
POWERHOUSE EXTERIOR WALL								X	PIPE INSULATION	COMPLETE	35 LF	X				
POWERHOUSE -THROUGHOUT								X								
Name of Registered Waste Hauler						NJDEP Waste Hauler ID No.			Cubic Yards of Waste		Name of Registered Landfill					
NEWARK CARTING						913			160		GRAND CENTRAL SANITARY LANDFILL					
369 RAYMOND BLVD									Disposal Date		City, State					
City, State																

NEW JERSEY 07105		7/24/17-7/15/18	PLAINFIELD TOWNSHIP PA
ed by (Print or Type)	Title	Signature	Date
AMIN SANCHEZ	DIRECTOR OF OPERATIONS	<i>AS</i>	9-19-17



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

CK # 31125



Date of Notification (1)
8 / 1 / 17

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

Type Notification
☐ Initial Notification
☒ Amended Notification #2
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY

Street Address
CASTLE POINT ON HUDSON

City, State, Zip Code
HOBOKEN, NEW JERSEY 07030

Name of Contact
DAVID FERNANDEZ

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
STEVENS INSTITUTE OF TECHNOLOGY

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
1 CASTLE POINT TERRACE

City (5)
HOBOKEN

County (6)
HUDSON

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Pharm. Lab. COLLEGE/UNIVERSITY

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Project Manager for Monitoring Firm
VIJAY PATEL

Telephone Number
201-398-4544

Expected State Date (10)
8 / 7 / 17

Sched. Completion Date (11)
7 / 15 / 18

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: MONDAY-FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF


☒ Renovation

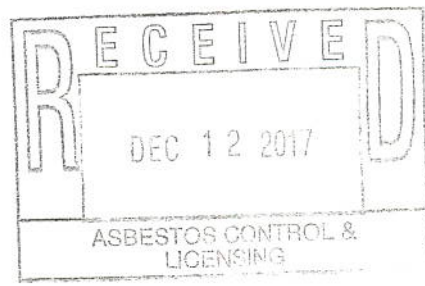
☒ Full Containment with Negative Pressure
☒ Mini-Enclo.
☒ Glovebag Procedure
☒ Non-Friable Procedure
☐ Wrap and Cut

Street Address
1376 ROUTE 9

City, State, Zip Code
WAPPINGERS FALLS, NY 12590

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FL. POWERHOUSE			X	BOILER BREECHING	2,100 SF	X			
1ST FL. POWERHOUSE			X	PIPE INSULATION	165 LF	X			
1ST FL. POWERHOUSE			X	PIPE FITTING	100 LF	X			
1ST FL. POWERHOUSE			X	TANK INSULATION	510 SF	X			
1ST FL. POWERHOUSE			X	PIPE FLANGE GASKET	25 SF	X			
EXTERIOR POWERHOUSE			X	BOILER BREECHING	200 SF	X			
TRENCH-EXTERIOR POWERHOUSE			X	PIPE INSULATION	150 SF	X			
ROOF -POWERHOUSE			X	BUILT UP ROOFING	650 SF	X			
ROOF -POWERHOUSE			X	ROOF MASTIC	600 SF	X			
POWERHOUSE EXTERIOR WALL			X	FOUNDATION SEAM CAULK	45 LF	X			
POWERHOUSE -THROUGHOUT			X	PIPE INSULATION	35 LF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 160	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL		Disposal Date City, State		

NEW JERSEY 07105	7/24/17-7/15/18	PLAINFIELD TOWNSHIP PA
ated by (Print or Type) AMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 
		Date 8/11/17



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

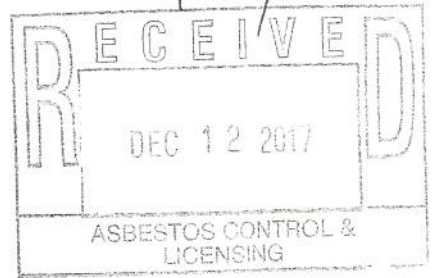
Date of Notification (1) <div style="display: flex; justify-content: space-around;"> 7 / 21 / 17 </div>		Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> EPA</div> <div><input type="checkbox"/> DEP</div> <div><input checked="" type="checkbox"/> DOL</div> <div><input checked="" type="checkbox"/> DOH</div> <div><input type="checkbox"/> DCA</div> </div>		Type Notification <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Initial Notification</div> <div><input checked="" type="checkbox"/> Amended Notification #1</div> <div><input type="checkbox"/> Cancellation</div> <div><input checked="" type="checkbox"/> On Hold</div> <div><input type="checkbox"/> EMERGENCY NOTIFICATION</div> </div>	
		Street Address CASTLE POINT ON HUDSON	
		City, State, Zip Code HOBOKEN, NEW JERSEY 07030	
		Name of Contact DAVID FERNANDEZ	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY			Type of Facility (4) <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> School (K-12)</div> <div><input type="checkbox"/> Subchapter 8 (Other than K-12)</div> <div><input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)</div> </div>
Street Address 1 CASTLE POINT TERRACE		Square Feet 20,000	# of Floors 1
City (5) HOBOKEN		County (6) HUDSON	County Code (7) (STATE USE ONLY) PHARM. LAB. COLLEGE/UNIVERSITY
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 300 KIMBALL DRIVE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm VIJAY PATEL		Telephone Number 201-398-4544	Telephone Number 845-369-7500
Expected State Date (10) 7 / 24 / 17		Sched. Completion Date (11) 7 / 15 / 18	
Occupancy Status During Abatement (Check only one) <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement</div> <div><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:</div> <div><input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM</div> </div>		Name of OSHA Monitor QUALITY ENVIRONMENTL	
Scope of Work (Check all that apply) <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Demolition</div> <div><input checked="" type="checkbox"/> >3SF OR LF</div> <div><input checked="" type="checkbox"/> >160 SF OR 260 LF</div> </div>		<div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> Full Containment with Negative Pressure</div> <div><input checked="" type="checkbox"/> Mini-Enclo ,</div> <div><input checked="" type="checkbox"/> Glovebag Procedure</div> <div><input checked="" type="checkbox"/> Non-Friable Procedure</div> </div>	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FL. POWERHOUSE			X	BOILER BREECHING	2,100 SF	X			
1ST FL. POWERHOUSE			X	PIPE INSULATION	165 LF	X			
1ST FL. POWERHOUSE			X	PIPE FITTING	100 LF	X			
1ST FL. POWERHOUSE			X	TANK INSULATION	510 SF	X			
1ST FL. POWERHOUSE			X	PIPE FLANGE GASKET	25 SF	X			
EXTERIOR POWERHOUSE			X	BOILER BREECHING	200 SF	X			
TRENCH-EXTERIOR POWERHOUSE			X	PIPE INSULATION	150 SF	X			
ROOF -POWERHOUSE			X	BUILT UP ROOFING	650 SF	X			
ROOF -POWERHOUSE			X	ROOF MASTIC	600 SF	X			
POWERHOUSE EXTERIOR WALL			X	FOUNDATION SEAM CAULK	45 LF	X			
POWERHOUSE -THROUGHOUT			X	PIPE INSULATION	35 LF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD City, State		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 160	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL City, State				

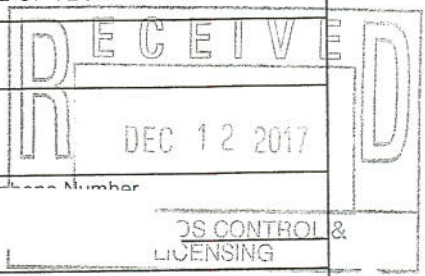
K, NEW JERSEY 07105		7/24/17-7/15/18	PLAINFIELD TOWNSHIP PA
ated by (Print or Type)	Title	Signature	Date
JAMIN SANCHEZ	DIRECTOR OF OPERATIONS	<i>[Signature]</i>	7/24/17



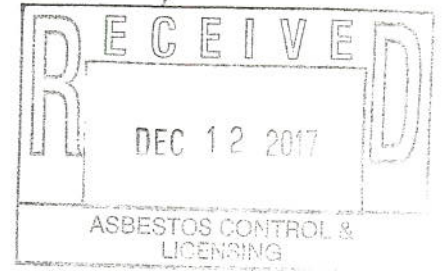
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

CK # 31055

Date of Notification (1) <div style="text-align: center;">7 / 7 /17</div>		Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY	
Agencies Notified		Street Address CASTLE POINT ON HUDSON	
Type Notification		City, State, Zip Code HOBOKEN, NEW JERSEY 07030	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		Name of Contact DAVID FERNANDEZ	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) STEVENS INSTITUTE OF TECHNOLOGY		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 CASTLE POINT TERRACE		Square Feet 20,000	# of Floors 1
City (5) HOBOKEN		County (6) HUDSON	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) LANGAN ENGINEERING		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 300 KIMBALL DRIVE		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code PARSIPPANY, NEW JERSEY 07054		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm VIJAY PATEL		Telephone Number 201-398-4544	Telephone Number 845-369-7500
Expected State Date (10) 7 / 24 /17 Month Day Year		Sched. Completion Date (11) 7 / 15 /18 Month Day Year	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM		Name of OSHA Monitor QUALITY ENVIRONMENTL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure <input type="checkbox"/> Wrap and Cut	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
1ST FL. POWERHOUSE		X	BOILER BREECHING
1ST FL. POWERHOUSE		X	PIPE INSULATION
1ST FL. POWERHOUSE		X	PIPE FITTING
1ST FL. POWERHOUSE		X	TANK INSULATION
1ST FL. POWERHOUSE		X	PIPE FLANGE GASKET
EXTERIOR POWERHOUSE		X	BOILER BREECHING
TRENCH-EXTERIOR POWERHOUSE		X	PIPE INSULATION
ROOF -POWERHOUSE		X	BUILT UP ROOFING
ROOF -POWERHOUSE		X	ROOF MASTIC
POWERHOUSE EXTERIOR WALL		X	FOUNDATION SEAM CAULK
POWERHOUSE -THROUGHOUT		X	PIPE INSULATION
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD	NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 160
City, State		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
		Disposal Date	
		City, State	

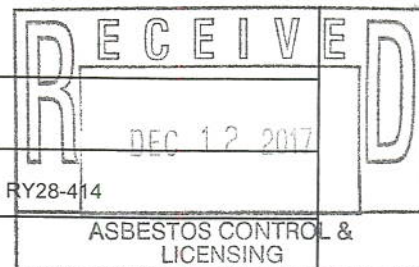


PRK, NEW JERSEY 07105		7/24/17-7/15/18	PLAINFIELD TOWNSHIP PA
Completed by (Print or Type)	Title	Signature	Date
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS	BSS	7/7/17



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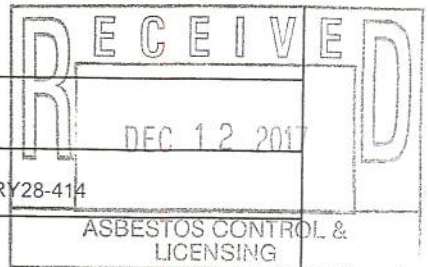
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)



Date of Notification (1) 12 / 5 /17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	Name of Contact PATRICIA JOHNSON	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 75		Square Feet 16,287	# of Floors 3
City (5) RAHWAY		Bldg. Age 74	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 11 / 29 /17 Month Day Year		Sched. Completion Date (11) 12 / 5 /17 Month Day Year	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM - 3 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)
		Yes No N/A	Amount (Specify SF or LF)
ROOF-PERIMETER PARAPET		X	PARAPET CAP CAULK COMPLETE 5 SF
ROOF-PARAPET WALL		X	PARAPET WALL TAR COMPLETE 680 SF
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20
City, State FREEHOLD, NEW JERSEY		Disposal Date 11/13/17-01/15/2018	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature
			Date 12/5/17

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



Date of Notification (1) 11 / 28 /17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 75		Square Feet 16,287	# of Floors 3
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Bldg. Age 74
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	City, State, Zip Code SUFFERN, NEW YORK 10901
Expected State Date (10) 11 / 29 /17		Sched. Completion Date (11) 1 / 15 /18	Telephone Number 845-369-7500
Month Day Year		Month Day Year	License Number 1101

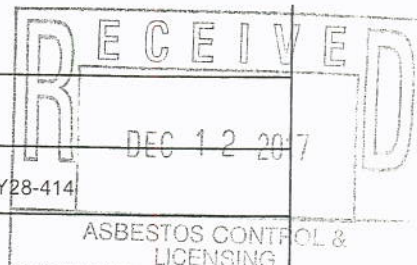
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 117 EAST 30TH STREET	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:		City, State, Zip Code NEW YORK, NEW YORK 10016	
<input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM - 3 PM			

Scope of Work (Check all that apply)		Full Containment with Negative Pressure	
<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini Enclo ,	
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Glovebag Procedure	
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Non-Friable Procedure	
<input checked="" type="checkbox"/> Renovation			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF-PERIMETER PARAPET			X	PARAPET CAP CAULK	5 SF	X			
ROOF-PARAPET WALL			X	PARAPET WALL TAR	680 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY		Disposal Date 11/13/17-01/15/2018		City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 11/28/17

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



Date of Notification (1) 11 / 17 /17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 28-414	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #1 <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 75			Square Feet 16,287	# of Floors 3	Bldg. Age 74
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 11 / 13 /17 Month Day Year		Sched. Completion Date (11) 1 / 15 /18 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480

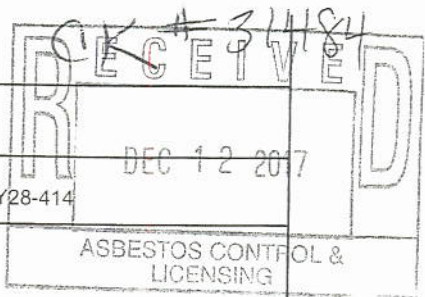
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM - 3 PM		Street Address 117 EAST 30TH STREET
		City, State, Zip Code NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF-PERIMETER PARAPET			X	PARAPET CAP CAULK	5 SF	X			
ROOF-PARAPET WALL			X	PARAPET WALL TAR	680 SF	X			

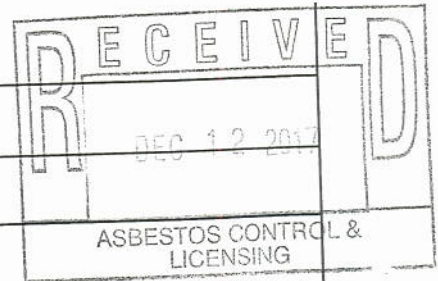
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 11/13/17-01/15/2018		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 11/17/17	

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



Date of Notification (1) 10 / 30 /17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified			Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA </div> <div> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION </div> </div>			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
			Name of Contact PATRICIA JOHNSON		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 75			Square Feet 16,287	# of Floors 3	Bldg. Age 74
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 11 / 13 /17 Month Day Year		Sched. Completion Date (11) 1 / 15 /18 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM - 3 PM			Street Address 117 EAST 30TH STREET		
			City, State, Zip Code NEW YORK, NEW YORK 10016		
Scope of Work (Check all that apply)					
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL REPAIR ENCAPSULE ENCLOSURE	
ROOF-PERIMETER PARAPET	X	PARAPET CAP CAULK	5 SF	X	
ROOF-PARAPET WALL	X	PARAPET WALL TAR	680 SF	X	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 10/30/17		

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



Date of Notification (1)
12 / 5 /17

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 Notification
<input checked="" type="checkbox"/>	Amended Notification # 2
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
ACTORS HOME

Street Address
155-175 WEST HUDSON AVENUE

City, State, Zip Code
ENGLEWOOD, NEW JERSEY 07631

Name of Contact
JORDAN STROHL

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
THE LILLIAN BOOTH ACTORS HOME

Street Address
155-175 WEST HUDSON AVENUE

City (5)
ENGLEWOOD

County (6)
BERGEN

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
17

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
10,360

of Floors
2

Bldg. Age
58

Current Use (Prior if being demolished)
Pharm. Lab. COMMUNICATION BUILDING

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
WILLIAM KERBEL

Telephone Number
973-729-5649

Expected State Date (10)
11 / 20 /17

Sched. Completion Date (11)
12 / 30 /17

Name of OSHA Monitor
AMERISCI

Occupancy Status During Abatement (Check only one)

<input type="checkbox"/>	Facility Closed/Vacated During Entire Period of Abatement
<input checked="" type="checkbox"/>	Abatement Performed Outside of Normal Facility Hours - Describe: WEDNESDAY 8PM-4AM

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NY, NY 10016

Scope of Work (Check all that apply)

<input type="checkbox"/>	Demolition
<input type="checkbox"/>	>3SF OR LF
<input checked="" type="checkbox"/>	>160 SF OR 260 LF

☒ Renovation

☐ Full Containment with Negative Pressure

☐ Mini-Enclo.

☐ Glovebag Procedure

☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
LOWER LEVEL			X	VAT & MASTIC	600 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
5

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NEW JERSEY

Disposal Date
11/20/17-12/30/17

City, State
PAINFIELD TOWNSHIP, PA

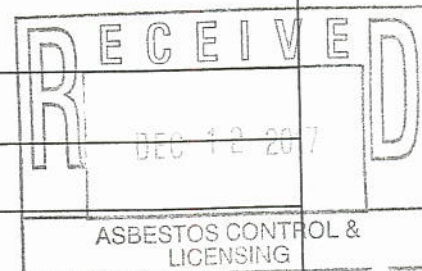
Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature
BSS

Date
12/5/17

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



Date of Notification (1) 11 / 21 /17		Name of Building Owner/Operator (2) ACTORS HOME	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 155-175 WEST HUDSON AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #i <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code ENGLEWOOD, NEW JERSEY 07631	
		Name of Contact JORDAN STROHL	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) THE LILLIAN BOOTH ACTORS HOME			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 155-175 WEST HUDSON AVENUE			Square Feet 10,360	# of Floors 2	Bldg. Age 58
City (5) ENGLEWOOD	County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. COMMUNICATION BUILDING		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC.			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		

Project Manager for Monitoring Firm WILLIAM KERBEL	Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 11 / 20 /17 Month Day Year	Sched. Completion Date (11) 12 / 30 /17 Month Day Year	Name of OSHA Monitor AMERISCI
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: MONDAY-FRIDAY 7AM-12 AM (DOUBLE SHIFT)		Street Address 117 EAST 30TH STREET
		City, State, Zip Code NY, NY 10016

Scope of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Mini-Enclo.
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
LOWER LEVEL			X	VAT & MASTIC	600 SF	X			

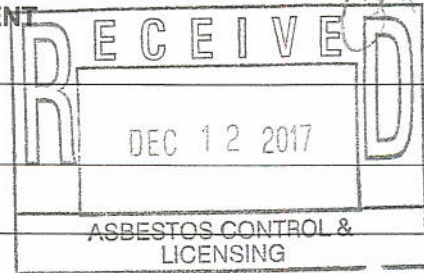
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 5	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY	Disposal Date 11/20/17-12/30/17	City, State PAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/21/17

CK 31523

RECEIVED
DEC 12 2017
Asbestos Control & Licensing
Telephone Number

PAID

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



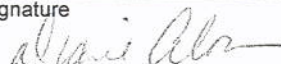
Date of Notification (1) 12 / 07 / 17		Name of Building Owner/Operator (2) Mark & Natalie Naegely							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Haddon Twp, NJ Name of Contact Mark & Natalie Naegely Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,800 # of Floors 2 Bldg. Age 1950							
City (5) Haddon Twp, NJ		County Code (7)(STATE USE ONLY) US; Camden CO.							
County (6) US; Camden CO.		Current Use (Prior if being demolished) Resident							
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]							
Street Address [REDACTED]		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.							
City, State, Zip Code [REDACTED]		Street Address 958 Jackson Rd City, State, Zip Code Mays Landing, NJ 08330							
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 609-561-1901 License No. 01158							
Start Date (10) 12 / 08 / 17		Scheduled Completion Date (11) 12 / 10 / 17							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM / PM - AM		Name of OSHA Monitor Graham-Tech Environmental Services, LLC. Street Address 958 Jackson Rd City, State, Zip Code Mays Landing, NJ 08330							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Duct Paper	3SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Sheet Flooring	150SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500		Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown				
City, State 14 Read Drive Sicklerville, NJ 08081				Disposal Date	City, State 1513 Brodowntown Rd. Morrisville, PA				
Completed By (Print or Type) Vernice Graham		Title President		Signature <i>[Signature]</i>		Date 12-7-17			

PAID

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

Check # 12406

Date of Notification (1) December 7, 2017 November 20, 2017		Name of Building Owner / Operator (2) Alina M. Porter Irrevocable Trust, Herbert R Porter Trustee		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 12 2017 ASBESTOS CONTROL & REMEDIATION </div>	
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Cancellation	2527 River Road City, State & Zip Code Manasquan, NJ 08736 Name of Contact Alina Porter			
		Telephone Number			

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fed Ex Commercial Press 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, home, etc.)						
Street Address 450 W. 1st Street			Square Feet 33,000	# of Floors 1	Bldg. Age 50 Years				
City (5) Roselle			Current Use (Prior if being demolished) Commercial						
County (6) Union		County Code (7) USE ONLY							
Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		ASCM No.		Name of Abatement Contractor (9) Synatech, Inc.					
Street Address 120-D Wilbur Place				Street Address 829 Radio Road					
City, State & Zip Code Bohemia, NY 11716				City, State & Zip Code Little Egg Harbor, NJ 08087					
Project Manager for Monitoring Firm Steven Cotrone		Telephone Number 631-567-1777x6507		Telephone Number 609-296-6916	License Number 00817				
Scheduled Start Date (10) December 8, 2017		Scheduled Completion Date (11) January 8, 2018		Name of OSHA Monitor Synatech, Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 829 Radio Road City, State & Zip Code Little Egg Harbor, NJ 08087						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Warehouse Area			X	Floor Tile and Mastic	2,000 SF	X			
File Room (in warehouse)			X	Pipe/Joint Fittings	150 LF				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959		Cubic Yards of Waste 40		Name of Registered Landfill Fairless Hills			
City, State Little Egg Harbor, NJ 08087		Disposal Date January 9, 2018		City, State Morrisville, PA					
Completed By Diane Aloia		Title Executive Administrator		Signature 		Date December 6, 2017 November 20, 2017			

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

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

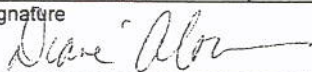
Check # 12354

Date of Notification (1) December 6, 2017 November 20, 2017		Name of Building Owner / Operator (2) Alina M. Porter Irrevocable Trust, Herbert R Porter Trustee	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 12 2017 ASBESTOS CONTROL & LICENSING </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	2527 River Road	
		City, State & Zip Code Manasquan, NJ 08736	
		Name of Contact Alina Porter	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Fed Ex Commercial Press 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, home, etc.)	
Street Address 450 W. 1st Street		Square Feet 33,000	# of Floors 1
City (5) Roselle		Bldg. Age 50 Years	
County (6) Union		Current Use (Prior if being demolished) Commercial	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 120-D Wilbur Place		Street Address 829 Radio Road	
City, State & Zip Code Bohemia, NY 11716		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Steven Cotrone		Telephone Number 631-567-1777x6507	Telephone Number 609-296-6916
License Number 00817			
Scheduled Start Date (10) December 8, 2017	Scheduled Completion Date (11) January 8, 2018	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse Area			X	Floor Tile and Mastic	2,000 SF	X			
File Room (in warehouse)			X	Pipe/Joint Fittings	30 LF				

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Hills	
City, State Little Egg Harbor, NJ 08087		Disposal Date January 9, 2018		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date December 6, 2017 November 20, 2017	

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

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

Check # 12354

Date of Notification (1) November 27, 2017 November 20, 2017		Name of Building Owner / Operator (2) Alina M. Porter Irrevocable Trust, Herbert R Porter Trustee	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED DEC 12 2017 ASBESTOS CONTROL & TESTING </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	2527 River Road	
		City, State & Zip Code Manasquan, NJ 08736	
		Name of Contact Alina Porter	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Fed Ex Commercial Press 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, home, etc.)	
Street Address 450 W. 1st Street		Square Feet 33,000	# of Floors 1
City (5) Roselle		Bldg. Age 50 Years	
County (6) Union		Current Use (Prior if being demolished) Commercial	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		ASCM No.	
Street Address 120-D Wilbur Place		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Bohemia, NY 11716		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Steven Cotrone		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 631-567-1777x6507		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) December 8, 2017	Scheduled Completion Date (11) January 8, 2018	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse Area			X	Floor Tile and Mastic	2,000 SF	X			
File Room			X	Pipe/Joint Fittings	300 SF				

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ 08087		Disposal Date January 9, 2018	City, State Morrisville, PA
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date November 27, 2017 November 20, 2017

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

Check # 12318

Date of Notification (1) November 20, 2017		Name of Building Owner / Operator (2) Alina M. Porter Irrevocable Trust, Herbert R Porter Trustee	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 12 2017 ASBESTOS CONTROL & LICENSING </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	2527 River Road	
		City, State & Zip Code Manasquan, NJ 08736	
		Name of Contact Alina Porter	
Telephone Number _____			

FACILITY INFORMATION

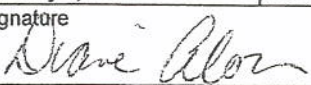
Name of Facility Where Abatement is Taking Place (3) Fed Ex Commercial Press Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 450 W. 1st Street		Square Feet 33,000	# of Floors 1
City (5) Roselle		Bldg. Age 50 Years	
County (6) Union		Current Use (Prior if being demolished) Commercial	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		ASCM No.	
Street Address 120-D Wilbur Place		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Bohemia, NY 11716		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Steven Cotrone		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 631-567-1777x6507		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) December 7, 2017	Scheduled Completion Date (11) January 8, 2018	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- ☐ ≥ 3 sf or ≥ 50 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse Area			X	Floor Tile and Mastic	2,000 SF	X			
File Room			X	Pipe/Joint Fittings	300 SF				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ 08087		Disposal Date January 9, 2018		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature 			Date November 20, 2017				

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

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

Check # 12354

Date of Notification (1) December 6, 2017 November 20, 2017		Name of Building Owner / Operator (2) Alina M. Porter Irrevocable Trust, Herbert R Porter, Trustee	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">DEC 12 2017</div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Cancellation	2527 River Road	
		City, State & Zip Code Manasquan, NJ 08736	
		Name of Contact Alina Porter	ASBESTOS CONTROL NUMBER

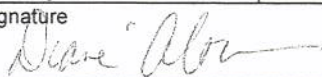
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Fed Ex Commercial Press 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, home, etc.)	
Street Address 450 W. 1st Street		Square Feet 33,000	# of Floors 1
City (5) Roselle		Bldg. Age 50 Years	
County (6) Union		Current Use (Prior if being demolished) Commercial	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 120-D Wilbur Place		Street Address 829 Radio Road	
City, State & Zip Code Bohemia, NY 11716		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Steven Cotrone		Telephone Number 631-567-1777x6507	License Number 00817
Scheduled Start Date (10) December 8, 2017	Scheduled Completion Date (11) January 8, 2018	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse Area			X	Floor Tile and Mastic	2,000 SF	X			
File Room (in warehouse)			X	Pipe/Joint Fittings	30 LF				

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Hills	
City, State Little Egg Harbor, NJ 08087		Disposal Date January 9, 2018		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date December 6, 2017 November 20, 2017	

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

Check # 12354

Date of Notification (1) November 27, 2017 November 20, 2017		Name of Building Owner / Operator (2) Alina M. Porter Irrevocable Trust, Herbert R Porter Trustee		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">DEC 12 2017</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">ASBESTOS CONTROL & LICENSING</div>
Agencies Notified	Type Notification	Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Cancellation	2527 River Road City, State & Zip Code Manasquan, NJ 08736		
		Name of Contact Alina Porter		


FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Fed Ex Commercial Press 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, home, etc.)	
Street Address 450 W. 1st Street		Square Feet 33,000	# of Floors 1
City (5) Roselle		Bldg. Age 50 Years	
County (6) Union		Current Use (Prior if being demolished) Commercial	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		ASCM No.	
Street Address 120-D Wilbur Place		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Bohemia, NY 11716		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Steven Cotrone		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 631-567-1777x6507		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) December 8, 2017	Scheduled Completion Date (11) January 8, 2018	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥ 50 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse Area			X	Floor Tile and Mastic	2,000 SF	X			
File Room			X	Pipe/Joint Fittings	300 SF				

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Hills	
City, State Little Egg Harbor, NJ 08087		Disposal Date January 9, 2018		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 		Date November 27, 2017 November 20, 2017	

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

Check # 12318

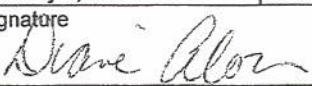
Date of Notification (1) November 20, 2017		Name of Building Owner / Operator (2) Alina M. Porter Irrevocable Trust, Herbert R Porter Trustee	
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 10px; width: 150px; margin: 0 auto;"> RECEIVED DEC 12 2017 ASBESTOS CONTROL & Telephone Number </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	2527 River Road	
		City, State & Zip Code Manasquan, NJ 08736	
		Name of Contact Alina Porter	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Fed Ex Commercial Press 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, home, etc.)	
Street Address 450 W. 1st Street		Square Feet 33,000	# of Floors 1
City (5) Roselle		Bldg. Age 50 Years	
County (6) Union		Current Use (Prior if being demolished) Commercial	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 120-D Wilbur Place		Street Address 829 Radio Road	
City, State & Zip Code Bohemia, NY 11716		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Steven Cotrone		Telephone Number 631-567-1777x6507	License Number 00817
Scheduled Start Date (10) December 7, 2017	Scheduled Completion Date (11) January 8, 2018	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> ≥3 sf or ≥ 50 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Warehouse Area			X	Floor Tile and Mastic	2,000 SF	X			
File Room			X	Pipe/Joint Fittings	300 SF				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15959	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ 08087		Disposal Date January 9, 2018		City, State Morrisville, PA					
Completed By Diane Aloia		Title Executive Administrator	Signature 		Date November 20, 2017				

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BEST REMOVAL INC

PAGE 02/04

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

CK4373

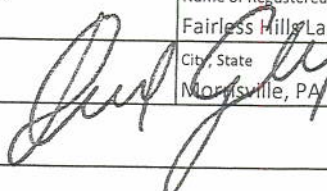
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DEC 12 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/5/17		Name of Building Owner/Operator (2) BASF CORPORATION					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 25 MIDDLESEX ESSEX TURNPIKE		City, State, Zip Code ISLW NJ 08830					
Name of Contact KYLE SMITH		FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) BASF		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 25 MIDDLESEX ESSEX TURNPIKE		Square Feet 100,000	# of Floors 3				
City (5) ISLW		Bldg. Age 62 YEARS					
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) R&D OFFICE LABS				
Name of Monitoring Firm Hired by Building Owner (8) EMI		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc.				
Street Address 655 WEST SHORE TRAIL		Street Address 450 South River Street					
City, State, Zip Code SPARZA NJ 07871		City, State, Zip Code Hackensack, NJ 07601					
Project Manager for Monitoring Firm J. P. VON DOHREIN		Telephone No. 973-729-5649	Telephone No. 201-329-7444				
Start Date (10) 12/8/17		Scheduled Completion Date (11) 12/9/17	License No. 00388				
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: 300K SQ FT BLDG		Name of OSHA Monitor Omega Environmental					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 25 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 360 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		Street Address 280 Huyler Street					
City, State, Zip Code South Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) TOXICATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 30 LF	Abatement Type			
				Removal	Repair	Encapsulate	Decontaminate
LAD 4A, 4S		THEM SYSTEM INSULATION	30 LF	X			
Name of Registered Waste Hauler Best Removal Inc		NDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 YBCP	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, NJ 07601		Disposal Date 12/11/17	City, State Waynesburg, OH 44688				
Completed by J. Maiorano		Title Estimator	Signature J. Maiorano	Date 12/5/17			

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

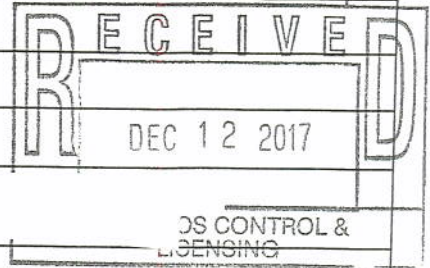
CK # 1988

Date of Notification (1) 12/05/17		Name of Building Owner/Operator (2) West Main St. Urban Renewal LLC							
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 12 2017 </div>						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	188 E. Franklin Turnpike City, State, Zip Code Hohokus, NJ, 07423							
		Name of Contact Rey Aponte							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4)	<div style="border: 2px solid black; padding: 5px; text-align: center;"> ASBESTOS CONTROL & LICENSING </div>						
Street Address 7 West Main St.		<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) Bound Brook	Square Feet 1,200	# of Floors 2	Bldg. Age 1910						
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address		Street Address 32 Willow Way							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm		Telephone No.	License No. 01331						
Start Date (10) 12/11/17	Scheduled Completion Date (11) 12/22/17	Name of OSHA Monitor Envirovision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
<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: 08:00 - 15:00		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof - Chimney/ Parapit Wall		X		Black Flashing	365 SF	X			
Roof		X		Black/Silver Roof	1,200 SF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Hills Landfill				
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morgantown, PA					
Completed by Dimo Golcev		Title General Manager		Signature 		Date 12/05/17			

PAID

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

ck # 1989



Date of Notification (1) 12/05/17		Name of Building Owner/Operator (2) West Main St. Urban Renewal LLC	
Agencies Notified	Type Notification	Street Address 188 E. Franklin Turnpike	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Hohokus, NJ, 07423	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Rey Aponte	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Amendment # _____		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial Property		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 9 West Main St.			
City (5) Bound Brook	Square Feet 600	# of Floors 1	Bldg. Age 1910
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address		Street Address 32 Willow Way	
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 12/11/17	Scheduled Completion Date (11) 12/22/17	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 08:00 - 15:00		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

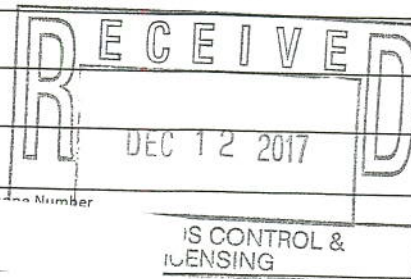
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Black/Silver Roof Flashing	100 SF	X			
Main Area		X		Off White Floor Tile	600 SF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 12/05/17

PAID

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

ck # 1990



Date of Notification (1) 12/05/17		Name of Building Owner/Operator (2) West Main St. Urban Renewal LLC	
Agencies Notified	Type Notification	Street Address 188 E. Franklin Turnpike	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Hohokus, NJ, 07423	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Rey Aponte	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Amendment # _____	License Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
City (5) Bound Brook		Square Feet 1,309	# of Floors 2
County (6) Somerset		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1910
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Residential	
Street Address		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code		Street Address 32 Willow Way	
Project Manager for Monitoring Firm		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No.		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 12/11/17		Scheduled Completion Date (11) 12/22/17	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Envirovision Consultants, Inc.	
<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: 08:00 - 15:00		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
Scope of Work (Check All That Apply)		City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rear Roof		X		Roof Material Black/silver	384 SF	X			
2nd Floor bedroom		X		Brown Floor Tile/mastic	120 SF	X			
1st Floor Living Room		X		White & Black Floor Tile	300 SQ	X			
Stairs		X		Brown Linoleum	40 SQ	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 12/05/17

PAID

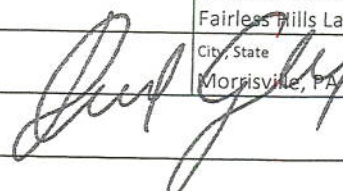
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK# 1991

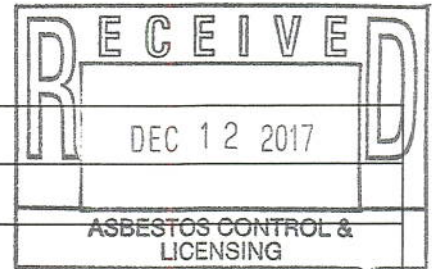
Date of Notification (1) 12/05/17		Name of Building Owner/Operator (2) West Main St. Urban Renewal LLC	
Agencies Notified	Type Notification	Street Address 188 E. Franklin Turnpike	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Hohokus, NJ, 07423	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Rey Aponte	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	ASBESTOS CONTROL & LICENSING	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential-Commercial Property		Type of Facility (4)	
Street Address 15 West Main St.		<input type="checkbox"/> School (K-12)	
City (5) Bound Brook		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Somerset		<input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
County Code (7) (STATE USE ONLY) _____		Square Feet 2,348	# of Floors 2
Name of Monitoring Firm Hired by Building Owner (8)		Bldg. Age 1910	
Street Address		Current Use (Prior if being demolished) Residential -Commercial	
City, State, Zip Code		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Project Manager for Monitoring Firm		Street Address 32 Willow Way	
Telephone No.		City, State, Zip Code Woodland Park, NJ 07424	
Start Date (10) 12/11/17		Telephone No. 973-333-9176	License No. 01331
Scheduled Completion Date (11) 12/22/17		Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe: 08:00 - 15:00			
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure	
		<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Flat Roof		X		Roof Material	2,250 SF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 12/05/17

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



Date of Notification (1) December 05, 2017		Name of Building Owner/Operator (2) Belmont Construction Corp.	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	240 W. Passaic Street, Suite 11	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # <u>1</u>	Maywood, NJ 07607	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Frank Belgiovine	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Oak Tree School		Type of Facility (4)	
Street Address 45 Wilus Way		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
City (5) Iselin	Square Feet 30,000+	# of Floors 3	Bldg. Age 1950's
County (6) Middlesex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No. 00118	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 464 Valley Brook Avenue, #3A		Street Address 32 Willow Way	
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm John H. Chiaviello/Jarred Panecki		Telephone No. 201-438-4839	License No. 01331
Start Date (10) December 5, 2017	Scheduled Completion Date (11) (January 26, 2018)	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>07:00am to 3:30pm</u>		20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor Locations: Rooms G-08, G-09, G-21 G-23, G-24, G-25, G-26, G-30, G-35, G-36		X		Thermal System Insulation (Pipe Insulation, With Fittings, Elbows Tees etc.)	650 LF	X			
First Floor Locations: Rooms 111, 112 N. Corridor, 114, 116, 117, 118, 119, 120, 121		X		Thermal System Insulation (Pipe Insulation, With Fittings, Elbows Tees etc.)	300 LF	X			
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 20+	Name of Registered Landfill Fairless Hills Landfill				
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager		Signature			Date 12/05/2017		

no ck

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

MO#24499222121

Cancellation

Date of Notification (1) 12 / 06 / 17		Name of Building Owner/Operator (2) Christine Walters		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 12 2017 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation				Street Address [REDACTED]			
		City, State, Zip Code Springfield, NJ 07081				Name of Contact Christine Walters			
		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Springfield, NJ 07081				Square Feet # of Floors Bldg. Age					
County (6) Union		County Code (7) (STATE USE ONLY) [REDACTED]		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC					
Street Address [REDACTED]				Street Address 576 Valley Rd #283					
City, State, Zip Code [REDACTED]				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]		Telephone No. 973-638-1777 License No. 01127					
Start Date (10) 12 / 12 / 17		Scheduled Completion Date (11) 12 / 13 / 17		Name of OSHA Monitor Envirovision Consultants, Inc					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-utility room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor-closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470				Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N.Jevtic</i>		Date 12/06/17			

ASB-41

MAY 11


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

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

RECEIVED	DEC 12 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/04/2017		Name of Building Owner/Operator (2) Martin Butler							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Kearny, NJ 07032							
		Name of Contact Stephen Fisco	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Kearny		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address _____		Street Address 11 Rosengren Avenue							
City, State, Zip Code _____		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 01311						
Start Date (10) 12/15/2017	Scheduled Completion Date (11) 12/16/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	20 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Moorisville, PA					
Completed by Ned Joksimovic		Title Project Manager	Signature 			Date 12/04/2017			

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

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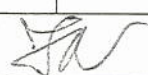
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/04/2017		Name of Building Owner/Operator (2) Stevens Institute of Technology							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1 Castle Point On Hudson							
		City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Kevin Klich	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) School (Howe Center)		Type of Facility (4)							
Street Address 1 Castle Point On Hudson		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hoboken		Square Feet N/A	# of Floors N/A						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School (Howe Center)						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 1253 N. Church Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 609-314-1683	License No. 01311						
Start Date (10) 12/15/2017	Scheduled Completion Date (11) 12/17/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
13th floor mens bathroom		X		Spray on fireproofing	5 SF	X			
13th floor women bathroom		X		Spray on fireproofing	6 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Moorisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 12/04/2017			

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

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ASBESTOS CONTROL & LICENSING

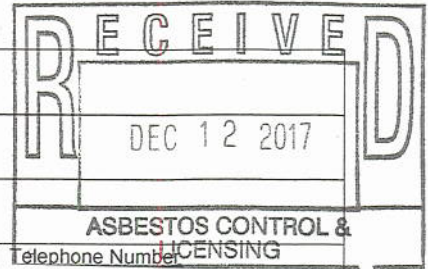
Date of Notification (1) 12/04/2017		Name of Building Owner/Operator (2) Stephen Fisco							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fords, NJ 08863							
		Name of Contact Stephen Fisco							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Fords		Bldg. Age N/A							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 12/14/2017	Scheduled Completion Date (11) 12/15/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	90 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Moorisville, PA					
Completed by Ned Joksimovic		Title Project Manager	Signature 			Date 12/04/2017			

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Print Form

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



Date of Notification (1) 12/6/2017		Name of Building Owner/Operator (2) Private property							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code North Bergen NJ 07047							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Lester Garcia							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) North Bergen		Square Feet 1500	# of Floors 2						
		Bldg. Age +50							
County (6) Hudson County		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASC No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01320						
Start Date (10) 12/7/2017	Scheduled Completion Date (11) 12/12/2017	Name of OSHA Monitor Iris Environmental Laboratories							
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 Route 22 West							
		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof Front porch			x	roofing	120SF	x			
Exterior siding asphalt			x	tar	2200SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670			Disposal Date	City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Marcos Regato		Title President	Signature <i>Marcos Regato</i>		Date 12/6/2017				