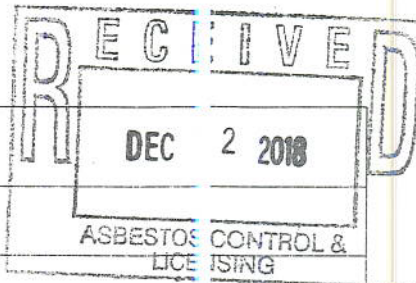


CK 5310

PAID

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



Date of Notification (1) 12 / 05 / 18		Name of Building Owner/Operator (2) Alexander Solodukho	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Guttenberg, NJ 07093	
Name of Contact Alexander Solodukho		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Solodukho Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 50,000	
City (5) Guttenberg		# of Floors 32	
County (6) Hudson		County Code (7) (STATE USE ONLY) Residence	
Name of Monitoring Firm Management & Environmental Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08315		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	
Start Date (10) 01 / 07 / 19		Scheduled Completion Date (11) 01 / 18 / 19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input 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)	
Living Room and Bedroom		Mastic	
Amount (Specify SF or LF) 653 SF		Abatement Type <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	
City, State Freehold, NJ		Cubic Yards of Waste 5	
Completed By (Print or Type) Christina Lynch		Disposal Date 01/18/2019	
Title Vice President of Operations		Name of Registered Landfill Fairless Landfill	
Signature [Signature]		City, State Morrisville, PA	
Date 12/1/18			

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

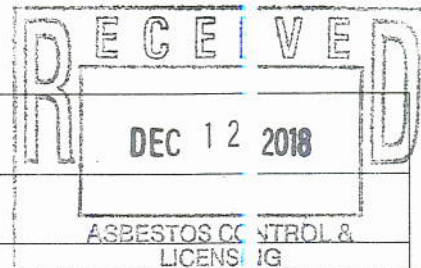


OK 5304

PAID

Date of Notification (1) 12 / 06 / 18		Name of Building Owner/Operator (2) Eunice Morris		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 12 2018 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED]	
		City, State, Zip Code Willingboro, NJ 08046				Name of Contact Eunice Morris	
				Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Morris Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address [REDACTED]							
City (5) Willingboro			Square Feet 1,400	# of Floors 2	Bldg. Age 70		
County (6) Burlington			County Code (7) (STATE USE ONLY)				
Name of Monitoring Firm Management & Environmental Consulting Services			Name of Abatement Contractor (9) Shade Environmental, LLC				
Street Address PO Box 341			Street Address 623 Cutler Avenue				
City, State, Zip Code Chesterfield, NJ 0815			City, State, Zip Code Maple Shade, NJ 08052				
Project Manager for Monitoring Firm Bill Weisgarber			Telephone No. 609-298-4070		License No. 00842		
Start Date (10) 12 / 15 / 18			Scheduled Completion Date (11) 12 / 18 / 18		Name of OSHA Monitor EMSL Analytical, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM			Street Address 200 Route 130 North				
			City, State, Zip Code Cinnaminson, NJ 08077				
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
		Yes No N/A		Amount (Specify SF or LF)			
Living Room and Hallway		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor Tile and Mastic			
		<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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill		
City, State Freehold, NJ		Disposal Date 12/18/2018		City, State Morrisville, PA			
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 	Date 12/12/18		

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



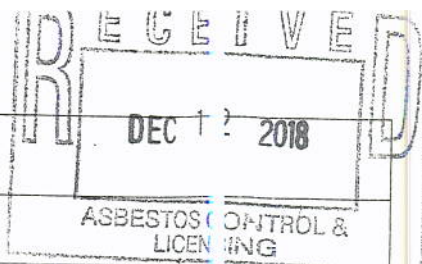
CL 5305

PAID

Date of Notification (1) 12 / 06 / 18		Name of Building Owner/Operator (2) Sultan Babar							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Carteret, NJ 07008							
	Name of Contact Sultan Babar		Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Carteret	Square Feet 3,000	# of Floors 3	Bldg. Age 70						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Management & Environmental Consulting Services	Hired by Building Owner (8) ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341	Street Address 623 Cutler Avenue								
City, State, Zip Code Chesterfield, NJ 08515	City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 12 / 15 / 18	Scheduled Completion Date (11) 12 / 18 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM	Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No				N/A			
Lower Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	320 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill						
City, State Freehold, NJ	Disposal Date 12/18/2018	City, State Morrisville, PA							
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 12/21/18						

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

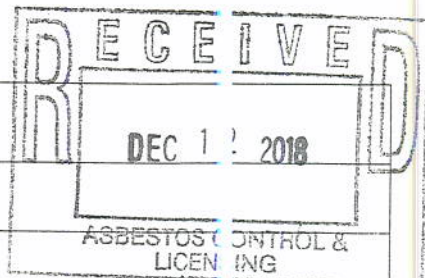


Date of Notification (1) 12 / 05 / 18		Name of Building Owner/Operator (2) Bellmawr Borough Board of Education		Street Address 256 Anderson Avenue		City, State, Zip Code Bellmawr, NJ 08031		Name of Contact Glen Cook		Telephone Number 856-912-0257	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Ethel M. Burke Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		Square Feet 50,000		# of Floors 2		Edg. Age 90			
Street Address 112 S. Black Horse Pike		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
City (5) Bellmawr		County (6) Camden		Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		ASCM No. 00073		Name of Abatement Contractor (9) Shade Environmental, LLC			
Street Address PO Box 316		City, State, Zip Code Thorofare, NJ 08086		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052		Telephone No. 856-755-0099		License No. 00842	
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800		Name of OSHA Monitor EMSL Analytical, Inc.		Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077			
Start Date (10) 12 / 21 / 18		Scheduled Completion Date (11) 12 / 29 / 18		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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			
1st Floor Boy's Restroom		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Ceramic Wall Tile Grout		300 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10		Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 12/29/2018		City, State Morrisville, PA							
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 12/5/18					

CK5311

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



Date of Notification (1) 12 / 05 / 18		Name of Building Owner/Operator (2) Bellmawr Borough Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 256 Anderson Avenue		City, State, Zip Code Bellmawr, NJ 08031	
Name of Contact Glen Cook		Telephone Number 856-912-0257	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ethel M. Burke Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 112 S. Black Horse Pike		Square Feet 50,000	
City (5) Bellmawr		# of Floors 2	
County (6) Camden		Edg. Age 90	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group, Inc.		ASCM No. 00073	
Name of Abatement Contractor (9) Shade Environmental, LLC		Street Address 623 Cutler Avenue	
Street Address PO Box 316		City, State, Zip Code Maple Shade, NJ 08052	
City, State, Zip Code Thorofare, NJ 08086		Telephone No. 856-755-0099	
Project Manager for Monitoring Firm Steve Flanigan		License No. 00842	
Start Date (10) 12 / 21 / 18		Scheduled Completion Date (11) 12 / 29 / 18	
Name of OSHA Monitor EMSL Analytical, Inc.		Street Address 200 Route 130 North	
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		City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Rooms 11, 12, 13, and 16		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Floor Tile and Mastic		3,000 SF	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	
City, State Freehold, NJ		Cubic Yards of Waste 20	
Name of Registered Landfill Fairless Landfill		Disposal Date 12/29/2018	
City, State Morrisville, PA		Date 12/5/18	
Completed By (Print or Type) Christina Lynch		Signature 	
Title Vice President of Operations		Date 12/5/18	

CK 7100

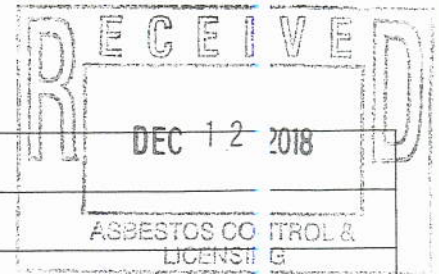
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
DEC 12 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/5/18		Name of Building Owner/Operator (2) Dennis Martin Private Home		Street Address [REDACTED]		City, State, Zip Code Haddon Township NJ 08108		Name of Contact Bob		Telephone Number [REDACTED]	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Dennis Martin Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]				Square Feet 1000+		# of Floors 2		Bldg. Age 35		Current Use (Prior if being demolished)	
City (5) Haddon Township NJ 08108		County (6) Camden		County Code (7) (STATE USE ONLY)		Name of Monitoring Firm Hired by Building Owner (8) N/A					
Street Address				ASCN No.		Name of Abatement Contractor (9) Pernaco Inc.					
City, State, Zip Code				Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091		Telephone No. 856-753-9800			
Project Manager for Monitoring Firm				Telephone No.		License No. 00727		Name of OSHA Monitor Same			
Start Date (10) 12/15/18		Scheduled Completion Date (11) 12/21/18		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement type			
		Yes No N/A						Removal Encapsulate Enclosure			
Basement				Floor Tile		1000 SF		x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ				Disposal Date 12/21/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature [Signature]		Date 12/5/18					

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



CK 2949

PAID

Date of Notification (1) 12/5/2018		Name of Building Owner / Operator (2) Drew University	
Agencies Notified	Type Notification	Street Address 36 Madison Ave	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Madison, NJ	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Barry O'Connor	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 845-422-347	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

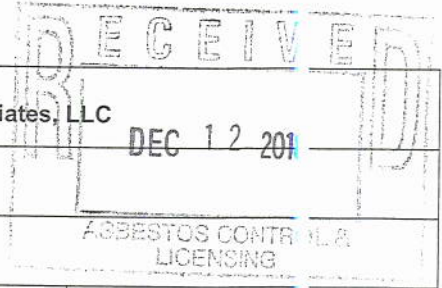
Name of Facility Where Abatement is Taking Place (3) Drew University - Riker Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 36 Madison Ave		Square Feet 27,144	# of Floors 4
City (5) Madison, NJ		County (6) Warren	County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) Enviro Vision		ASCM No. 	Name of Abatement Contractor (9) Resource Management Group, LLC
20-21 Wagaraw Rd Building 35E		Mailing: PO Box 373	
Fairlawn, NJ		Lumberton, NJ 08048	
Project Manager for Monitoring Firm Mr. Fred Larsen	Telephone Number 973-568-3638	Telephone Number 609-977-6159	License Number 01185
Scheduled Start Date (10) 12/18/2018	Scheduled Completion Date (11) 12/20/2018	Name of OSHA Monitor J&S Environmental Laboratories 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 during Normal Hours Describe: 8:30am - 5:30pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
3 rd Floor Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe & associated insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 35218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature <i>[Signature]</i>	Date 12/5/2018

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



NOCK

Date of Notification (1) 12 / 18		Name of Building Owner/Operator (2) Beaver Brook Urban Renewal Associates, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5 Powell Lane
			City, State, Zip Code Collingswood, NJ 08108
	Name of Contact Geoffrey Long		Telephone Number 856-662-1730
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 70 Beaver Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 70 Beaver Ave		Square Feet 6600	# of Floors 2
City (5) Clinton		Bldg. Age 10	
County (6) Hunterdon		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.	
Street Address PO Box 11645		Street Address 923 Haws Ave	
City, State, Zip Code Philadelphia, PA 19111		City, State, Zip Code Norristown, PA 19401	
Project Manager for Monitoring Firm Jason Dua		Telephone No. 267-784-4693	License No. 00398
Start Date (10) 12 / 3 / 18		Scheduled Completion Date (11) 12 / 6 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 PM		Name of OSHA Monitor Plymouth Environmental Co., Inc	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation and debris
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fue packing
1st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50
City, State Freehold, NJ		Name of Registered Landfill Fairless Landfill	
Completed By (Print or Type) James M. Kelly		Title Vice President	Signature
		Date 12/6/18	

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

B & G proj. #: 2018-55

EMERGENCY

Check # 9027

Date of Notification (1)

12/10/17

Name of Building Owner/Operator (2)

Christopher & Jaimie Langford

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amendment
☐ Cancellation

Street Address

City, State, Zip Code

Boonton, NJ 07005

Name of Contact

Christopher Langford

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

residence

Street Address

City (5)

Boonton

County (6)

Morris

County Code (7)

(State use only)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Residential

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

ASCM No.
n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

0038

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scheduled Start Date (10)

12/12/2018

Sched. Completion Date (11)

12/13/2018

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:

Scope of Work (check all that apply)

☐ Demolition

☒ >3 sf or >3 lf

☒ Renovation

☐ >160 sf or >260 lf

☒ Full Containment w/negative pressure

☐ Mini-enclosure

☐ Glove bag procedure

☐ Non-frangible procedure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

VAT

Amount (Specify SF or LF)

115 sqft

kitchen

R	R	E	E
a	e	n	n
m	p	c	c
o	a	a	a
v	i	p	p
e	r		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
1.5

Name of Registered Landfill
Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date
12/13/2018

City, State
Pen Argyle, PA

Completed by (Print or Type)
Gordana Luna

Title
Secretary/Treasurer

Signature

Gordana Luna

Date

12/07/2018

OKA027

B & G proj. #: 2018-255

PAID

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

EMERGENCY

Check # 8027 12 018

Date of Notification (1) 11/14/10 17 / 11/18		Name of Building Owner/Operator (2) Christopher & Jaimie Langford		DOL - 10 DAY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code Boonton, NJ 07005			
		Name of Contact Christopher Langford		Telephone Number [REDACTED]	
FACILITY INFORMATION					
Name of facility where abatement is taking place (3) residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than C-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Home, etc.)	
Street Address [REDACTED]				Squard Feet # of Floors log. Age	
City (5) Boonton				County (6) Morris	
County Code (7) (State use only)				Current Use (Prior to being demolished) Residential	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. N/A		Name of Abatement Contractor (9)	
Street Address				B & G Restoration, Inc.	
City, State, Zip Code				Street Address 105 Ryerson Road	
Project Manager for Monitoring Firm		Phone Number		City, State, Zip Code Lincoln Park, NJ 07035	
Scheduled Start Date (10) 12/12/2018		Sched. Completion Date (11) 12/13/2018		Telephone Number (973) 696-8888	
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				License Number 00378	
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> > 1 sf or > 1 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> > 160 sf or > 2260 ft		Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	
Location of asbestos-containing material to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12) Yes No N/A		Description of asbestos-containing material (ACM)	
Kitchen		K		VAT	
Registered Waste Hauler B & G Restoration, Inc.		NJ DEP Hauler ID# 19563		Cubic Yards of Waste 1.5	
City, State Lincoln Park, NJ		Disposal Date 12/13/2018		Name of Registered Landfill Grand Central Landfill	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna	
				Date 12/07/2018	

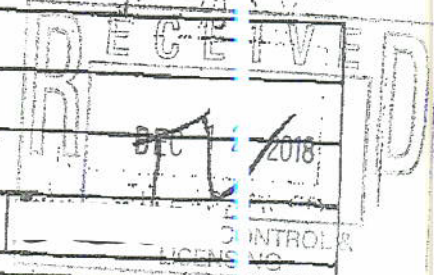
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ASSURED SERVICE

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

CHECK #1762



Date of Notification 11/30/2018		Name of Building Owner/Operator (2) EMILY YOUNG	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility (1) RESIDENTIAL		Facility Information Is Abatement Taking Place (3) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Chapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) CAPE MAY		Squar Feet 2,351	
County (6) CAPE MAY		# of Floors 3	
County Code (7) (STATE USE ONLY)		Bldg. A 80+	
Name of Monitoring Firm ACER ASSOCIATES		Current Use (Prior if being demolished) RESIDENTIAL	
Street Address 1012 INDUSTRIAL DRIVE		Name of Abatement Contractor (8) ASSURED ENVIRONMENTAL SERVICES INC.	
City, State, Zip Code WEST BERLIN NJ 08091		Street Address 570 CLEMISON RUN	
Project Manager for Monitoring Firm MATT DEPALMA		City, State, Zip Code MULLICA HILL NJ 08052	
Start Date (10) 12/03/2018		Telephone No. 610-304-4178	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input checked="" type="checkbox"/> Occupied Outside of Normal Facility Hours Other - Describe: VACANT RESIDENTIAL PROPERTY		License No. 01145	
Scope of Work (Check all That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input type="checkbox"/> 251 to 1000 sq ft <input type="checkbox"/> 1001 to 2500 sq ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Non-encapsulated ("") and Non-Frangible Procedure		Name of OSHA Monitor EMSL	
Location of Material (ACM) TO BE ABATED In Facility (13) CRAWLSPACE		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (A, B, C) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 30 LF	
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJ DEP Waste Hauler ID No. 0034895	
City, State MULLICA HILL NJ		Name of Registered Landfill WINERVA LANDFILL	
Completed by RON SWANSON		Disposal Date 12/04/2018	
Title GENERAL MANAGER		City, State WAYNESSBURG, OH	
Signature [Signature]		Date 11/30/2018	

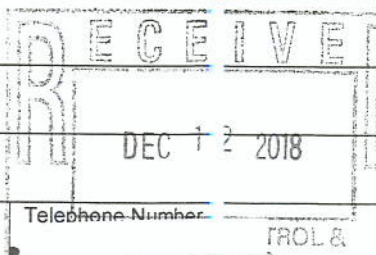
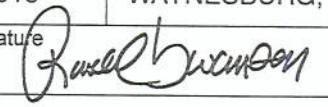
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* Do not use this form for asbestos abatement exempted activities.

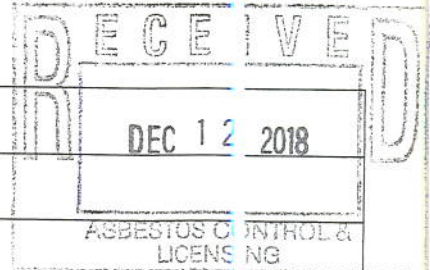
PAID

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

CHECK #1762

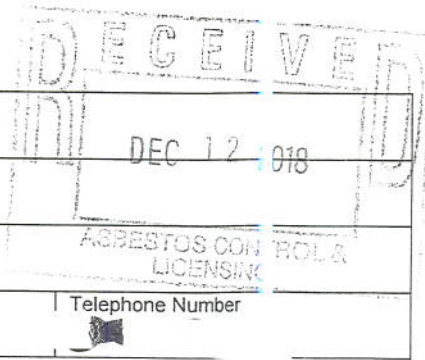
Date of Notification (1) 11/30/2018		Name of Building Owner/Operator (2) EMILY YOUNG			
Agencies Notified		Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code CAPE MAY NJ 08204 Name of Contact EMILY YOUNG Telephone Number			
Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) CAPE MAY			Square Feet 2,352	# of Floors 3	Bldg. Age 0+
County (6) CAPE MAY			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOCIATES		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 1012 INDUSTRIAL DRIVE				Street Address 570 CLEMS RUN	
City, State, Zip Code WEST BERLIN NJ 08091				City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202		Telephone No. 610-304-4676	License No. 01145
Start Date (10) 12/03/2018		Scheduled Completion Date (11) 12/04/2018		Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)				Street Address 200 RT. 130 NORTH	
<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: VACANT RESIDENTIAL PROPERTY				City, State, Zip Code CINNAMINSON NJ 08077	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
CRAWLSPACE				PIPE INSULATION 30 LF	
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 06	Name of Registered Landfill MINERVA LANDFILL
City, State MULLICA HILL NJ		Disposal Date 12/04/2018		City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 	Date 11/30/2018

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

PAID

Date of Notification (1) 12/07/18		Name of Building Owner/Operator (2) Mendham Associates					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 17 West Cliff Street		City, State, Zip Code Somerville, NJ 08876					
Name of Contact Karl Orth		Telephone Number 732-389-0202x400					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Office Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 33 East Washington Avenue		Square Feet N/A	# of Floors N/A				
City (5) Washington		Bldg N/A	Age N/A				
County (6) Warren		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office Building				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.				
Street Address		Street Address 11 Rosengren Avenue					
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512					
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. _____ 973-345-8685				
Start Date (10) 12/17/2018		Scheduled Completion Date (11) 12/18/2018	License No. _____ 01311				
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: Occupied		Name of OSHA Monitor D&S Abatement, Inc.					
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 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			
				Removal	Repair	Encapsulate	Enclosure
Stairs basement to 2nd floor	Yes No N/A X	VAT	250 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA			
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA			
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 12/07/2018			

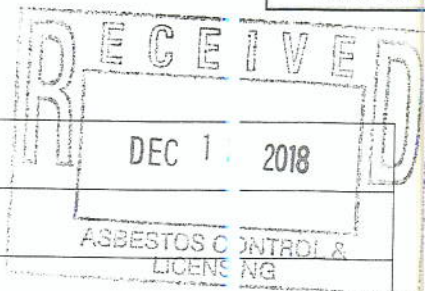
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



MO2551243213 PAID

Date of Notification (1) 12/07/18		Name of Building Owner/Operator (2) Mark Joosten	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) House		Street Address City, State, Zip Code Haledon, NJ 07508 Name of Contact Mark Joosten	
Street Address		Telephone Number	
FACILITY INFORMATION			
City (5) Haledon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Passaic		Square Feet N/A	# of Floors N/A
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House	
Name of Monitoring Firm N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685
Start Date (10) 12/17/2018		Scheduled Completion Date (11) 12/18/2018	License No. 01311
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: Occupied		Name of OSHA Monitor D&S Abatement, Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation Amount (Specify SF or LF) 30 LF
			Abatement Type Removal Repair Encapsulate Enclosure X
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD
City, State Totowa, NJ		Name of Registered Landfill Waste Management of PA	
Completed by Oliver Hegedis		Title Project Manager	Signature Date 12/07/2018

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



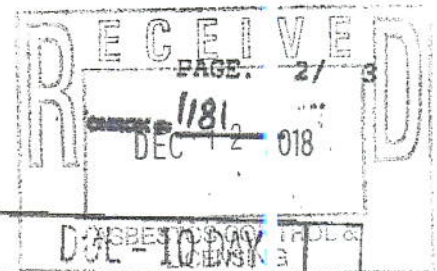
Date of Notification (1) 12/06/2018		Name of Building Owner/Operator (2) College of Saint Elizabeth																									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Convent Road City, State, Zip Code Morristown, NJ 07960 Name of Contact Steve Iacovo Telephone Number 973-290-4000																									
FACILITY INFORMATION																											
Name of Facility Where Abatement is Taking Place (3) O'Connor Hall Street Address 2 Convent Road City (5) Morristown County (6) Morris		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 71,130 # of Floors 5 Bldg. Age 92 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) College																									
Name of Monitoring Firm Hired by Building Owner (8) Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road City, State, Zip Code Fair Lawn, NJ 07410 Project Manager for Monitoring Firm Fred Larson Start Date (10) 12/20/2018		ASCM No. 00079 Name of Abatement Contractor (9) United Safety LLC Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035 Telephone No. 973-636-9145 Telephone No. 973-276-0099 License No. 01317 Scheduled Completion Date (11) 12/29/2018 Name of OSHA Monitor United Safety LLC																									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 22 Troy Lane City, State, Zip Code Lincoln Park, NJ 07035																									
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) See Attached	Amount (Specify SF or LF) 	Abatement Type <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Removal</td> <td style="width:25%;">Repair</td> <td style="width:25%;">Encapsulate</td> <td style="width:25%;">Enclosure</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Removal	Repair	Encapsulate	Enclosure																
	Removal	Repair	Encapsulate	Enclosure																							
Name of Registered Waste Hauler United Safety LLC City, State Lincoln Park, NJ		NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste TBD Disposal Date TBD	Name of Registered Landfill Grows Landfill City, State Tullytown, PA																							
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 12/06/2018																					



Location of Asbestos-Containing Material (ACM) TO BE ABATED 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	Encapsulation	Enclosure
Basement Hallway outside Main Electrical Room & Adjacent to Elevator Room		X		Pipe Insulation	9 LF	X			
Basement Hallway outside Trunk Room		X		Pipe Insulation	3 LF	X			
Basement Laundry Room Lounge		X		Pipe Insulation	130 LF	X			
Basement Hallway outside Laundry Room Lounge		X		Pipe Insulation	5 LF	X			
Basement Hallway outside Gender Neutral Bathroom		X		Pipe Insulation	30 LF	X			
Basement Hallway outside Class 1956		X		Pipe Insulation	40 LF	X			
Basement Trash Room	X			Pipe Insulation	80 LF	X			

Dec.07.2018 09:10 AM A. Mac Contracting

201262(321



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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:26 and 17:27)

Date of Notification (1) 12/07/18		Name of Building Owner/Operator (2) MOLFETTA CORP.		Telephone Number 201-617-0116									
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code NORTH BELLER, N.J. 07047									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL		Street Address 1015 TOWNELE AVE		Name of Contact CHRISTINE GOLA									
Street Address 256 PEEK ST		City (5) MONTCLAIR		County (6) ESSEX									
County Code (7) 1750		Current Use (8) RECREATIONAL		Type of Facility (9) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Suburban or 6 (Other than K-12) <input type="checkbox"/> Other (e.g., private & commercial buildings, homes, etc.)									
Name of Monitoring Firm Hired by Building Owner (8) A.MAC CONTRACTING INC.		Street Address 188 Vreeland Ave		City, State, Zip Code Midland Park, NJ 07432									
Street Address		Telephone No. 201-262-5841		License No. 00169									
City, State, Zip Code		Name of OSHA Monitoring Firm Omega Environmental Services Inc.		Street Address 280 Huyler Street									
Project Manager for Monitoring Firm Telephone No.		City, State, Zip Code Hackensack, NJ 07601		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									
Start Date (10) 12/07/18		Scheduled Completion Date (11) 12/30/18		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 30 sf or less if >150 sf or >250 sf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
Location of Asbestos-Containing Material TO BE ABATED In Facility (13) EXTERNAL		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		Yes	No	N/A			<input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (e.g., thermal systems insulation, surfacing, VAT, or other miscellaneous) ROOF			
Yes	No	N/A											
		<input checked="" type="checkbox"/>											
Amount (Specify SF or Lb) 9,600 SF		Abatement Type <table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulation</th> <th>Enclosure</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>		Removal	Repair	Encapsulation	Enclosure	<input checked="" type="checkbox"/>				Name of Registered Waste Handler Newark Carting Inc.	
Removal	Repair	Encapsulation	Enclosure										
<input checked="" type="checkbox"/>													
City, State Newark, NJ 07106		NJDEP Waste Handler ID No. 04509		Cubic Yards of Waste 80									
Completed by Joseph Vocatura		Title Vice President		Signature J. Vocatura									
Date 12/07/18		City, State, Zip Code PA 08702		Grand Central Sanitary Landfill									

A88-11 (R-08-08)

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

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

10569

Date of Notification (1) 12-6-18		Name of Building Owner/Operator (2) Mark Franchi Demolition	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 348 Hurffville-Greenloc		City, State, Zip Code Sewell NJ 08080	
Name of Contact Mark Franchi		Telephone Number 856-820-295	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Singc Family Dwelling		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 1	
City (5) Deptford Twp., NJ 08096		# of Floors 1	
County (6) Gloucester		Current Use (Prior if being demolished) Single family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Telephone No. 609 758-3365		Telephone No. 609 758-3365	
Start Date (10) 12-19-18		License No. 00394	
Scheduled Completion Date (11) 12-28-18		Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 33 sf or ≥ 33 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		City, State, Zip Code New Egypt NJ 08533	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
exterior Wall		X Siding Shingles	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	
City, State New Egypt NJ		Cubic Yards of Waste 8	
Name of Registered Landfill Waste Management of PA		City, State Morrisville PA	
Disposal Date by 12/28/18		Signature Steve Schenker	
Completed by Steve Schenker		Title President	
Date 12-6-18			

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

Check
#10572

Date of Notification (1) 12-6-18		Name of Building Owner/Operator (2) RMG, Regency Management Group Inc	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address P.O. Box 588		City, State, Zip Code Howell NJ 07731	
Name of Contact Holly Foley		Telephone Number 732 364 9000	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Arbor Terrace Condominium Assoc.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 735 Green Ave		Square Feet 2	
City (5) Long Branch NJ 07740		# of Floors 2	
County (6) Monmouth		Current Use (Prior if being demolished) 60+	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Telephone No. 609 758-3365		Telephone No. 609 758-3365	
Start Date (10) 12-19-18		License No. 00394	
Scheduled Completion Date (11) 12-21-18		Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code New Egypt NJ 08533	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) 3A, 4A Crawl Space		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes X No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation		Amount (Specify SF or LF) 100 LF	
Abatement Type Removal X Repair Encapsulate Enclosure			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	
City, State New Egypt NJ		Cubic Yards of Waste 1	
Disposal Date 12-21-18		Name of Registered Landfill Waste Management of PA	
City, State Morrisville PA			
Completed by Steve Schenker		Signature Steve Schenker	
Title President		Date 12-12-18	

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

Check
10570

Date of Notification (1) 12-6-18		Name of Building Owner/Operator (2) Mark Franchi Demolition					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 348 Hurffville-Greenock Rd					
		City, State, Zip Code Sewell NJ 08080					
		Name of Contact Mark Franchi	Telephone Number 856-820-0295				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 2	# of Floors 2				
City (5) Paulsboro NJ 08066		Bldg. Age 70+-					
County (6) Gloucester		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family dwelling				
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc				
Street Address P.O. Box 337		Street Address P.O. Box 337					
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533					
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394				
Start Date (10) 12-19-18		Scheduled Completion Date (11) 12-28-18					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor EPC Technologies Inc					
		Street Address P.O. Box 337					
		City, State, Zip Code New Egypt NJ 08533					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥26 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			
				Removal	Repair	Encapsulate	Enclosure
Exterior Wall	Yes No N/A	Siding Shingles	1500 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 8	Name of Registered Landfill Waste Management of PA			
City, State New Egypt NJ		Disposal Date by 12/28/18		City, State Morrisville PA			
Completed by Steve Schenker		Title President	Signature Steve Schenker	Date 12/16/18			

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

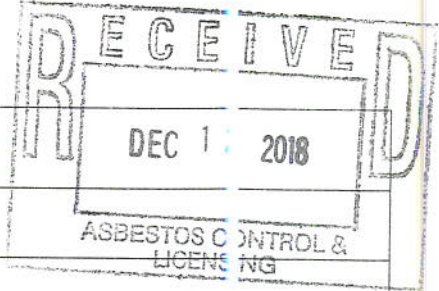
Check # 105-1

Date of Notification (1) 12-6-18		Name of Building Owner/Operator (2) Mark Franchi Demolition	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 348 Hueffville-Grenloch DR		City, State, Zip Code Sewell NJ 08080	
Name of Contact Mark Franchi		Telephone Number 856-820-0295	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet [REDACTED]	
City (5) Paulsboro NJ 08066		# of Floors 1	
County (6) Gloucester		Current Use (Prior if being demolished) Single Family Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Telephone No. 609 758-3365		Telephone No. 609 758-3365	
Start Date (10) 12-19-18		License No. 00394	
Scheduled Completion Date (11) 12-28-18		Name of OSHA Monitor EPC Technologies Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Street Address P.O. Box 337	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> 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		City, State, Zip Code New Egypt NJ 08533	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12) exterior Wall A		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding Shingles		Amount (Specify SF or LF) 200 SF	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	
City, State New Egypt NJ		Cubic Yards of Waste 1	
Name of Registered Landfill Waste Management of PA		City, State Morningsville PA	
Completed by Steve Schenker		Signature Steve Schenker	
Title President		Date 12-6-18	

069146

PAID

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



Date of Notification (1) 12 / 04 / 18		Name of Building Owner/Operator (2) Irvington Housing Authority								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address 121 Union Avenue City, State, Zip Code Irvington, NJ 07111		Name of Contact Sharon Telephone Number 862-224-9719								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Irvington Housing Authority		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 121 Union Avenue		Square Feet 30 linear # of Floors n/a Bldg. Age 108								
City (5) Irvington		County Code (7) (STATE USE ONLY)								
County (6) Essex		Current Use (Prior if being demolished) Residential								
Name of Monitoring Firm Hired by Building Owner (8) A.E.S.L.		ASCM No. 0021								
Street Address 2200 Patterson Plank Rd, Unit 7		Name of Abatement Contractor (9) CPR Environmental Service								
City, State, Zip Code North Bergen, NJ 07047		Street Address 8421 Hegerman Street								
Project Manager for Monitoring Firm Carmelo Altamonte		City, State, Zip Code Philadelphia, PA 19136								
Telephone No. 201-647-4056		Telephone No. 215-333-5117								
Start Date (10) 12 / 05 / 18		License No. 01328								
Scheduled Completion Date (11) 12 / 07 / 18		Name of OSHA Monitor A.E.S.L.								
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 220 Patterson Plank Rd, Unit 7								
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure	
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<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"/>	
Outside in ground		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermal systems insulation/wrap and cut	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste Services		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste		Name of Registered Landfill Waste Management				
City, State Elizabeth, NJ		Disposal Date		City, State Bristol, PA						
Completed By (Print or Type) Anthony Jones		Title Project Manager		Signature Anthony Jones		Date 12/04/2018				

CK # 4694

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

RECEIVED
DEC 12 2018

Date of Notification (1) 12-4-18		Name of Building Owner/Operator (2) I.W.R. CONSTRUCTION				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
Street Address P.O. BOX 36		City, State, Zip Code MOORESTOWN N.J. 08057				
Name of Contact MIKE		Telephone Number _____				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet # of Floors Bldg Age 1500 1 52+				
City (5) OCCAW CITY		Current Use (Prior if being demolished) VACANT				
County (6) CAPE MAY		County Code (7) (STATE USE ONLY) _____				
Name of Monitoring Firm (8) N/A		Name of Abatement Contractor (9) KLEMCO INC.				
Street Address _____		Street Address 369 S. SPRUCE AVE				
City, State, Zip Code _____		City, State, Zip Code MAPLE SHADE N.J. 08052				
Project Manager for Monitoring Firm _____		Telephone No. 856-779-0472				
Telephone No. _____		License No. 01371				
Start Date (10) 12-14-18		Scheduled Completion Date (11) 12-24-18				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor N/A				
Street Address _____		City, State, Zip Code _____				
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) 2250 SF	Abatement type		
				Removal	Encapsulate	Enclosure
SIDING	X	TRANSITE	2250 SF	X		
Name of Registered Waste Hauler KLEMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3	Name of Registered Landfill C.M.C M.U. 1		
City, State MAPLE SHADE N.J.		Disposal Date _____	City, State WOODBINE			
Completed By MICHAEL KLEMM		Title SUP.	Signature [Signature]		Date 12-4-18	

CKH 41694

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

RECEIVED
DEC 12 2018

Date of Notification (1) <u>12-4-18</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>							
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>							
		Name of Contact <u>BRUCE</u>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <u>OCEAN CITY</u>	Square Feet <u>2000</u>	# of Floors <u>2</u>	Building Age <u>50+</u>						
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>							
Street Address		Street Address <u>369 S SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>						
Start Date (10) <u>12-14-18</u>	Scheduled Completion Date (11) <u>12-24-18</u>	Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 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 IN FACILITY</u> (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>5000 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulation	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>5000 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A</u>						
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>						
Completed By <u>MICHAEL K...</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>12-4-18</u>						

PAID

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

check
10508

Date of Notification (1) 12-6-18		Name of Building Owner/Operator (2) LAROSA Contracting	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 Sky High Terrace City, State, Zip Code Bridge water NJ 08807 Name of Contact 908 229 762
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2 # of Floors 1 Age 10+	
City (5) Bridge water NJ 08807		County Code (7) (STATE USE ONLY) Somerset	
County (6) Somerset		Current Use (Prior if being demolished) Single family Dwelling	
Name of Monitoring Firm EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc	
Street Address P.O. Box 337		Street Address P.O. Box 337	
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533	
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	
Start Date (10) 12-18-18		Scheduled Completion Date (11) 12-21-18	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies Inc	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address P.O. Box 337	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code New Egypt NJ 08533	
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)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement/Crawlspace		Amount (Specify SF or LF) 150 LF	
Abatement Type Removal Encapsulate Enclosure		Abatement Type Removal Encapsulate Enclosure	
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	
City, State New Egypt NJ		Cubic Yards of Waste 2	
Completed by Steve Schenker		Disposal Date 12/21/18	
Title President		Name of Registered Landfill Waste Management of PA	
Signature Steve Schenker		City, State Morrisville PA	
Date 12-18-18		Date 12-18-18	

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

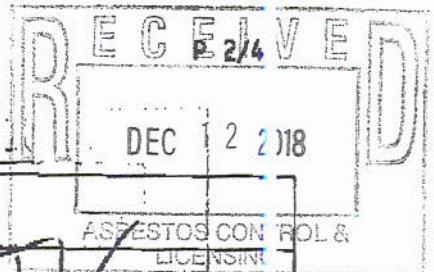
check # 0022

Date of Notification (1) 12 / 11 / 8		Name of Building Owner / Operator (2) D&R HOBOKEN, LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 570 COMMERCE BLVD		City, State, Zip Code CARLSTADT, NJ 07072	
Name of Contact NICHOLAS DINALLO		Telephone Number 201-487-5657	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) 414 JEFFERSON STREET		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)	
Street Address 414 JEFFERSON STREET		Square Feet 2,500	
City (5) HOBOKEN		# Of Floors 3	
County (6) HUDSON		Building Age 4 +	
County Code (7)		Current Use (Prior if being demolished) RESIDENCE/HOUSE	
Name of Monitoring Firm AET		Hired by Bldg. Owner (8) ASCM NO	
Street Address 907 Doolittle Drive		NORTHSTAR CONTRACTING GROUP, INC.	
City, State, Zip Code Bridgewater, NJ 08807		Street Address 32 Williams Parkway	
Project Mngr. For Monitoring Firm Eric Southerland		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 610-891-0114		Telephone Number 973-884-8682	
Sched. Start Date (10) 12 / 21 / 8		Sched. Completion Date (11) 01 / 31 / 19	
License Number 00860		License Number 00860	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: 8:00AM - 4:30PM MON-FRI		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.	
Street Address 32 Williams Parkway		Street Address 32 Williams Parkway	
City, State, Zip Code East Hanover, NJ 07936		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply) <input type="checkbox"/> Demolition <input type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos Containing TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	
Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type R E N C E M P A O P A I V A I R A L R S U L C L O S U R			
ROOF		ROOF & FLASHING 2,500 SF	
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No.	
City, State EAST HANOVER, NJ 07936		Cubic Yards of Waste	
Disposal Date		Name of Registered Landfill FAIRLESS LANDFILL	
City, State MORRISVILLE, PA 10967			
Completed by (Print or Type) Steve Stiles		Title Project Manager	
Signature Steve Stiles		Date 12/11/18	

2018-12-04 15:19

Shade Environmental 1 >> 609 633 0664

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

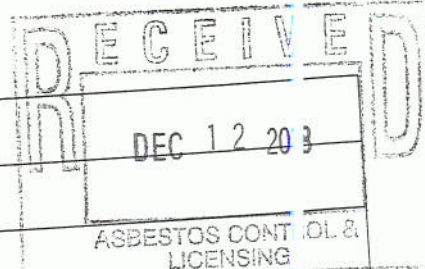


Date of Notification (1) 12 / 04 / 18		Name of Building Owner/Operator (2) Denise Heeter																																																				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation																																																				
Name of Facility Where Abatement is Taking Place (3) Heeter Residence Street Address [REDACTED] City (5) Glendora County (6) Camden		Street Address [REDACTED] City, State, Zip Code Glendora, NJ 08029 Name of Contact Denise Heeter Telephone Number [REDACTED]																																																				
FACILITY INFORMATION																																																						
Name of Facility Where Abatement is Taking Place (3) Heeter Residence Street Address [REDACTED] City (5) Glendora County (6) Camden		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 and commercial buildings, homes, etc.) Square Feet 1,800 # of Floors 3 Bldg. Age 60																																																				
Name of Monitoring Firm Management & Environmental Consulting Services Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Welsgarber Start Date (10) 12 / 08 / 18 Scheduled Completion Date (11) 12 / 10 / 18		Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052 Telephone No. 856-755-0099 License No. 00842 Name of OSHA Monitor EMSL Analytical, Inc.																																																				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077																																																				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure																																																						
<table border="1"> <thead> <tr> <th rowspan="2">Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th> <th colspan="3">Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th> <th rowspan="2">Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th> <th rowspan="2">Amount (Specify SF or LF)</th> <th colspan="3">Abatement Type</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> </tr> </thead> <tbody> <tr> <td>Bathroom</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Floor Tile and Mastic</td> <td>24 SF</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Family Room</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Floor Tile and Mastic</td> <td>78 SF</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				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	Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	78 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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																																														
Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
Family Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	78 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																														
Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ		NJDEP Waste Hauler ID No. 16638 Cubic Yards of Waste 1 Disposal Date 12/10/2018 Name of Registered Landfill Fairbairns Landfill City, State Morrisville, PA																																																				
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations Signature [Signature] Date 12/4/18																																																				

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* 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)



CK 3296
Date of Notification (1)
12/15/18

Check # 3296

Name of Building Owner/Operator (2)
St. Joseph Church/High Point School

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

Type Notification

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

Street Address
40 Spring St.

City, State, Zip Code
Lodi, NJ, 07644

Name of Contact
Steve

Telephone Number
618-292-0773

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
High Point School

Street Address
40 Spring St.

City (5)
Lodi

County (6)
Bergen

Name of Monitoring Firm Hired by Building Owner (8)
N/A

Street Address
N/A

City, State, Zip Code
N/A

Project Manager for Monitoring Firm
N/A

Start Date (10)
12/15/18

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 12:30 pm

Scope of Work (Check All that Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

Basement

X

ACM Elbows & Pipe Insulation

3 LF

X

Name of Registered Waste Hauler
Tri-State Transfer Associates

NJDEP Waste Hauler ID No.
19551

Cubic Yards of Waste
TBD

Name of Registered Landfill
Minerva Enterprise

City, State
Bronx, NY

Disposal Date
TBD

City, State
Waynesburg, OH

Completed by
Michael Fajardo

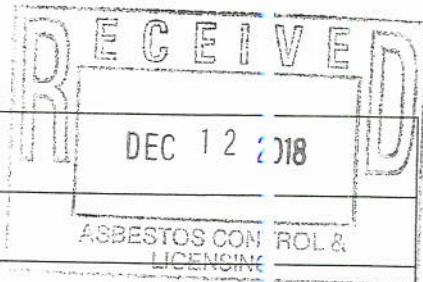
Title
Office Clerk

Signature

Date
12/01/18

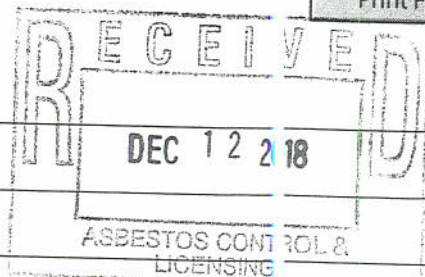
* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) <u>11</u> / <u>9</u> / <u>18</u>		Name of Building Owner/Operator (2) Verizon New Jersey Inc					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-12/5/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery St City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Telephone Number 412-633-4021					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Verizon Turnersville Work 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 and commercial buildings, homes, etc.)					
Street Address 132 Jarvis Road		Square Feet +10,000					
City (5) Sicklerville		# of Floors 1					
County (6) Camden		Bldg. Age 50					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218					
Start Date (10) <u>ON HOLD</u>		Scheduled Completion Date (11) <u>ON HOLD</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00</u> AM - <u>2:00</u> PM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
		<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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Work Center Hallway	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Center Office	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA	Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 12-5-18				

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

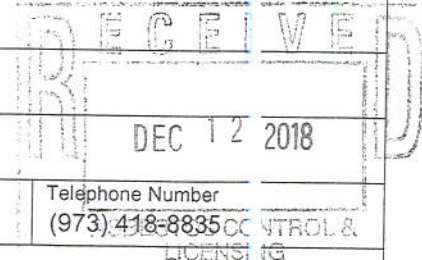


Date of Notification (1) 12/05/18		Name of Building Owner/Operator (2) Jack Pingitore		Street Address [REDACTED]		City, State, Zip Code Red Bank, NJ		Name of Contact Jack Pingitore		Telephone Number	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) [REDACTED]				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]				Square Feet				# of Floors		Bldg. Age	
City (5) Red Bank				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)			
County (6) Monmouth				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 LAKEWOOD, NJ 08701			
City, State, Zip Code				Telephone No. 732-668-9078				License No. 1200			
Project Manager for Monitoring Firm				Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Start Date (10) 12/16/18				Scheduled Completion Date (11) 12/19/18							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				Street Address 6 WHITE DOVE COURT				City, State, Zip Code LAKEWOOD, NJ 08701			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A						Removal Encapsulate Enclosure			
EXTERIOR				PIPE INSULATION		210LF		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 12/19/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 12/05/18					

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

Check 18326

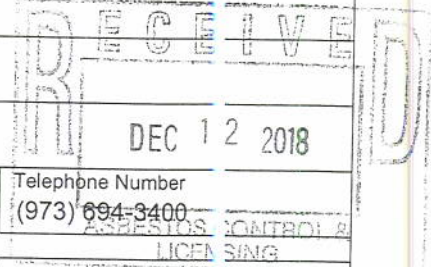


Date of Notification (1) 12/5/18		Name of Building Owner/Operator (2) Thunder Contracting LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) house		Street Address 253 Boulevard, Unit 3	
Street Address [REDACTED]		City, State, Zip Code Hasbrouck Heights NJ 07604	
City (5) Union		Name of Contact Walter Duval	
County (6) Union		Telephone Number (973) 418-8835	
Name of Monitoring Firm Hired by Building Owner (8)		FACILITY INFORMATION	
Street Address		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City, State, Zip Code		Square Feet 2200	
Project Manager for Monitoring Firm		# of Floors 2	
Start Date (10) 12/14/18		Bldg Age 65	
Scheduled Completion Date (11) 12/23/19		Current Use (Prior if being demolished) home	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of Abatement Contractor (9) ABS Environmental Services, LLC	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 4 E Gate Drive, PO Box 483	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code Glenwood, NJ 07418	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Telephone No. 973-764-2276	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		License No. 703	
Amount (Specify SF or LF)		Name of OSHA Monitor	
Abatement type Removal Repair Encapsulate Enclosure		Street Address	
kitchen		City, State, Zip Code	
rear den			
basement			
front porch			
Name of Registered Waste Hauler Tony's Cleanup & Hauling		NJDEP Waste Hauler ID No.	
City, State Bridgewater NJ		Cubic Yards of Waste TBD	
Completed by A. Scott Higgins		Disposal Date TBD	
Title President		Signature [Signature]	
		Date 12/5/18	
		Name of Registered Landfill Chrin Brothers Sanitary Landfill	
		City, State Easton PA	

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

Check 18324



Date of Notification (1) 12/5/18		Name of Building Owner/Operator (2) Pastor Parisi/Immaculate Heart of Mary	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 588 County Rd 504		City, State, Zip Code Wayne NJ 07470	
Name of Contact Pastor Parisi		Telephone Number (973) 694-3400	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Immaculate Heart of Mary		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 580 Ratzer Road		Square Feet 3200	
City (5) Wayne		# of Floors 2	
County (6) Passaic		Bldg. Age 75	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) church	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) 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	
Start Date (10) 12/18/18		License No. 703	
Scheduled Completion Date (11) 1/18/19		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>as above</u>		Street Address	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Rectory - garage, storage, boiler rooms		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) pipe fittings		Amount (Specify SF or LF) 50 SF	
Abatement Type Removal		Repair Encapsulate Enclosure	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	
Cubic Yards of Waste		Name of Registered Landfill	
City, State		Disposal Date	
City, State		Signature	
Completed by A. Scott Higgins		Date 12/5/18	

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

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Date of Notification (1) 12/4/18		Name of Building Owner/Operator (2) Michael Marrone							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Name of Facility Where Abatement is Taking Place (3) home		Street Address [REDACTED] City, State, Zip Code Secaucus, NJ 07094 Name of Contact Michael Marrone							
Street Address [REDACTED]		FACILITY INFORMATION Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Secaucus	County (6) Hudson	Square Feet 2100 # of Floors 2 Bldg Age 70	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276 License No. 703						
Start Date (10) 12/7/18	Scheduled Completion Date (11) 12/18/18		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
basement			x	floor tile	800 SF	x			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater, NJ		Disposal Date TBD		City, State Easton PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 12/4/18		

Dec.04.2018 09:13 AM A. Mac Contracting

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PAGE: 2/3	check # 1180
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ASBESTOS CONTROL & LICENSING	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:26)

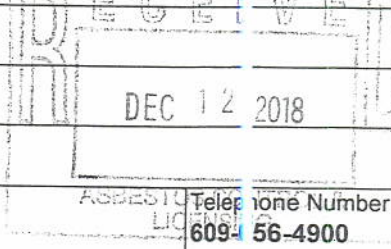
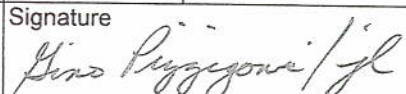
Date of Notification (1) 12/04/18		Name of Building Owner/Operator (2) HEKEMIAN & CO. INC.		Check # 1180	
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Emergency (including jurisdiction) <input type="checkbox"/> Cancellation		Street Address 505 MAIN ST City, State, Zip Code Hackensack, N.J. 07601	
Name of Facility Where Abatement is Taking Place (3) PRECIOUS SHIPPING CENTER		Name of Contact FRANK RECCO FACILITY DESIGNATION		Telephone Number 551-421-8740	
Broad Address 1210 HANOVER TURNPIKE		Type of Facility <input type="checkbox"/> School <input checked="" type="checkbox"/> Substructure <input type="checkbox"/> Other (specify)		City (4) 07-123 Other 5 (Other than K-12) i.e. private & commercial buildings, homes, etc.	
City (5) WALLINGFORD		Square Feet 70,000		# of Floors 4	
County (6) PASSAIC		County Code (7) (STATE USE ONLY)		Est. Age 450	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		(Prior to being demolished) 041412121	
Street Address		Name of Abatement Contractor (9)		Contractor (9)	
City, State, Zip Code		Street Address 185 Vreeland		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No. 201-262-5841		License No. 00186	
Start Date (10) 12/04/18		Scheduled Completion Date (11) 12/15/18		Name of OSHA Monitor Omega Enviro	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated <input checked="" type="checkbox"/> Abatement Performed Other - Describe:		During Entire Period of Abatement Outside of Normal Facility Hours		Street Address 280 Huyler St	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 33 or of 23 M <input type="checkbox"/> 1160 or 2290 W		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Hackensack, NJ 07605	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) STORE A 26/27		Is Location Normally Used Exclusively by Maintenance/Construction Staff? (12) Yes No NA		Description of Asbestos-Containing Material (ACM) (e.g., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
				Amount (Specify SF or LF) 1800 SF	
				Abatement Type Removal Repair Encapsulate	
Name of Registered Waste Handler Newark Carting Inc.		NJ DEP Waste Handler ID No. 04509		Cubic Yards of Waste 9	
City, State Newark, NJ 07106		Disposal Date 12/4/18 on		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by Joseph Vocaturo		Title Vice President		City, State Lyng, PA 08702	
		Signature J. Vocaturo		Date 12/09/18	

ASB-11 (4-08-08)

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

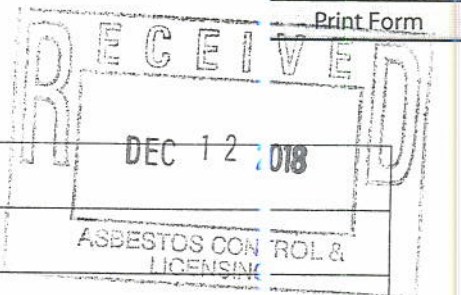
APPROVED - INADVERTENT 1-12-18
STATEMENT NJDOL 12/6/18

NO CK

Date of Notification (1) 12/6/18		Name of Building Owner / Operator (2) Trenton Board of Education			
Agencies Notified	Type of Notification	Street Address 1490 Prospect Street		City, State & Zip Code Trenton, NJ 08638	
<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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Name of Contact Mr. Dwayne Mosley		Telephone Number 609-56-4900	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Grace Dunn		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON FRIABLE <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 401 Dayton Street		Square Feet 60000		# of Floors 3	Bldg. Age 60+
City (5) Trenton		County (6) Mercer	County Code (7)		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.		Name of Abatement Contractor (9) Bristol Environmental, Inc.	
Street Address 120 North Warren Street				Street Address 1123 Beaver Street	
City, State & Zip Code Trenton, NJ 08010				City, State & Zip Code Bristol, PA 19007	
Project Manager for Monitoring Firm Steve Mania		Telephone Number 609-392-4200		Telephone Number (215)788-6040	License Number 00509
Scheduled Start Date (10) 12/6/18		Scheduled Completion Date (11) 12/7/18		Name of OSHA Monitor Bristol Environmental Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 3:00PM – 12:30AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street		City, State & Zip Code Bristol, PA 19007	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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)	
		Yes No N/A			
Rm A-11X		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Nail Crete	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 1 Cu yd	Name of Registered Landfill Fairless Landfill
City, State Bristol, PA				Disposal Date 12/7/18	City, State Morrisville, PA
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature 	Date 12/6/18

GI 18276

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



Date of Notification (1) 12/7/2018		Name of Building Owner/Operator (2) WEST MILFORD PUBLIC SCHOOLS					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 46 HIGHLANDER DRIVE City, State, Zip Code WEST MILFORD, NJ 07480 Name of Contact CHRIS KELLY Telephone Number 973-697-1700		ASBESTOS CONTROL & LICENSING					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MAPLE ROAD SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 36 MAPLE ROAD		Square Feet # of Floors Bldg Age					
City (5) WEST MILFORD		Current Use (Prior if being demolished) PUBLIC SCHOOL					
County (6) PASSAIC		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm ENVIROVISION CONSULTANTS, INC.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address 20-21 WAGARAW ROAD - BLDG 35E		Street Address 11 VREELAND AVENUE					
City, State, Zip Code FAIR LAWN, NJ 07410		City, State, Zip Code TOTOWA, NJ 07512					
Project Manager for Monitoring Firm FRED LARSON		Telephone No. 973-636-9145					
Start Date (10) 12/10/2018		Scheduled Completion Date (11) 12/26/2018					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: START: 3PM		Name of OSHA Monitor SAME AS (9) ABOVE					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type			
				Removal	Repair	Encapsulate	Enclosure
ROOMS 21 - 28	X	FLOOR TILE & MASTIC	6,660 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 35		Name of Registered Landfill WASTE MANAGEMENT G.R. J.W.S.	
City, State CLIFTON, NJ		Disposal Date 12/26/2018		City, State MORRISVILLE, PA			
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 12/7/2018	

12/07/2018 09:35

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

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Priority Form

Date of Notification (1) 12/7/2018		Name of Building Owner/Operator (2) WEST MILFORD PUBLIC SCHOOL	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) MAPLE ROAD SCHOOL		Street Address 46 HIGHLANDER DRIVE	
Street Address 36 MAPLE ROAD		City, State, Zip Code WEST MILFORD, NJ 07480	
City (5) WEST MILFORD		Name of Contact CHRIS KELLY	
County (6) PASSAIC		Telephone Number 973-697-1700	
Name of Monitoring Firm ENVIROVISION CONSULTANTS, INC.		FACILITY INFORMATION Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 20-21 WAGARAW ROAD - BLDG 35E		Square Foot # of Floors Bldg. Age	
City, State, Zip Code FAIR LAWN, NJ 07410		Current Use (Prior if being demolished) PUBLIC SCHOOL	
Project Manager for Monitoring Firm FRED LARSON		Name of Abatement Contractor (8) TWO BROTHERS CONTRACTING, INC.	
Start Date (10) 12/10/2018		Street Address 11 VREELAND AVENUE	
Scheduled Completion Date (11) 12/26/2018		City, State, Zip Code TOTOWA, NJ 07512	
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: START: 3PM		Telephone No. 973-956-8700	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> 2100 sf or 250 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (C) and Non-Friable Procedure		License No. 00484	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12) ROOMS 21-25		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Amount (Specify SF or LF) 6,660 SF	
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		Abatement Type Removal Repair Encapsulate X	
NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 35	
City, State CLIFTON, NJ		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
Disposal Date 12/26/2018		City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	
Signature Viveca Ramos		Date 12/7/2018	

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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 8:40 and 12:12b)

CK 4868

Date of Notification 12/4/18		Name of Building Owner/Operator (2) MR MARK SHILLING	
Agency Notification <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 [REDACTED]		City, State, Zip Code SUMMIT NJ 07901	
Name of Contact R. Kewer		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR MARK SHILLING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other: private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 600	
City (3) SUMMIT		# of Floors 3	
County (6) UNION		Side Acre 192	
County Code (7) UNION		Current Use: Prior if being demolished RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal, Inc.	
Street Address		Street Address 450 South River Street	
City, State, Zip Code		City, State, Zip Code Hackensack, New Jersey 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7414	
Start Date (10) 12/6/18		Scheduled Completion Date (11) 12/7/18	
Occupancy Status during Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 12:00 PM to 5:00 PM		Name of OSHA Monitor Omega Environmental	
Scope of Work (Check All That Apply) <input type="checkbox"/> 25 ft or 25 ft <input checked="" type="checkbox"/> 25 ft or 25 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 280 Huyler Street	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code South Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) in Facility (13) 1 Floor - SUN ROOM		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION	
Amount (Specify SF or LF) 100 LF		Abatement Type Removal X Repair Encapsulate	
1 Floor - SUN ROOM		Amount (Specify SF or LF) 260 SF	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PLASTER		Abatement Type Removal X Repair Encapsulate	
Name of Registered Waste Hauler Best Removal, Inc.		NJDEP Waste Hauler ID No. 17109	
City, State Hackensack, NJ 07601		Cubic Yards of Waste 8 cys	
Name of Registered Landfill Diserva Enterprises, LLC		City, State Waynesburg, OH 44688	
Completed by J. Maiorano		Title Estimator	
Signature J. Maiorano		Date 12/4/18	

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



Date of Notification (1) 12-5-2018		Name of Building Owner/Operator (2) Mondelez International Inc	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 100 Deforest Avenue		City, State, Zip Code East Hanover, NJ 07936	
Name of Facility Where Abatement is Taking Place (3) Commercial		Name of Contact Glenn Stock	
Street Address 100 Deforest Avenue		Telephone Number 732-331-5405	
City (5) East Hanover, NJ 07936		FACILITY INFORMATION	
County (6) Morris		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.)	
Name of Monitoring Firm Hired by Building Owner (8)		Square Feet 100000+	
Street Address		# of Floors 3	
City, State, Zip Code		Edg. Age 44+	
Project Manager for Monitoring Firm		County Code (7) (STATE USE ONLY) _____	
Start Date (10) 12-17-2018		Current Use (Prior if being demolished)	
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 Other - Describe: _____		ASCM No.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Name of Abatement Contractor (9) Green Environmental Services, LLC	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Kitchen 3rd Floor Throughout 3rd Floor		Street Address 235 Virginia Avenue	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code Jersey City, NJ 07304	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Telephone No. 201-333-8855	
Amount (Specify SF or LF)		License No. 01174	
Abatement Type Removal Encapsulate Enclosure		Name of OSHA Monitor Green Environmental Services, LLC	
Name of Registered Waste Hauler Green Environmental Services,		Street Address 235 Virginia Avenue	
NJDEP Waste Hauler ID No. 0034889		City, State, Zip Code Jersey City, NJ 07304	
Cubic Yards of Waste 30		Disposal Date 12-27-2018	
Name of Registered Landfill Fairless Landfill		Signature <i>Liliana Serrano</i>	
City, State Jersey City, NJ		Date 12-5-2018	
Completed by Liliana Serrano		Title Office Manager	

Amendment #5
New # 5192

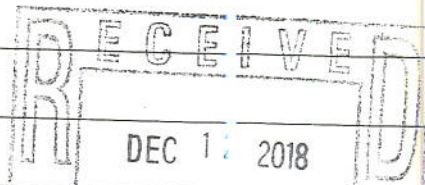
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 11/19/18		Name of Building Owner/Operator (2) Levin Management		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 975 US Hwy 22 East City, State, Zip Code North Plainfield, NJ 07060	
		Name of Contact John		Telephone Number 609 802 2809	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Levin 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 365 Rt 206 Space #14		Square Feet 12,000		# of Floors 2	
City (5) Bridge Water		Bldg. Age 60+			
County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Store front	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co, Inc	
Street Address				Street Address 95 Montrose Rd	
City, State, Zip Code				City, State, Zip Code 1045 Newark, NJ 07102	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732 294 1757	
Start Date (10) 9/5/18		Scheduled Completion Date (11) 11/30/18		License No. 00029	
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: Jam - 4pm		Street Address		Name of OSHA Monitor	
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) upstairs down stairs		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) floor + tile floor tile	
				Amount (Specify SF or LF) 3,000 lb 3,000 lb	
				Abatement Type Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Ace Insulation Co, Inc		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 15	
City, State North Plainfield, NJ 07060		Disposal Date 11/30/18		Name of Registered Landfill Christians Easton, PA	
Completed by Breen G. ...		Title Secretary Treasurer		Signature Breen G. ... Date 11/19/18	

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

Date of Notification (1) 12/06/2018		Name of Building Owner/Operator (2) [REDACTED] Associates Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Street Address [REDACTED]	
City (5) Woodbridge		City, State, Zip Code Woodbridge, NJ 07095	
County (6) Middlesex		Name of Contact Margaret Yarton-Higgins	
Name of Monitoring Firm Iris Environmental Laboratories		Telephone Number [REDACTED]	
Street Address 2333 Route 22 West		FACILITY INFORMATION	
City, State, Zip Code Union, NJ 07083		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.)	
Project Manager for Monitoring Firm Rick Eustaquio		Square Feet 2,474	
Start Date (10) 12/17/2018		# of Floors 2	
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:		Bldg. Age 50+	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Current Use (Prior if being demolished) Residential	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		County Code (7) (STATE USE ONLY)	
2nd Floor Stairs Near Attic		County Code (7) (STATE USE ONLY)	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Name of Abatement Contractor (9) United Safety LLC	
White Joint Compound		Street Address 22 Troy Lane	
Amount (Specify SF or LF) 100 SF		City, State, Zip Code Lincoln Park, NJ 07035	
Abatement Type Removal Repair Encapsulate Enclosure		Telephone No. 973-276-0099	
Name of Registered Waste Hauler United Safety LLC		License No. 01317	
City, State Lincoln Park, NJ		Name of OSHA Monitor United Safety LLC	
Completed by Vanco Petkov		Street Address 22 Troy Lane	
Title Project Manager		City, State, Zip Code Lincoln Park, NJ 07035	
Signature [Signature]		Date 12/06/2018	

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

RECEIVED
DEC 12 2018
ASBESTOS CONTROL & LICENSE

Date of Notification (1)

12 / 5 / 18

Agencies Notified

- ☐ EPA
- ☐ DEP
- ☒ DOL
- ☒ DOH
- ☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

PRUDENTIAL INSURANCE CO.

Street Address

213 WASHINGTON STREET

City, State, Zip Code

NEWARK, NEW JERSEY 07102

Name of Contact

WILLIAM BARRETT

Telephone Number

973-802-2175

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

PRUDENTIAL

Type of Facility (4)

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

Street Address

213 WASHINGTON STREET

Square Feet

750,000

of Floors

22

Bldg. Age

78

City (5)

NEWARK

County (6)

ESSEX

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm

ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

Hired by Building Owner (8)

ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

28 NORTH PENNELL ROAD

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MEDIA, PA 19063

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JASON MCCAULEY

Telephone Number

610-891-0114

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 06 / 18

Sched. Completion Date (11)

18 / 3 / 30 / 19

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 6PM-4 AM
SATURDAY & SUNDAY 7AM-4 PM
- ☒ Other - Describe

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12510

Scope of Work (Check all that apply)

- ☐ Demolition
- ☐ >3SF OR LF
- ☒ >160 SF OR 160 LF
- ☒ Renovation
- ☒ Full Containment
- ☐ 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)
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 ENCLOSURE

ENCLOSURE

18TH FLOOR MILITARY PARK AREA

X

VAT & MASTIC

1,500 SF

x

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
30

Name of Registered Landfill
GRAND CENTRAL SANITARY

City, State
NEWARK, NEW JERSEY

Disposal Date
12/06-03/30/19

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

12/5/18

10:31:10 12-05-2018 2/4

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:180-7)

DEC 12 2018

ASBESTOS CONTROL & LICENSING

TV

Date of Notification (1) 12 / 5 / 18		Name of Building Owner/Operator (2) PRUDENTIAL INSURANCE CO.	
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 type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input checked="" type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 213 WASHINGTON STREET		City, State, Zip Code NEWARK, NEW JERSEY 07102	
Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL		Name of Contact WILLIAM BARRETT	
Street Address 213 WASHINGTON STREET		Telephone Number 973-2175	
City (5) NEWARK		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S <input checked="" type="checkbox"/> Other (i.e. private & comm. bldgs., homes, etc.)	
Name of Monitoring Firm ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC		Square Feet 750,000	
Street Address 28 NORTH PENNELL ROAD		Current Use (Prior to being demolished) Pharm. Lab.	
City, State, Zip Code Media, PA 19063		Name of Abatement Contractor (6) PAR ENVIRONMENTAL CORPORATION	
Project Manager for Monitoring Firm JASON MCCAULEY		Street Address 313 SPOOK ROAD	
Expected State Date (10) 12 / 08 / 18		City, State, Zip Code SUFFERN, NEW YORK 10901	
Month / Day / Year		Telephone Number 845-359-7600	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/ Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 8PM-4 AM SATURDAY & SUNDAY 7AM-4 PM		License Number 1101	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >38F OR LF <input checked="" type="checkbox"/> >160 SF OR 250 LF		Name of OSHA Monitoring QUALITY	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (1) 18TH FLOOR MILITARY PARK AREA		Street Address 1379 ROUTE 9	
Is Location normally used solely by Maint/Custodial Staff (12) Yes [] No [X] N/A []		City, State, Zip Code WAPPINGER FALLS, NEW YORK 12590	
Description of Asbestos-Containing Material (ACM) (i.e. Thermal systems insulation, surfacing, VAT, or other miscellaneous)		Full Containment [X] Mini-Enclo. [] Glovebag Procedure [] Non-Friable Procedure []	
Amount (Specify SF or LF) 100 SF		Abatement Type REMOVAL [X] REPAIR [] ENCAPSUL [] ENCLOSURE []	
Name of Registered Waste Hauler NEWARK CARTING		Cubic Yards of Waste 30	
City, State NEWARK, NEW JERSEY		Name of Registered Landfill GRAND CENTRAL SANITARY	
Completed by (Print or Type) BENJAMIN SANCHEZ		Disposal Date 12/06-03/30/19	
Title DIRECTOR OF OPERATIONS		City, State BLAINFELD TOWNSHIP, PA	
Signature 		Date 12-5-18	

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

Check No. 5508



Date of Notification (1) December 07, 2018		Name of Building Owner/Operator (2) NJ Turnpike Authority	
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-4.4</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address PO Box 5042		City, State, Zip Code Woodbridge, NJ 07095	
Name of Contact Michael J. Grzeskowiak, PE		Telephone Number 856-396-2226	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) New Jersey Turnpike Interchange 14B, Toll Plaza Canopy Replacement		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		Square Feet 4,080	
City (5) Jersey City		# of Floors 1	
County (6) Hudson		Bldg. Age 30 +	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Toll Plaza	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc.		ASCM No. 117	
Street Address PO Box 365		Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.	
City, State, Zip Code Berlin, NJ 08009		Street Address 223 Randolph Avenue	
Project Manager for Monitoring Firm Jim Proctor		City, State, Zip Code Clifton, NJ 07011	
Telephone No. 609-839-2432		Telephone No. 973-478-4681	
Start Date (10) December 17, 2018		License No. 100120	
Scheduled Completion Date (11) April 30, 2019		Name of OSHA Monitor McCabe Environmental Services, L.L.C.	
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 464 Valley Brook Avenue	
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		City, State, Zip Code Lyndhurst, NJ 07071	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Canopy Roof		Tar Waterproofing on metal deck	
		4080 sq ft	
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Inc.		NJDEP Waste Hauler ID No. 12695 / 2A456	
City, State Clifton, NJ 07011 / Bronx, NY		Cubic Yards of Waste 3	
Name of Registered Landfill Minerva Enterprises, Inc.		City, State Waynesburg, OH	
Disposal Date 12/18/2018 - 04/30/2019		Signature 	
Completed by G. Roger Woodman		Date 12/7/2018	

ASB-41

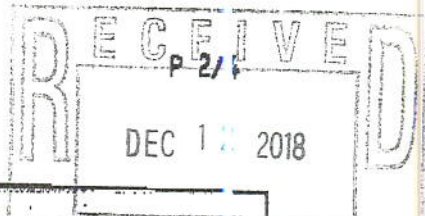
* Do not use this form for asbestos licensure exempted activities.

2018-12-06 15:35

Shade Environmental 1 >> 609 633 0664

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



Date of Notification (1) 12 / 06 / 18		Name of Building Owner/Operator (2) New Jersey Division of Property Management and Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-3)	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 50 West State Street City, State, Zip Code Trenton, NJ 08625-0034 Name of Contact Georgio Bunch	
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) NJ Taxation Building Street Address 50 Barrack Street City (5) Trenton County (6) Morris			
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subsector 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		Square Footage 10,000 # of Floors 10 Bldg. Age 100	
Name of Monitoring Firm Environmental Connection, Inc. Street Address 120 North Warren Street City, State, Zip Code Trenton, NJ 08608 Project Manager for Monitoring Firm Dominick Dercole Start Date (10) 12 / 10 / 18		ASCM No. Name of Abatement Contractor (9) Shade Environmental LLC Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052 Telephone No. 856-755-0099 License No. 00542	
Scheduled Completion Date (11) 12 / 11 / 18		Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5PM-12AM			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >150 sf or >250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 4th Floor North Mechanical Room	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation	Amount (Specify SF or LF) 2 LF
Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ		NJDEP Waste Hauler ID No. 15839 Cubic Yards of Waste 1 Disposal Date 12/11/2018	Name of Registered Landfill Fairfax Landfill City, State Morrisville, PA
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations Signature [Signature] Date 12/10/18	

AS86-11
JAN 13

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