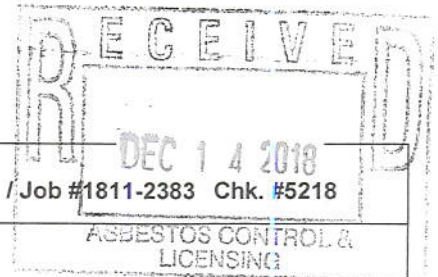


CK 5218

PAID

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



Date of Notification (1) 11 / 21 / 18		Name of Building Owner/Operator (2) Terraphase Engineering		Job #1811-2383 Chk. #5218	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 100 Canal Pointe Blvd., Suite 108 City, State, Zip Code Princeton, NJ 08540	
		Name of Contact Lily Connell		Telephone Number (609) 236-8171	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Terraphase Engineering			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 201 Old York Road			Square Feet 2500 (+/-)		
City (5) Bordentown			# of Floors TBD		Bldg. Age TBD
County (6) Burlington			County Code (7) (STATE USE ONLY)		
Current Use (Prior if being demolished) Residential & Chicken Coop					

Name of Monitoring Firm Hired by Building Owner (8) Hillmann Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 1600 Route 22 East		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Mike Nehlsen		Telephone No. 609-702-0400		License No. 00862	

Start Date (10) 12 / 10 / 18		Scheduled Completion Date (11) 1 / 4 / 19		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 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

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

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

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central	
City, State Lafayette, NJ		Disposal Date 1/4/19		City, State Penn Argyle, PA			
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 12-10-18	

Hillmann Consulting, LLC
DEC 5 2018

The following areas have been inspected and were found to contain asbestos or assumed to be asbestos containing materials.

BASE BID 1: Asbestos Abatement

BID DOC BULLETS:

LOCATION	ASBESTOS-CONTAINING MATERIALS	QUANTITY
First Floor Bathroom	Wall Tile Mastic	350 SF
Kitchen	Wall Tile Mastic	150 SF
Throughout Building	Joint Compound and Associated Wallboard	10,300 SF
Throughout Building	Joint Compound and Associated Wallboard (Assumed to be concealed by wood paneling)	5,950 SF
Building Exterior	Transite Siding	4,000 SF
Chicken Coop	Transite Siding	60 SF
Building Exterior	All Window Calking	415 LF

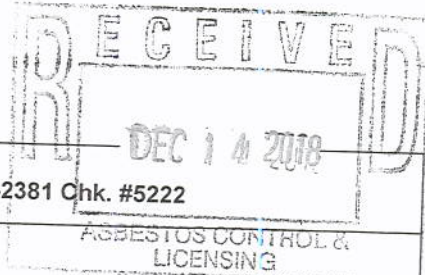
Name of Contractor: _____ Signature: _____

Printed Name: _____ Date: _____

Page 1 of 2
OK 5222

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



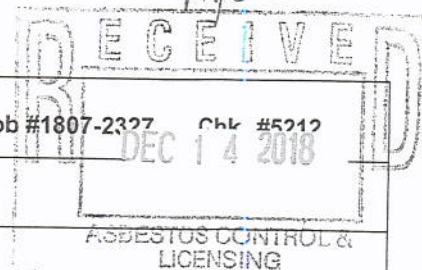
Date of Notification (1) 12 / 10 / 18		Name of Building Owner/Operator (2) The Reserve at Grace LLC/ Job #1811-2381 Chk. #5222	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 2001 College Drive Ste 11		City, State, Zip Code Somerdale, NJ 08083	
Name of Contact George Chollaj/MCR		Telephone Number 856-317-0006	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Reserve @ Grace		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 35 North White Horse Pike		Square Feet Various	
City (5) Somerdale		# of Floors Various	
County (6) Somerdale		Bldg. Age Various	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant-Rectory/Church/School/Gym/Resids	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.	
Street Address 617 Stokes Road, Suite 4-318		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
City, State, Zip Code Medford, NJ 08055		Street Address 3859 Sylon Boulevard	
Project Manager for Monitoring Firm Rebecca Rubnitz		City, State, Zip Code Hainesport, NJ 08036	
Telephone No. 888-715-2211		Telephone No. 609-702-0400	
License No. 00862		Name of OSHA Monitor EMSL Analytical, Inc.	
Start Date (10) 12 / 26 / 18		Scheduled Completion Date (11) 1 / 26 / 19	
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 U.S. Route 130 North	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077	
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			
SEE ATTACHED		SEE ATTACHED	
ATTACHED			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	
Cubic Yards of Waste 5		Name of Registered Landfill Grand Central	
City, State Lafayette, NJ		Disposal Date 1/26/2019	
City, State Penn Argyle, PA		Signature 	
Completed By (Print or Type) Kimberly A. Trumbetti		Date 12-10-18	

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

Page 1 of 2



Date of Notification (1) 8 / 16 / 18		Name of Building Owner/Operator (2) 10-12 Commerce, LLC		/ Job #1807-2327 Chk #5212	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 Commerce Drive	
		City, State, Zip Code Cranford, NJ 07016		ASBESTOS CONTROL & LICENSING	
		Name of Contact Charles A. Wojcik		Telephone Number 212-470-5200	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) 10-12 Commerce			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 10-12 Commerce Drive			Square Feet 72000		
City (5) Cranford			# of Floors 2		Bldg. Age 50
County (6) Union			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant
Name of Monitoring Firm hired by Building Owner (8) GEI		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 300 Broadacres Drive				Street Address 3859 Sylon Boulevard	
City, State, Zip Code Bloomfield, NJ				City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Margaret Halasnik		Telephone No. 973-873-7110		Telephone No. 609-702-0400	
Start Date (10) 8 / 27 / 18		Scheduled Completion Date (11) 12 / 30 / 18		License No. 00862	
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			Name of OSHA Monitor EMSL Analytical, 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			Street Address 200 U.S. Route 130 North		
			City, State, Zip Code Cinnaminson, NJ 08077		
			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
SEE ATTACHED SCOPE OF WORK		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		12/4 SEE ATTACHED ADDITIONAL	
1st Floor Full Containment		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		SCOPE OF WORK	
with Shot Blast for Mastics		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Plus additional notification fee per Peter A.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
City, State Lafayette, NJ		Disposal Date 12/30/18		Name of Registered Landfill Grand Central	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	
				Date 12-4-18	

Removal and disposal of the following asbestos containing materials:

Upper Level:

- Approximately 3,465 SF of ACM wallboard/joint compound
- Approximately 13,508 SF of ACM mastic, contaminated glue/carpet
- Approximately 450 SF of ACM Mastic & contaminated floor tile

Page 2 of 2

Lower Level:

- Approximately 9,180 SF of ACM wallboard/joint compound
- Approximately 29 elbows fittings
- Approximately 9,140 SF of ACM mastic & contaminated glue/floor tile
- Approximately 1,531 SF of ACM mastic only
- Approximately 798 SF of ACM mastic & contaminated glue/floor tile/ceramic tile



12-4-18

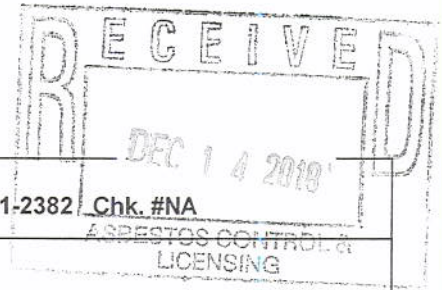
CHK. # 5212 for additional work

\$200.00

Additional Scope:

Removal and disposal of approximately 700 SF of drywall from two upper floors.

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



NO CK

Date of Notification (1) 11 / 30 / 18		Name of Building Owner/Operator (2) Louise Rzepka / Job #1811-2382 Chk. #NA					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Trenton, NJ, 08638 Name of Contact John Rzepka Telephone Number [REDACTED]					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential 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 and commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 1,113					
City (5) Trenton		# of Floors 2					
County (6) Mercer		Bldg. Age 105					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Finog Enviromental		ASCM No.					
Street Address 617 Stokes Road		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
City, State, Zip Code Medford, NJ 08055		Street Address 3859 Sylon Boulevard					
Project Manager for Monitoring Firm Rebecca Rubnitz		City, State, Zip Code Hainesport, NJ 08036					
Telephone No. 856-596-9994		Telephone No. 609-702-0400					
Start Date (10) 12 / 10 / 18		License No. 00862					
Scheduled Completion Date (11) 12 / 11 / 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 U.S. Route 130 North					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077					
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	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	64 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input 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"/>	<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 Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central			
City, State Lafayette, NJ		Disposal Date 12/11/18		City, State Penn Argyle, PA			
Completed By (Print or Type) Kaysi Gruner		Title Adminstration Assistant	Signature <i>Kaysi Gruner</i>		Date 12/3/18		

CK 26529

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


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DEC 14 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 0 / 18		Name of Building Owner/Operator (2) County of Passaic (* This Phase duration 12/11/18 to 01/02/19)					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 401 Grand Street				
			City, State, Zip Code Paterson, NJ 07505				
			Name of Contact Andrew Thompson				
		Telephone Number (973) 881-4424					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 63 Hamilton Street							
City (5) Paterson		Square Feet 40,000	# of Floors 4				
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Langan	ASCM No. 00099	Name of Abatement Contractor (9) Superior Abatement Inc					
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive					
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006					
Project Manager for Monitoring Firm Vijay Patel	Telephone No. (973) 560-4900	Telephone No. (973) 808-1616	License No. 00411				
Start Date (10) 07 / 23 / 18	Scheduled Completion Date (11) 02 / 05 / 19	Name of OSHA Monitor Superior Abatement 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 2 Henderson Drive					
		City, State, Zip Code West Caldwell, NJ 07006					
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Ground, 1st, 2nd Floors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Wall Plaster*	2,340 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd Floors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Ceiling Plaster*	715 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Beam Plaster*	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Pipe Insulation*	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date Various	City, State Waynesburgh, OH				
Completed By (Print or Type) Nick Petrovski	Title President	Signature 	Date 12-10-18				

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

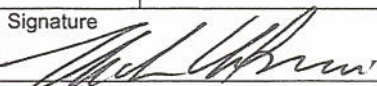
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

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DEC 13 2018

Date of Notification (1) 11 / 02 / 18		Name of Building Owner/Operator (2) County of Passaic					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 401 Grand Street				
			City, State, Zip Code Paterson, NJ 07505				
			Name of Contact Andrew Thompson	Telephone Number (973) 881-4424			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 63 Hamilton Street		Square Feet 40,000	# of Floors 4				
City (5) Paterson		Bldg. Age 127 yrs					
County (6) Passaic		County Code (7)(STATE USE ONLY) Vacant					
Name of Monitoring Firm Langan		Hired by Building Owner (8) 00099	Name of Abatement Contractor (9) Superior Abatement Inc				
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive					
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006					
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 560-4900	License No. 00411				
Start Date (10) 07 / 23 / 18		Scheduled Completion Date (11) 02 / 05 / 19					
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: M-3:30PM/11:30PM- AM		Name of OSHA Monitor Superior Abatement Inc					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <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		Street Address 2 Henderson Drive					
City, State, Zip Code West Caldwell, NJ 07006							
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
Ground, 1st, 2 nd Floors	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Wall and Ceiling Plaster	1,800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic Areas	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd, 3 rd floor, Attic Areas	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Wall and Ceiling Plaster	17,300 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2nd, 3rd floor, Attic Areas	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Contaminated Ceiling Pane/Board	3,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 400	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date Various		City, State Waynesburgh, OH			
Completed By (Print or Type) Nick Petrovski		Title President	Signature 	Date 11-2-18			

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

RECEIVED
DEC 13 2018

Date of Notification (1) 9 / 11 / 18		Name of Building Owner/Operator (2) County of Passaic		DEC 13 2018			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 Grand Street		ASBESTOS CONTAINMENT LICENSING			
		City, State, Zip Code Paterson, NJ 07505					
		Name of Contact Andrew Thompson		Telephone Number (973) 881-4424			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address 63 Hamilton Street				Square Feet 40,000	# of Floors 4		
City (5) Paterson				Bldg. Age 127 yrs			
County (6) Passaic		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant			
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. 00099		Name of Abatement Contractor (9) Superior Abatement Inc			
Street Address 300 Kimball Drive				Street Address 2 Henderson Drive			
City, State, Zip Code Parsippany, NJ 07054				City, State, Zip Code West Caldwell, NJ 07006			
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 560-4900		Telephone No. (973) 808-1616	License No. 00411		
Start Date (10) 07 / 23 / 18		Scheduled Completion Date (11) 11 / 05 / 18		Name of OSHA Monitor Superior Abatement 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 2 Henderson Drive			
				City, State, Zip Code West Caldwell, NJ 07006			
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) 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
(2 containment) 2nd, 3rd & Attics	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic Areas	<input type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd, 3rd floor, Attic Areas	<input type="checkbox"/>	Wall and Ceiling Plaster	17,300 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2nd, 3rd floor, Attic Areas	<input type="checkbox"/>	Contaminated Ceiling Pane/Board	3,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 300	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date Various		City, State Waynesburgh, OH			
Completed By (Print or Type) Nick Petrovski		Title President	Signature 		Date 9-11-18		

From:

07/20/2018 16:11

#263 P.002/004

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

DEC 13 2018

DOL - 10 DAY

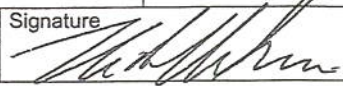
Date of Notification (1) 7 / 20 / 18		Name of Building Owner/Operator (2) County of Passaic (Page 1 of 3)		<div style="border: 1px solid black; padding: 5px;"> RECEIVED DEC 13 2018 DOL - 10 DAY ASBESTOS CONTROL LICENSING TV APPROVED (973) 881-4424 </div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 Grand Street City, State, Zip Code Paterson, NJ 07605 Name of Contact Andrew Thompson			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, hospitals, etc.)			
Street Address 63 Hamilton Street		Square Feet 40,001		# of Floors 4	Bldg. Age 127 yrs
City (5) Paterson		County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Vacant	
County (6) Passaic					
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. 00096	Name of Abatement Contractor (8) Superior Abatement Inc		
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive			
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07100			
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 560-4900	Telephone No. (973) 806-1616	License No. 00411	
Start Date (10) 07 / 20 / 18		Scheduled Completion Date (11) 8 / 15 / 18		Name of OSHA Monitor Superior Abatement 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 2 Henderson Drive		City, State, Zip Code West Caldwell, NJ 07100	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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)		Abatement Type Removal Repair Encapsulate Enclosure
(2 containment) 2 nd , 3 rd Attics		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Attic Areas		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation		100 LF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 nd , 3 rd floor, Attic Areas		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Wall and Ceiling Plaster		17,300 SF <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
2 nd , 3 rd floor, Attic Areas		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Contaminated Ceiling Pane/Board		3,600 SF <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 300	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date Various		City, State Waynesburg, OH	
Completed By (Print or Type) Nick Petrovski		Title President	Signature 		Date 7-20-18

ASB-41
MAY 11

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

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

DEC 13 2018

Date of Notification (1) 7 / 20 / 18		Name of Building Owner/Operator (2) County of Passaic (Page 1 of 3)					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 Grand Street					
		City, State, Zip Code Paterson, NJ 07505					
		Name of Contact Andrew Thompson	Telephone Number (973) 881-4424				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 63 Hamilton Street		Square Feet 40,000	# of Floors 4				
City (5) Paterson		Bldg. Age 127 yrs					
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Langan	Hired by Building Owner (8) ASCM No. 00099	Name of Abatement Contractor (9) Superior Abatement Inc					
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive					
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006					
Project Manager for Monitoring Firm Vijay Patel	Telephone No. (973) 560-4900	Telephone No. (973) 808-1616	License No. 00411				
Start Date (10) 07 / 23 / 18	Scheduled Completion Date (11) 9 / 15 / 18	Name of OSHA Monitor Superior Abatement 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 2 Henderson Drive					
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		City, State, Zip Code West Caldwell, NJ 07006					
		<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)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
(2 containment) 2nd, 3rd & Attics	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic Areas	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd, 3rd floor, Attic Areas	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Wall and Ceiling Plaster	17,300 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2nd, 3rd floor, Attic Areas	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Contaminated Ceiling Pane/Board	3,600 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 300	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE	Disposal Date Various	City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski	Title President	Signature 			Date 7-20-18		

B & G proj. #:

2018-25

PAID

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

Check # 9034

Date of Notification (1)

11/21/10/11/81

Agencies Notified

☒ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

Manoj Kumar

Street Address

City, State, Zip Code

South Orange, NJ 07079

Name of Contact

Manoj Kumar

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Manoj Kumar

Street Address

City (5)

South Orange

County (6)

Essex

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

00378

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)

12/31/2018

Sched. Completion Date (11)

01/06/2019

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
m	e	n	n
o	p	c	c
v	a	a	a
<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"/>

Attic area

☐ Yes ☐ No ☒ N/A

vermiculite

1,000 SF

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
8Name of Registered Landfill
Grand Central LandfillCity, State
Lincoln Park, NJDisposal Date
12/31/18 - 01/06/19City, State
Pen Argyle, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date
12/10/2018

CK 9033
B & G proj. #: 2018-156

PAID

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

Check # 9033

Date of Notification (1) 12/10/18		Name of Building Owner/Operator (2) Scott Collins		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 14 2018 ASBESTOS CONTROL & RESTORATION INC. </div>					
Agencies Notified	Type Notification	Street Address [REDACTED]							
<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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Verona, NJ 07044							
		Name of Contact Scott Collins							
FACILITY INFORMATION									
Name of facility where abatement is taking place (3) Scott Collins				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)					
Street Address [REDACTED]				Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Residential					
City (5) Verona	County (6) Essex	County Code (7) (State use only)							
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.						
Street Address		Street Address 105 Ryerson Road							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378				
Scheduled Start Date (10) 12/20/2018		Sched. Completion Date (11) 12/20/2018		Name of OSHA Monitor B & G Restoration, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure					
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)		Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e R e p a i r E n c a p E n c l				
	Yes	No				N/A			
Furnace room			X	pipe insulation	7 lf	X			
Storage Closet			X	pipe insulation	11 lf	X			
Laundry room			X	pipe insulation	11 lf	X			
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill					
City, State Lincoln Park, NJ		Disposal Date 12/20/2018		City, State Pen Argyle, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 12/10/2018				

**PAID**

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

Date of Notification (1)
12/10/2018

Agencies Notified

☒ EPA
☒ DEP
☒ DOL

☒ DOH
☒ OCA

Type of Notification

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

Name of Building Owner/Operator (2)
Cresskill School District

Street Address

1 Lincoln Drive

City, State, Zip Code

Cresskill, NJ 07626

Name of Contact

Mr. Tom Stewart

ASBESTOS CONTROL
LICENSING
Check #008149

Telephone Number
201-208-1282

Name of Facility Where Abatement is Taking Place (3)
Vacant House for Demolition (NON Sub 8)

Street Address

45 Brookside Ave

City (8)

Cresskill

County (8)

Bergen

Type of Facility (4)

☐ School (K-12)
☐ Subchapter S (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

15,000+

of Floors

2

Blgd. Age

50+

County Code (7)
(STATES USE ONLY)

County Code (7)
(STATES USE ONLY)

Current Use (Prior if being demolished)

House

Name of Monitoring Firm Hired
Ken & Associates, Inc.

Street Address

P.O. Box 645

City, State, Zip Code

Shillington, PA 19607

Project Manager for Monitoring
Mike Krieger

Start Date (10)

12/11/2018

Telephone No.
610-856-7700

Scheduled Completion Date (11)
12/20/2018

Name of Abatement Contractor (8)
Hazmat Diagnostic LLC

Street Address

18 Glenwild Ave

City, State, Zip Code

Bloomington, NJ 07403

Telephone No.

873-828-3995

License No.

01181

Name of OSHA Monitor

Hazmat Diagnostic LLC

Street Address

18 Glenwild Ave

City, State, Zip Code

Bloomington, NJ 07403

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

Scope of Work (Check All That Apply)

☒ 29 or 25 ft
☒ 180 or 225 ft

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material to be Abated in Facility (13)

ACM)

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 Enclosure Enclosure

Living Room

Linoleum / Mastic

225 SF

x

Name of Registered Waste Hauler

Hazmat Diagnostic LLC / Newark Carling, Inc

City, State

Bloomington, NJ / Newark, NJ

Completed by

Tatiana Rotaru

NJDEP Waste Hauler ID No.
0035440/4508

Cubic Yards of Waste

TBD

Name of Registered Landfill

Fairless Landfill

City, State

Monroeville, PA

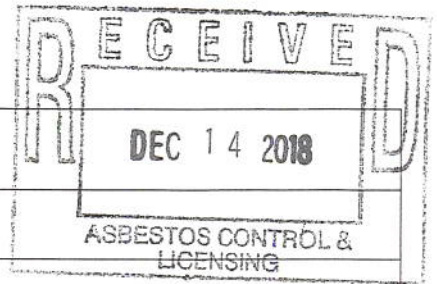
Signature

Date
12/10/2018

check # 12045

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

PAID



Date of Notification (1) 12 / 13 / 18		Name of Building Owner/Operator (2) New Jersey City University							
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 2039 John F Kennedy Blvd City, State, Zip Code Jersey City, NJ 07305 Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) New Jersey City University- Nursing Ed Center- Rossey 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 and commercial buildings, homes, etc.)							
Street Address 2039 John F Kennedy Blvd		Square Feet	# of Floors Bldg. Age 50+						
City (5) Jersey City		County Code (7)(STATE USE ONLY)							
County (6) Hudson		Current Use (Prior if being demolished) Education Center							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group		Name of Abatement Contractor (9) Controlled Environmental Systems							
Street Address PO Box 3316		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm Telephone No.		Telephone No. License No. 215 542 7000 00847							
Start Date (10) 12 / 26 / 18		Scheduled Completion Date (11) 12 / 31 / 18							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM - 12:00 PM 7:00 AM TO MONDAY 09 31ST		Name of OSHA Monitor CES							
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
		<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"/>
Name of Registered Waste Hauler David Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Western Berks Community Landfill					
City, State Hatfield, PA 19440		Disposal Date 12/31/18		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature Patricia Visco		Date 12/13/18			

12/08/2019 08:17

2012520323

AMAC

CK 1183

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

RECEIVED
PAGE 01/03
DEC 14 2018
ASBESTOS CONTROL
LICENSING
APPROVED

Date of Notification (1) 12/13/18		Name of Building Owner/Operator (2) VICTORIA ROYES	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOM <input checked="" type="checkbox"/> DCA		Street Address [REDACTED] City, State, Zip Code DENVER, N.J. 07843	
Type of Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment of Emergency (including Justification) <input type="checkbox"/> Cancellation		Name of Contact VICTORIA ROYES Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input checked="" type="checkbox"/> Single (5-12) <input type="checkbox"/> Multiple (13 or more) (Other than K-12) or (e.g. private & commercial buildings, homes,	
Street Address [REDACTED]		Square Feet 200	
City (5) DENVER		# of Floors 2	
County (6) MORRIS		Age + 50	
County Code (7) (STATE USE ONLY)		Use (Prior to being demolished) LIVING QUARTERS	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) AMAC Consulting Inc.	
Street Address		Street Address 185 Vreeland Ave	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No. 201-262-5811	
Start Date (10) 12/10/18		Scheduled Completion Date (11) 12/20/18	
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 Other - Describe:		Name of Other Environmental Services Inc. Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 100 sq ft or less <input checked="" type="checkbox"/> 101 to 1000 sq ft <input checked="" type="checkbox"/> 1001 to 10000 sq ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Containment Engineering Procedures Sampled (17) and Non-Fragile Procedures			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Abatement Type	
In Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Amount (Quantity in lbs or LF) 105F	
Description of Asbestos Containing Material (ACM) (e.g. thermal system insulation, VAV, or other miscellaneous) DUCT INSULATION		Removal Repair Enclosure	
Name of Registered Waste Handler Newark Carting Inc.		NJDEP Waste Handler ID No. 04509	
City, State Newark, NJ 07105		Cubic Yards of Waste 21	
Completed by Joseph Vocaturo		Disposal Date 12/18/18 OR	
Title Vice President		Signature [Signature]	
		Date 12/08/18	

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

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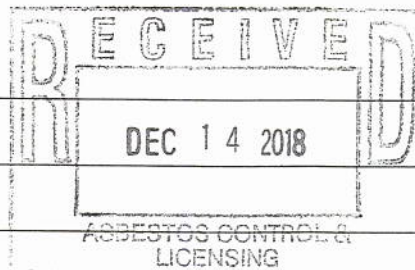
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DEC 14 2018
ASBESTOS CONTROL & LICENSING

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Date of Notification (1) 12/10/18		Name of Building Owner/Operator (2) Stevens Institute of Technology						
Agencies Notified	Type of Notification	Street Address 1 Castle Point on Hudson						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030						
		Name of Contact David Fernandez	Telephone Number 201-912-4651					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Williams Library		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 1 Castle point on Hudson		Square Feet N/A	# of Floors N/A					
City (5) Hoboken		Bldg. Age N/A						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Williams Library					
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address 3 Crosswicks Street		Street Address 11 Rosengren Avenue						
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-345-8685					
License No. 01311								
Start Date (10) 12/22/2018		Scheduled Completion Date (11) 01/02/2019						
Name of OSHA Monitor D&S Abatement, 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 11 Rosengren Avenue						
		City, State, Zip Code Totowa, NJ 07512						
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)		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
Basement		X		VAT & Mastic	7000 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 12/10/2018		

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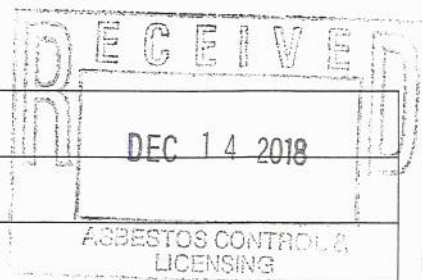
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/03/2018		Name of Building Owner/Operator (2) Stevens Institute of Technology	
Agencies Notified	Type Notification	Street Address 1 Castle Point On Hudson	
<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	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact David Fernandez	Telephone Number 201-912-4651
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Williams Library Fan Room		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 1 Castle Point On Hudson		Square Feet N/A	# of Floors N/A
City (5) Hoboken		Bldg. Age N/A	
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Williams Library Fan Room
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 0003	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address 1253 N. Church Street		Street Address 11 Rosengren Avenue	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm Jim Guillard		Telephone No. 856-840-8800	Telephone No. 973-345-8685
Start Date (10) 12/22/2018		Scheduled Completion Date (11) 12/30/2018	License No. 01311
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 D&S Abatement, Inc.	
		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Fan Room		X	Spray on Fireproofing
Fan Room		X	Pipe Insulation
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	
		Disposal Date TBD	City, State Morrisville, PA
Completed by Oliver Hegedis		Title Project Manager	Signature
		Date 12/03/2018	

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



Date of Notification (1) 12/10/18		Name of Building Owner/Operator (2) Raymond Hinske		RECEIVED DEC 14 2018 ASBESTOS CONTROL LICENSING					
Agencies Notified		Type Notification							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code South Orange, NJ 07079 Name of Contact Raymond Hinske							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) South Orange		Square Feet N/A		# of Floors N/A	Bldg. Age N/A				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address				Street Address 11 Rosengren Avenue					
City, State, Zip Code				City, State, Zip Code Totowa, NJ 07512					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-345-8685	License No. 01311				
Start Date (10) 12/20/2018		Scheduled Completion Date (11) 12/21/2018		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue		City, State, Zip Code Totowa, NJ 07512					
<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									
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	40 LF	X			
Attic		X		Duct Insulation	50 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 12/10/2018			

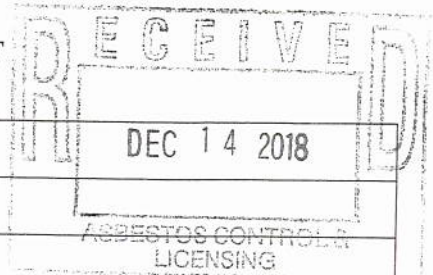
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

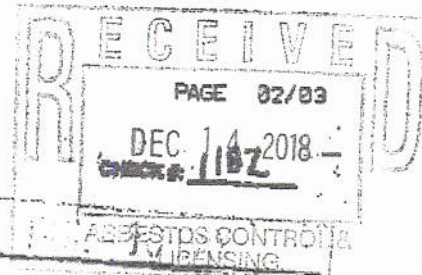


Date of Notification (1): 12/10/2018		Name of Building Owner/Operator (2) Newark Public School		ASBESTOS CONTROL LICENSING DEC 14 2018				
Agencies Notified	Type Notification	Street Address: 190 Muhammad Ali Avenue Room 209						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Newark, NJ 07108						
		Name of Contact: Mr. Benjamin Olagadeyo		Telephone Number: 973-733-7200				
FACILITY INFORMATION								
Name of Facility Roberto Clemente Elementary School		Type of Facility (4):						
257 Summer Avenue		<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.)						
City/ (5) Newark	County (6): Essex	County Code (7): 07104	Square Feet:	# of Floors:				
Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC.		ASCM No.: 0003	Name of Abatement Contractor (9): Apex Development, Inc.					
Street Address: 1253 North Church Street		Street Address: 358 Broadway						
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: Newark, NJ 07104						
Project Manager for Monitoring Firm: James A. Guilardi		Telephone No.: 609-314-1683	Telephone No.: (973) 350-0101	License No.: 01215				
Start Date (10): 12/21/18		Scheduled Completion Date (11): 12/31/18		Name of OSHA Monitor: Metro Analytical Laboratories				
Occupancy Status During Abatement (Check only one)		Street Address: 255 West 36th Street, Suite 203						
<input checked="" type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: _____ <input type="checkbox"/> Other Describe: _____		City, State, Zip Code: New York, New York, 10018						
Scope of Work (Check all that apply):								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulat
SUITE B4		X	PIPE & FITTING INSULATION	330 LF	*			*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551		Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC. INC.			
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Chinyelu Oraegbunam		Title: Vice President		Signature: 		Date: 12/10/2018		

12/08/2018 07:12

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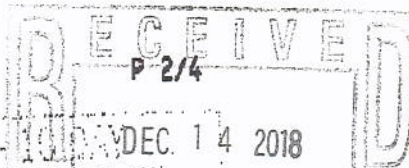
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:28 and 17:29)

Date of Notification (1) 12/08/18		Name of Building Owner/Operator (2) Jason Janicki	
Agency 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		Street Address [REDACTED]	
Initial Abatement Amendment & Emergency (including justification) Cancellation		City, State, Zip Code GLEN ROCK, N.J.	
Name of Facility Visited Abatement is Taking Place (3) RESIDENTIAL		Name of Contact Jason Janicki	
Current Address [REDACTED]		Type of Facility (4) <input checked="" type="checkbox"/> Single (1-12) <input type="checkbox"/> Single (13-12) <input type="checkbox"/> Other (i.e. schools & commercial buildings, homes, etc.)	
City (5) GLEN ROCK		Square Feet 2300	
County (6) BERGEN		# of Floors 2	
Name of Monitoring Firm (8) [REDACTED]		Building Age 152	
Street Address [REDACTED]		Current Use (Prior if being demolished) RESIDENTIAL	
City, State, Zip Code [REDACTED]		Name of Abatement Contractor (9) AMAC Control Eng Inc.	
Project Manager for Monitoring Firm [REDACTED]		Street Address 185 Woodland Ave	
Start Date (10) 12/08/18		City, State, Zip Code Midland Park, NJ 07432	
Scheduled Completion Date (11) 12/12/18		Telephone No. 201-262-5841	
Emergency Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Abatement Performed Outside - Describe: <input type="checkbox"/> Facility Closed/Vacated During Abatement Performed Inside of Monitored Facility Hours		License No. 00156	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 33 sf or less <input type="checkbox"/> 33 sf or less <input type="checkbox"/> 100 sf or less <input type="checkbox"/> 200 sf or less		Name of OSHA Monitor Omega Environmental Services Inc.	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 280 Huyler Street	
Full Containment with Negative Pressure Air-Enclaves Gloving Procedure Non-Enclaves		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material TO BE ABATED in Facility (12) BASEMENT STAIR		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) Yes No N/A		Abatement Type Removal Repair Encapsulation Enclosure	
Name of Registered Waste Handler Newark Carting Inc.		Amount (Specify SF or LF) 4056	
City, State Newark, NJ 07105		Name of Registered Landfill Greene Central Sanitary Landfill	
Completed by Joseph Vaccaro		City, State Pottsville, PA 08702	
Title Vice President		Signature J. Vaccaro	
Date 12/08/18		Date 12/08/18	

2018-12-10 15:49

Shade Environmental 1 >> 609 633 0664

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



Date of Notification (1) 12 / 10 / 18		Name of Building Owner/Operator (2) Carlton Burroughs		ASBESTOS CONTROL & LICENSING							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-5)		Type of 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 Brick, NJ 08732 Name of Contact Tricia Hannah 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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)								
Street Address [REDACTED]			Square Feet 1,700								
City (5) Brick			# of Floors 3		Bldg. Age 70						
County (6) Ocean			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341				Street Address 523 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Welegarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099							
License No. 00842											
Start Date (10) 12 / 13 / 18		Scheduled Completion Date (11) 12 / 15 / 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 08047							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft ² <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft ² <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) (13) TO BE ABATED IN Facility		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (14) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No					N/A	Removal	Repair	Encapsulate
Bedroom		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic		140 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 Fairlee Landfill					
City, State Freehold, NJ				Disposal Date 12/15/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 12/10/18					

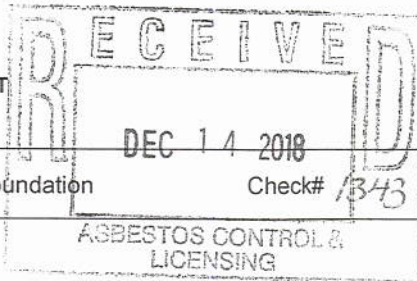
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* Do not use this form for asbestos response exempted activities.

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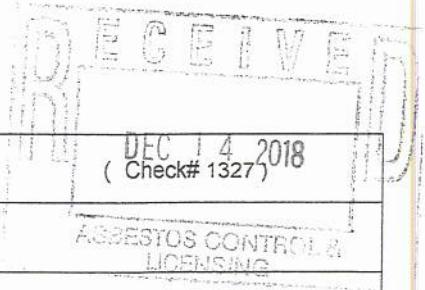
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/11/18		Name of Building Owner/Operator (2) Bayonne Economic Opportunity Foundation		Check# 1343			
Agencies Notified	Type of Notification	Street Address 555 Kennedy Boulevard		ASBESTOS CONTROL & LICENSING			
<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	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, New Jersey 07002		Telephone Number 201-688-7271			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) (Former) Holy Family Academy			Type of Facility (4)				
Street Address 239 Avenue A			<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.)				
City (5) Bayonne, New Jersey 07002			Square Feet 30,000	# of Floors 2	Bldg. Age 50+		
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) (Former) Holy Family Academy				
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation				
Street Address 26 Columbia Turnpike		Street Address 606 McBride Ave					
City, State, Zip Code Florham Park, New Jersey 07932		City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-585-9040	Telephone No. 973-225-8400	License No. 01104			
Start Date (10) 12/07/2018		Scheduled Completion Date (11) 12/21/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC			
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Union, NJ 07083				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and/or 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	X	Base Counter Flashing Caulk	215 LF	X			
Exterior	X	Caulk to (round) Skylight Frame	114 LF	X			
Main/South Corridor	X	Ceiling Plaster (Full Containment)	725 SF	X			
1st Floor Corridor (over main work area)	X	Pipe Insulation (Full Containment)	240 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill			
City, State Woodland Park, New Jersey		Disposal Date 12/21/2018		City, State Morrisville, PA			
Completed by Adriana Olejarova		Title President	Signature		Date 12/11/2018		

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

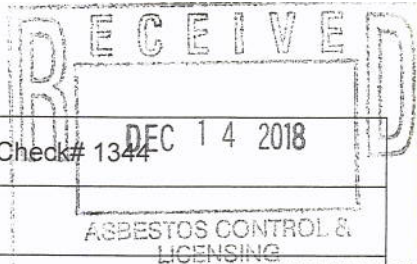


Date of Notification (1) 11/26/18		Name of Building Owner/Operator (2) Bayonne Economic Opportunity Foundation	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 555 Kennedy Boulevard	
		City, State, Zip Code Bayonne, New Jersey 07002	
		Name of Contact Samantha Howard	
		Telephone Number 201-688-7271	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) (Former) Holy Family Academy		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.)	
Street Address 239 Avenue A		Square Feet 30,000 # of Floors 2 Bldg. Age 50+	
City (5) Bayonne, New Jersey 07002		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) (Former) Holy Family Academy	
County (6) Hudson			
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No. _____ Name of Abatement Contractor (9) Lilich Corporation	
Street Address 26 Columbia Turnpike		Street Address 606 McBride Ave	
City, State, Zip Code Florham Park, New Jersey 07932		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Gavin Gilmore		Telephone No. 973-585-9040	Telephone No. 973-225-8400 License No. 01104
Start Date (10) 12/07/2018		Scheduled Completion Date (11) 01/25/2019 Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and/or 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) 215 LF
Exterior		X	Base Counter Flashing Caulk
Exterior		X	Caulk to (round) Skylight Frame
Main/South Corridor		X	Ceiling Plaster (Full Containment)
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15 Name of Registered Landfill Fairless Landfill
City, State Woodland Park, New Jersey		Disposal Date 12/ /18	City, State Morrisville, PA
Completed by Adriana Olejarova		Title President	Signature Date 11/26/2018

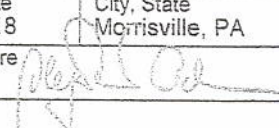
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

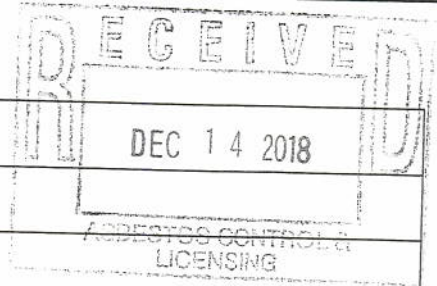


Date of Notification (1) 12/11/2018		Name of Building Owner/Operator (2) Riverview Towers Apartment Corp.		Check# 1344			
Agencies Notified	Type of Notification	Street Address 28 Riverside Ave		ASBESTOS CONTROL & LICENSING			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Red Bank, New Jersey 07701		Name of Contact Daniel Fitzharris, Maxons Restorations Inc (GC)			
				Telephone Number <u>609-688-6789</u>			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Riverview Towers Apartment Corp.			Type of Facility (4)				
Street Address 28 Riverside Ave			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)				
City (5) Red Bank, New Jersey 07701			Square Feet 20,000	# of Floors 12	Bldg. Age 55+		
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Retail Bldg			
Name of Monitoring Firm Hired by Building Owner (8) Hillman Environmental		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation			
Street Address 1600 Route 22 East, Suite 107				Street Address 606 McBride Ave			
City, State, Zip Code Union, New Jersey 07083				City, State, Zip Code Woodland Park, New Jersey			
Project Manager for Monitoring Mike Nehlsen		Firm	Telephone No 908-688-7800	Telephone No. 973-225-8400	License No. 01104		
Start Date (10) 12/14/2018		Scheduled Completion Date (11) 12/22/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC			
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Union, NJ 07083				
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Tent/Glove Bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Fan Rooms	Yes No N/A	Pipe and Elbows Insulation	60 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill			
City, State Woodland Park, New Jersey		Disposal Date 12/22/2018		City, State Morrisville, PA			
Completed by Adriana Olejarova		Title President	Signature 	Date 12/11/2018			

12/03/2018		Riverview Towers Apartment Corp.		Check# 1329	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 28 Riverside Ave City, State, Zip Code Red Bank, New Jersey 07701 Name of Contact Daniel Fitzharris, Maxons Restorations Inc (GC)	
				Telephone Number 973-338-6767 ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Riverview Towers Apartment Corp.			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 28 Riverside Ave			Square Feet 20,000		
City (5) Red Bank, New Jersey 07701			# of Floors 12		Bldg. Age 55+
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Retail Bldg	
Name of Monitoring Firm Hired by Building Owner (8) Hillman Environmental		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 1600 Route 22 East, Suite 107		Street Address 606 McBride Ave			
City, State, Zip Code Union, New Jersey 07083		City, State, Zip Code Woodland Park, New Jersey			
Project Manager for Monitoring Firm Mike Nehlsen		Telephone No 908-688-7800		Telephone No. 973-225-8400	
License No. 01104					
Start Date (10) 12/13/2018		Scheduled Completion Date (11) 12/22/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 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 type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Tent/Glove Bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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			
Fan Rooms		X		Pipe and Elbows Insulation 60 LF	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	
City, State Woodland Park, New Jersey		Disposal Date 12/22/2018		Name of Registered Landfill Fairless Landfill	
Completed by Adriana Olejarova		Title President		Signature 	
				Date 12/03/2018	

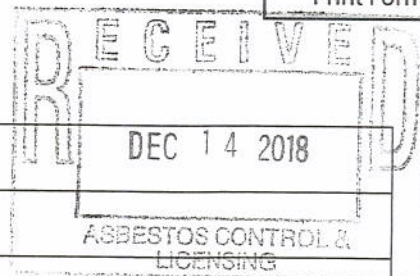
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/07/2018		Name of Building Owner/Operator (2) Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Sayreville NJ 08872	
Name of Contact Kevin Consiglio		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 1,825	
City (5) Sayreville		# of Floors 2	
County (6) Middlesex		Bldg. Age 49	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services	
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue	
Project Manager for Monitoring Firm Sarah Calandra		City, State, Zip Code Hillside, NJ 07205	
Start Date (10) 12/17/2018		Telephone No. 201-349-2666	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Telephone No. 844-462-7465	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		License No. 01316	
Name of OSHA Monitor A. Seine Lighthouse Solutions		Name of Abatement Contractor (9) Brinks Tank Services	
Street Address PO Box 354		City, State, Zip Code South Orange, NJ 07079	
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)	
Yes No N/A		Removal Repair Encapsulate Enclosure	
Exterior of house		Transite siding	
320 SF		x	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	
City, State East Orange, NJ		Cubic Yards of Waste	
Completed by Alison Lamers		Disposal Date	
Title Office Manager		Signature [Signature]	
Date 12/07/2018		Name of Registered Landfill Waste Management Landfill	
City, State Penn Argyle, PA		City, State Penn Argyle, PA	

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

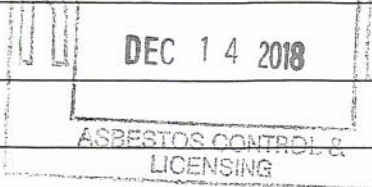


Date of Notification (1) 12/07/2018		Name of Building Owner/Operator (2) Residence		DEC 14 2018				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 [REDACTED] City, State, Zip Code Plainfield NJ 07060 Name of Contact Scott Hyney 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 1,352					
City (5) Plainfield			# of Floors 2		Bldg. Age 66			
County (6) Union			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.		Name of Abatement Contractor (9) Brinks Tank Services				
Street Address PO Box 354				Street Address 1256 Liberty Avenue				
City, State, Zip Code South Orange, NJ 07079				City, State, Zip Code Hillside, NJ 07205				
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666		Telephone No. 844-462-7465				
Start Date (10) 12/17/2018		Scheduled Completion Date (11) 01/07/2019		License No. 01316				
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 A. Seine Lighthouse Solutions				
				Street Address PO Box 354				
				City, State, Zip Code South Orange, NJ 07079				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf								
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED! In Facility (13)	is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		X	duct work	8 Cubic F	X			
Basement		X	Caulking	1 Cubic F				
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill Waste Management Landfill		
City, State East Orange, NJ				Disposal Date		City, State Penn Argyle, PA		
Completed by Alison Lamers		Title Office Manager		Signature <i>Alison Lamers</i>		Date 12/07/2018		

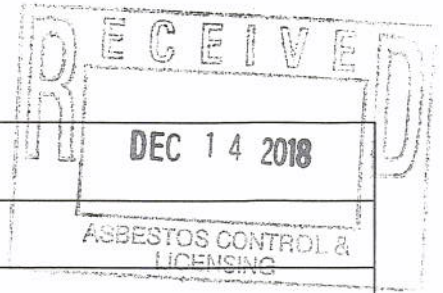
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
DEC 14 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 12 / 18		Name of Building Owner/Operator (2) Lidl U.S. Operations, 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 3500 S. Clark Street		ASBESTOS CONTROL & LICENSING						
		City, State, Zip Code Arlington, VA 22202								
		Name of Contact Damon Kozul				Telephone Number 732-221-4820				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial		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 514 North Main Street				Square Feet	# of Floors					
City (5) Lacey Township				Bldg. Age						
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224				Street Address 27 Outwater Lane						
City, State, Zip Code Union, NJ				City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888	License No. 1188					
Start Date (10) 12 / 13 / 18		Scheduled Completion Date (11) 12 / 31 / 18		Name of OSHA Monitor ALL PRO MANAGEMENT LLC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 27 Outwater Lane						
				City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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)					
		Yes	No			N/A				
Southern Hardware Section - Walkway		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Retail Building Roof		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Miscellaneous Tar	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste, LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill/ Fairless Landfill					
City, State Elizabeth, NJ				Disposal Date TBD	City, State Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>				Date 12/12/18		

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



Date of Notification (1) 12 / 12 / 18		Name of Building Owner/Operator (2) Lidl U.S. Operations, LLC		RECEIVED DEC 14 2018 ASBESTOS CONTROL & LICENSING				
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 3500 S. Clark Street						
		City, State, Zip Code Arlington, VA 22202						
		Name of Contact Damon Kozul		Telephone Number 732-221-4820				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential			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) Lacey Township			Square Feet	# of Floors	Bldg. Age			
County (6) Ocean			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224			Street Address 27 Outwater Lane					
City, State, Zip Code Union, NJ			City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 12 / 13 / 13		Scheduled Completion Date (11) 12 / 31 / 18		Name of OSHA Monitor ALL PRO MANAGEMENT LLC				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM			Street Address 27 Outwater Lane					
			City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <div style="text-align: right;"> <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 </div>								
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
Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Gray Sink Undercoat		4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Beneath Roof Leaders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Ground Drain Pipe		10 LF	<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 Century Waste, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill/ Fairless Landfill				
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 12/12/18		

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

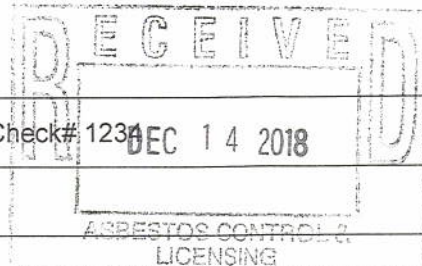
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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/10/2018		Name of Building Owner/Operator (2) Bloomfield Board of Education		Check No. 1342			
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 of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 Broad Street		City, State, Zip Code Bloomfield, New Jersey 07003			
		Name of Contact Roberta Petrik		Telephone Number 973-680-8501 x 2026			
		FACILITY INFORMATION					
		Name of Facility Where Abatement is Taking Place (3) Bloomfield Middle 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 60 Huck Road		City (5) Bloomfield, New Jersey 07003		Square Feet 50,000	# of Floors 2		
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Middle School				
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation				
Street Address 3 Crosswicks Street		City, State, Zip Code Bordentown, New Jersey 08505		Street Address 606 McBride Ave			
City, State, Zip Code Bordentown, New Jersey 08505		City, State, Zip Code Woodland Park, New Jersey		City, State, Zip Code Union, NJ 07083			
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-225-8400	License No. 01104			
Start Date (10) 12/20/2018		Scheduled Completion Date (11) 12/24/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4 PM Start Friday - Un Occupied		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 type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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 of LF) 6 LF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Music Room		X	Thermal System Insulation	6 LF	X		
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill			
City, State Woodland Park, New Jersey		Disposal Date 12/24/2018		City, State Morrisville, PA			
Completed by Adriana Olejarova		Title President	Signature 		Date 12/10/2018		

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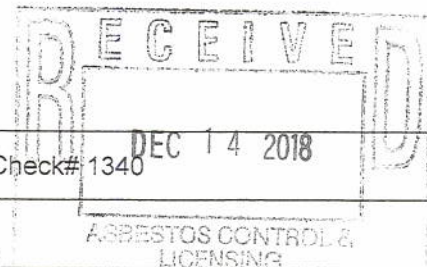
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/11/2018		Name of Building Owner/Operator (2) Livingston Board of Education		Check# 1234 DEC 14 2018	
Agencies Notified	Type Notification	Street Address 11 Foxcroft Road		City, State, Zip Code Livingston, New Jersey 07039	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact James Perrette		Telephone Number 973-590-1713	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Livingston Board of Education		Type of Facility (4)			
Street Address 11 Foxcroft Road		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)			
City (5) Livingston, New Jersey 07039		Square Feet 20,000	# of Floors 1	Bldg. Age 55+	
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Board of Education	
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 500 South Broad Street				Street Address 606 McBride Ave	
City, State, Zip Code Glen Rock, New Jersey 07452				City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Bruce Wolf		Telephone No 201-652-1119		Telephone No. 973-225-8400	License No. 01104
Start Date (10) 12/10/2018		Scheduled Completion Date (11) 12/18/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4 PM Start				City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Tent/Glove Bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Garage	X			Pipe w/Assoc Fittings (Wrap&Cut)	16 LF X
Utility Room Next to Garage	X			Valves (Wrap & Cut)	4 (ea) X
Utility Room Next to Garage	X			Pipe w/Assoc Fittings(Tent/GloveBag)	8 LF X
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill
City, State Woodland Park, New Jersey		Disposal Date 12/18/2018		City, State Morrisville, PA	
Completed by Adriana Clejarova		Title President		Signature 	Date 12/11/2018

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



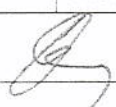
Date of Notification (1) 11/30/2018		Name of Building Owner/Operator (2) Livingston Board of Education		Check# 1340						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 11 Foxcroft Road City, State, Zip Code Livingston, New Jersey 07039		ASBESTOS CONTROL & LICENSING					
			Name of Contact James Perrette			Telephone Number 973-590-1713				
	FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Livingston Board of Education			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)							
Street Address 11 Foxcroft Road										
City (5) Livingston, New Jersey 07039			Square Feet 20,000	# of Floors 1	Bldg. Age 55+					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Board of Education						
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation						
Street Address 500 South Broad Street		Street Address 606 McBride Ave								
City, State, Zip Code Glen Rock, New Jersey 07452		City, State, Zip Code Woodland Park, New Jersey								
Project Manager for Monitoring Firm Bruce Wolf		Telephone No. 201-652-1119		Telephone No. 973-225-8400	License No. 01104					
Start Date (10) 12/10/2018		Scheduled Completion Date (11) 12/13/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 4 PM Start				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 type="checkbox"/> ≥160 sf or ≥260 lf										
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Tent/Glove Bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Garage	X			Pipe w/Assoc Fittings (Wrap&Cut)	24 LF	X				
Utility Room Next to Garage	X			Valves (Wrap & Cut)	4 (ea)	X				
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill					
Lilich Corporation		18724		3	Fairless Landfill					
City, State Woodland Park, New Jersey				Disposal Date 12/13/2018	City, State Morrisville, PA					
Completed by Adriana Oiejarova		Title President		Signature 			Date 11/30/2018			

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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) 12/10/2018		Name of Building Owner/Operator (2) South Orange / Maplewood School District		Check#006151	
Agencies Notified		Type of Notification		Street Address	
<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		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		525 Academy	
				City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Mr. Peter Romain		Telephone Number 973-762-5600	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) South Mountain Elementary School Annex			Type of Facility (4)		
Street Address 112 Glenview Road			<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.)		
City (5) South Orange			Square Feet 30,000+	# of Floors 2	Bldg. Age 60+
County (6) Essex			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.			ASCM No. 00057		Name of Abatement Contractor (9) Hazmat Diagnostic LLC
Street Address P.O. Box 385			Street Address 16 Glenwild Ave		
City, State, Zip Code Oceanville, NJ 08231			City, State, Zip Code Bloomingdale, NJ 07403		
Project Manager for Monitoring Firm Mr. Eric Clarkson			Telephone No. 609-652-1833		Telephone No. 973-928-3995
					License No. 01181
Start Date (10) 12/21/2018			Scheduled Completion Date (11) 12/29/2018		Name of OSHA Monitor Hazmat Diagnostic LLC
Occupancy Status During Abatement (Check Only One)			Street Address 16 Glenwild Ave		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Start 12:00PM			City, State, Zip Code Bloomingdale, NJ 07403		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A			
Ground Floor Hallways, Main Office,				VAT & Mastic	
Principal's Office & Teacher's Lounge					
Name of Registered Waste Hauler Hazmat Diagnostic LLC / Newark Carting, Inc		NJDEP Waste Hauler ID No. 0035440/4509		Cubic Yards of Waste TBD	
City, State Bloomingdale, NJ /		Newark, NJ		Disposal Date TBD	
Name of Registered Landfill Fairless Landfill		City, State Morrisville, PA			
Completed by Tatiana Rotaru		Title COO		Signature 	
				Date 12/10/2018	

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

Check # 25743

Date of Notification (1) 12/10/2018		Name of Building Owner/Operator (2) Mathur		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 14 2018 ASBESTOS CONTROL & LICENSING </div>				
Agencies Notified		Type Notification				Street Address		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Red Bank, NJ 07701		
						Name of Contact Rushmi Mathur		
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) Red Bank, NJ 07701				Square Feet 1400	# of Floors 2			
County (6) Mercer		County Code (7) (STATE USE ONLY)		Bldg. Age 80+/-				
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.				
Street Address PO Box 341				Street Address PO Box 322				
City, State, Zip Code Crosswicks, NJ 08515				City, State, Zip Code Allentown, NJ 08501				
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070		Telephone No. 609 259-9688	License No. 00493			
Start Date (10) 12/19/2018		Scheduled Completion Date (11) 12/27/2018		Name of OSHA Monitor MECS				
Occupancy Status During Abatement (Check Only One)				Street Address PO Box 341				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Chesterfield, NJ 08515				
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement		X	Pipe Insulation Debris	6 lf	X			
CrawlSpace		X	Thermal Pipe Insulation	16 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 1 cu	Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ				Disposal Date 12/27/2018	City, State Morrisville, PA			
Completed by Mahlon E. Stevens		Title Project Manager		Signature 	Date 12/10/2018			