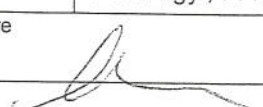


Inv# 16699 PAID

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

Check 19614

Date of Notification (1) 12/10/19		Name of Building Owner/Operator (2) Accurate Builders & Developers		RECEIVED DEC 16 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 32 Cross Street, Suite 301		City, State, Zip Code Lakewood, NJ 08701		Name of Contact Mendy Tendler					
Telephone Number 732-941-0300		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 184 Kinderkamack Road		Square Feet 2000		# of Floors 1					
City (5) Emerson		Bldg. Age 83		Current Use (Prior if being demolished) building					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Name of Monitoring Firm (8) ASC No. _____					
Name of Monitoring Firm (8) Street Address _____		City, State, Zip Code _____		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Project Manager for Monitoring Firm _____		Telephone No. _____		License No. _____					
Start Date (10) 12/19/19		Scheduled Completion Date (11) 1/19/20		Name of OSHA Monitor _____					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: exterior		Street Address _____							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code _____							
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
exterior			X	siding	2600 SF	X			
roof			X	flat roof	800 SF	X			
roof			X	flashing	150 SF	X			
windows			X	white caulk	25 windows	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 12/10/19			

NO CHECK

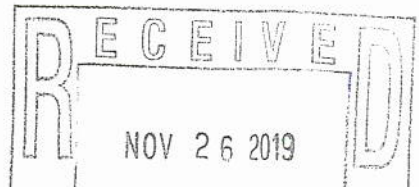
Check # 4954

Inc # 16727

CK # 4928

NO CK

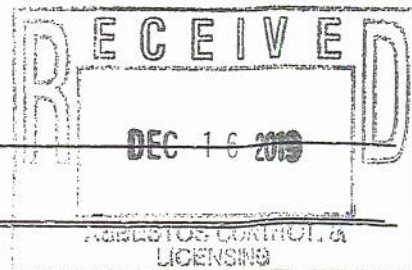
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11-15-19		Name of Building Owner/Operator (2) REUTER CONSTRUCTION							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 459 N. BEECHAM RD		City, State, Zip Code WILLIAMSTOWN N.J. 08094							
Name of Contact JOHN		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 1500 # of Floors 2 Bldg. Age 50							
City (5) OCEAN CITY		County Code (7) (STATE USE ONLY) CLAREMONT							
County (6) CLAREMONT		Current Use (Prior to being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____							
Street Address _____		Name of Abatement Contractor (9) KLEWCO INC							
City, State, Zip Code _____		Street Address 369 S. SPRUCE AVE							
Project Manager for Monitoring Firm _____		City, State, Zip Code MAPLE SHADE N.J. 08052							
Telephone No. _____		Telephone No. 856-779-0472							
Start Date (10) 11-25-19		License No. # 01371							
Scheduled Completion Date (11) 12-5-19		Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
City, State, Zip Code _____		City, State, Zip Code _____							
Scope of Work (Check all that apply)									
<input type="checkbox"/> < 3 sf or < 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	2000 SF	X			
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904		Cubic Yards of Waste 4		Name of Registered Landfill C.M.C. MVA			
City, State MAPLE SHADE W.J.		Disposal Date _____		City, State WOODBINE N.J.					
Completed By MICHAEL KLEWCO		Title PRES		Signature <i>[Signature]</i>		Date 11-15-19			

INV# 10700

D&S Proj. #: 19-272

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

CK 52101 PAID

Date of Notification (1) 12/10/19		Name of Building Owner/Operator (2) Robert Dignazio	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Harrison, NJ 07029	
Name of Contact Robert Dignazio		Telephone Number [REDACTED]	

FACILITY INFORMATION

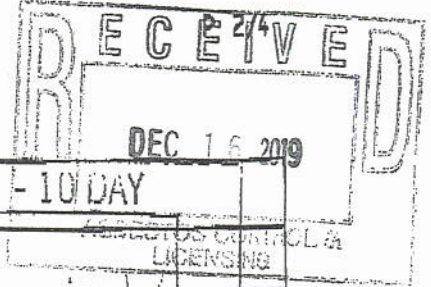
Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,100 SF		
City (5) Harrison, NJ 07029			# of Floors 02		
County (6) Hudson			Bldg. Age 60		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]			Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]			Telephone Number 973-345-3020		
Phone Number [REDACTED]			License Number 01169		
Start Date (10) 12/11/19			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 12/18/2019			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal hours			City, State, Zip Code Paterson, NJ 07503		

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 w/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)	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								
basement		X		Pipe Insulation	34 LF	X					
Registered Waste Hauler D & S RESTORATION, INC.				NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY					
City, State PATERSON, NJ 07503				Disposal Date		City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC				Title PRESIDENT		Signature [Signature]		Date 12/09/19			

* Do not use this form for asbestos licensure exempted activities

2019-12-11 15:30

Shade Environmental 1 >> 609 633 0664



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

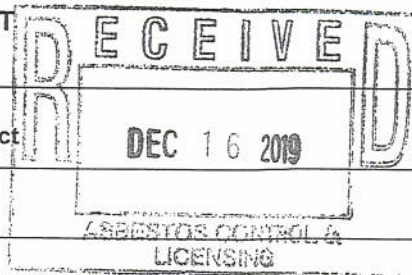
Date of Notification (1) 12 / 11 / 19		Name of Building Owner/Operator (2) Diocese of Camden		DOL - 10 DAY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> PCA (NJAC 8:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 631 Market Street City, State, Zip Code Camden, NJ 08102 Name of Contact Pat Williams Telephone Number 856-583-2857	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Saint Joseph High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 328 Vine Street				Square Feet 48,000	
City (5) Hammonton				# of Floors 2	
County (6) Atlantic				Bldg. Age 70	
County Code (7) (STATE USE ONLY) Atlantic		Current Use (Prior if being demolished) Fieldhouse			
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1000 Maplewood Drive, Suite 207		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052	
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052		Telephone No. 856-755-0099	
Project Manager for Monitoring Firm Chris Maori		Telephone No. 856-755-0099		License No. 00842	
Start Date (10) 12 / 13 / 19		Scheduled Completion Date (11) 12 / 14 / 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 Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work: (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 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 (ADM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Fieldhouse Locker Room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		4 LF	
		<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 Shade Environmental, LLC		NJDEP Waste Hauler ID No. 32426		Cubic Yards of Waste 1	
City, State Maple Shade, NJ		Disposal Date 12/14/2019		Name of Registered Landfill Atlantic County Utilities Authority	
City, State Egg Harbor Township, NJ		Signature Christina Fay		Date 12/11/19	
Completed By (Print or Type) Christina Fay		Title Vice President of Operations			

 ASD-41
 JAN 13

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

Inv# 16786
CK 16270 PAID

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



Date of Notification (1) 12 / 11 / 19		Name of Building Owner/Operator (2) Springfield Township School District							
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 2146 Jacksonville-Jobstown Road City, State, Zip Code Jobstown, NJ 08041							
		Name of Contact Joe Knewasser	Telephone Number 609-417-0638						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Springfield Township Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2146 Jacksonville-Jobstown Road									
City (5) Jobstown		Square Feet 52,000	# of Floors 2 Bldg. Age 68						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.	ASCM No. 00003	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1253 N. Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Jim Guilardi	Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 12 / 30 / 19	Scheduled Completion Date (11) 12 / 31 / 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 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥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	Enclosure
1957 Wing Closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ			Disposal Date 12/31/2019	City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>			Date 12/11/19		

Inv# 10185

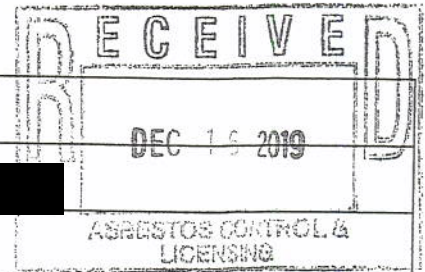
NO2622921 0846 PAID

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



Date of Notification (1) 12 / 12 / 2019		Name of Building Owner/Operator (2) Candy Markowitz							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Kinnelon, NJ 07405 Name of Contact Thomas Asfor Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Markowitz Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,193							
City (5) Kinnelon		# of Floors 2							
County (6) Morris		Bldg. Age 51							
County Code (7) (STATE USE ONLY) 1415		Current Use (Prior to being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A							
Street Address N/A		Name of Abatement Contractor (9) Acme Professional Services Corp							
City, State, Zip Code N/A		Street Address 550 Rifle Camp Rd							
Project Manager for Monitoring Firm N/A		City, State, Zip Code Woodland Park, NJ 07424							
Telephone No. N/A		Telephone No. 973-938-5266							
Start Date (10) 12 / 23 / 2019		License No. 02003							
Scheduled Completion Date (11) 12 / 27 / 2019		Name of OSHA Monitor Arsenije Adamov							
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 550 Rifle Camp Rd							
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 Woodland Park, NJ 07424							
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9x9 Tile & Mastic	200SF	<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 Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176		Cubic Yards of Waste 2 cubic yards		Name of Registered Landfill Fairless Landfill			
City, State Woodland Park, NJ		Disposal Date 12-30-19		City, State Morrisville PA					
Completed By (Print or Type) Arsenije Adamov		Title President		Signature Arsenije Adamov		Date 12/12/19			

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

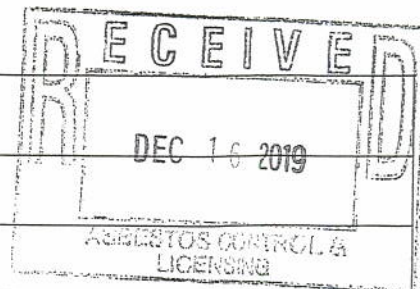


Inv# 110690
 OK 10872 PAID

Date of Notification (1) 12-11-19		Name of Building Owner/Operator (2) JAMES Bell							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MOORESTOWN NJ							
		Name of Contact JAMES Bell	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		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) MOORESTOWN		Square Feet 1500	# of Floors 2						
County (6)		Bldg. Age NA							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECT		Name of Abatement Contractor (9) FRYMAR CONSTRUCTION							
Street Address PO BOX 11645		Street Address PO BOX 11587							
City, State, Zip Code PHILA PA 19116		City, State, Zip Code PHILA PA 19116							
Project Manager for Monitoring Firm BRIAN S		Telephone No. 267-784-4693	License No. 01276						
Start Date (10) 12-13-19	Scheduled Completion Date (11) 12-13-19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT				PIPE WRAP	45 LF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 1	Name of Registered Landfill WESTERN BERKS					
City, State PHILA PA		Disposal Date		City, State BIRDSBORO PA					
Completed by EFRAIM DUA		Title VP	Signature Efrain DUA			Date 12-11-19			

Inv# 10781 PAID
CK 6266

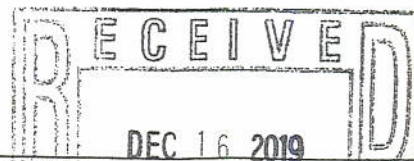
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 12 / 10 / 19		Name of Building Owner/Operator (2) North Hanover Board of Education							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 331 Monmouth Road City, State, Zip Code Wrightstown, NJ 08562							
		Name of Contact Helen Payne	Telephone Number 609-738-2600						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clarence B. Lamb Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 46 Schoolhouse Road									
City (5) Wrightstown		Square Feet 48,000	# of Floors 2						
		Bldg. Age 62							
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental, Inc.	ASCM No. 00149	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 615 Prospect Avenue		Street Address 623 Cutler Avenue							
City, State, Zip Code Morrisville, PA 19067		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Richard J. Beach	Telephone No. 267-991-9212	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 12 / 23 / 19	Scheduled Completion Date (11) 12 / 31 / 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 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Corridor A112	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tar Paper/Mastic	44 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corridor D125A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tar Paper/Mastic	81 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ			Disposal Date 12/31/2019	City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 12/10/19			

Inv# 16598
CK 7360 PAID

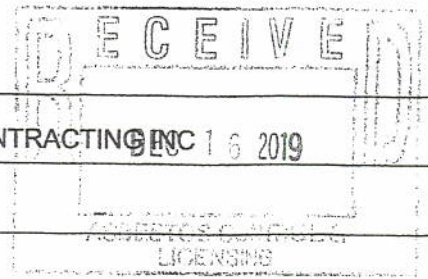
State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) 12/9/2019		Name of Building Owner/Operator (2) Assunta & Tony Trischka	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input checked="" type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address [REDACTED]		City, State, Zip Code Fair Lawn NJ 07410	
Name of Contact Andres Ferradans		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Sq. Feet: # 1700 of Floors: 1 Bldg. Age: 59 years old Current Use (prior if being demolished): Home	
City (5) Fair Lawn NJ 07410	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner Consulting Services of America		ASCM No.	Name of Contractor (9) BL Contracting Inc.
Street Address 9 Glenside Trail		Street Address 5 Marguerite Lane	
City, State, Zip Code Sparta 07871		City, State, Zip Code Towaco NJ 07082	
Project Manager for Monitoring Firm Mike Chain	Telephone Number 732-921-9223	Telephone Number 5 Marguerite Lane	License Number 01265
Scheduled Start Date (10) 12/13/2019	Scheduled Completion Date (11) 12/25/2019	Name of OSHA Monitoring	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Monday-Sunday 7AM-4:30 PM		Street Address City, State, Zip Code	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf $X \geq 160$ sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove-bag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) Basement	Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.) Floor Tiles	Amount (Specify SF or LF) 680 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler BL Contracting Inc	NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 6	Name of Registered Landfill T.R.R.F
Disposal Date 12/25/2019		City, State Tully town, PA	
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature Nedo Vasilic	Date 12/9/2019

Inv# 15010
CK 1508 PAID

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

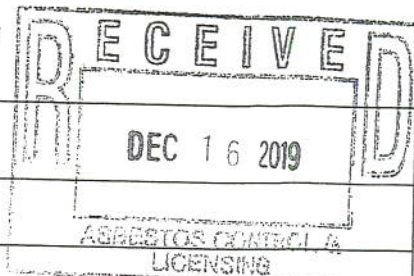


Date of Notification (1) 08/09/2019		Name of Building Owner/Operator (2) JOSEPH. TAFFARO & SON CONTRACTING INC						
Agencies Notified	Type Notification	Street Address P.O. BOX 1046						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MANAHAWKIN NJ. 08050						
		Name of Contact JOSEPH TAFFARO	Telephone Number 201-388-7272					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 1,500 SF.	# of Floors 2					
City (5) North Bergen NJ. 07047		Bldg. Age 105						
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) YES						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.					
Street Address		Street Address 4919 BERGENLINE AVE						
City, State, Zip Code		City, State, Zip Code WEST NEW YORK NJ. 07093						
Project Manager for Monitoring Firm		Telephone No. 201 776 0642	License No. 01300					
Start Date (10) 08/10/2019	Scheduled Completion Date (11) 08/10/2019	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 <input type="checkbox"/> Other - Describe: _____		Street Address 307 W. 38 ST. City, State, Zip Code NEW YORK N.Y.						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
FRONT PORCH FLAT ROOF		X	ROOFING MATERIAL	370. SF	X			
BASEMENT BOILER		X	Heat Paper Cell Insulation	20. SF	X			
Name of Registered Waste Hauler TRI- STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC				
City, State BRONX N.Y.			Disposal Date TBD	City, State WAYNERBURG OHIO				
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 08/09/2019				

INV# 16782 PAID

NO 26229216835

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



Date of Notification (1) 12 / 12 / 2019		Name of Building Owner/Operator (2) Jonathan Kozy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Madison, NJ 07940							
		Name of Contact Jonathan Kozy	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kozy Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Madison		Square Feet 4,000	# of Floors 2						
County (6) Morris		Bldg. Age 56							
County Code (7) (STATE USE ONLY) 1417		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) Acme Professional Services Corp						
Street Address N/A		Street Address 550 Rifle Camp Rd							
City, State, Zip Code N/A		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 973-938-5266						
Start Date (10) 12 / 20 / 2019		Scheduled Completion Date (11) 12 / 24 / 2019	License No. 02003						
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 Arsenije Adamov							
		Street Address 550 Rifle Camp Rd							
		City, State, Zip Code Woodland Park, NJ 07424							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9X9 Tile and Mastic	144sqft	<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 Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 2 cubic yards	Name of Registered Landfill Fairless Landfill					
City, State Woodland Park, NJ		Disposal Date 12/26/19		City, State Morrisville PA					
Completed By (Print or Type) Arsenije Adamov		Title President		Signature Arsenije Adamov		Date 12/12/19			

Inv# 16780 PAID

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

Check # 0185

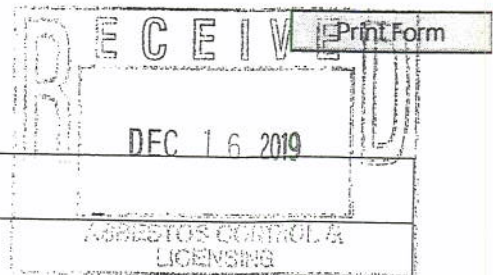
Date of Notification (1) 11 / 18 / 19		Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	
Street Address 1 HEALTH PLAZA		City, State, Zip Code EAST HANOVER, NJ 07936	
Name of Contact HASSAN NEKOU		Telephone Number 862-778-8799	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NOVARTIS		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 1 HEALTH PLAZA		Building Age	
City (5) EAST HANOVER	County (6) MORRIS	County Code (7)	Square Feet N/A
			# Of Floors N/A
			Current Use (Prior if being demolished) N/A
Name of Monitoring Firm Hired by Bldg. Owner (8) HILLMANN ENVIRONMENTAL		Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC	
Street Address 1600 Route 22 East		Street Address	
City, State, Zip Code Union, NJ 07038-1597		32 Williams Parkway	
Project Mngr. For Monitoring Firm MIKE NEHLSSEN		City, State, Zip Code East Hanover, NJ 07936	
Telephone Number 908-688-7800		Telephone Number 973-884-8682	
Sched. Start Date (10) 12 / 27 / 19		Sched. Completion Date (11) 12 / 30 / 19	
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: _____ <input checked="" type="checkbox"/> Other - Describe: <u>Friday 7:00AM-Monday 7:AM</u>		Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC	
		Street Address 32 Williams Parkway	
		City, State, Zip Code East Hanover, NJ 07936	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> Demolition <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"/> 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)	Abatement Type
	YES NO N/A		R E M O V A L R E P A I R E N C A P S U L E N C L O S U R
EXTERIOR BELOW GRADE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE	25LF
	<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 NEWARK CARTING NORTHSTAR CONTRACTING GROUP, INC	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS
City, State NEWARK, NJ EAST HANOVER, NJ	Disposal Date	City, State MORRISVILLE, PA	
Completed by (Print or Type) STEVEN STILES	Title PROJECT MANAGER	Signature 	Date 12/13/19

Inv # 10767

OK 4246

PAID

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

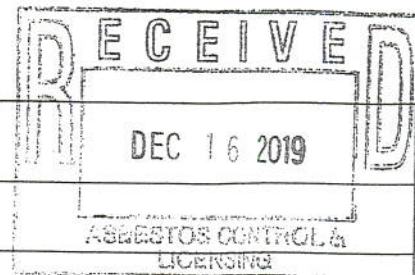


Date of Notification (1) 12/13/2019		Name of Building Owner/Operator (2) Newark Public Schools							
Agencies Notified	Type Notification	Street Address 190 Muhammad Ali Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07108							
		Name of Contact Mr. Benjamin Olagadeyo	Telephone Number 973-993-7544						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chancellor Avenue Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 321 Chancellor Ave.		Square Feet 67,000	# of Floors 4						
City (5) Newark, NJ		Bldg. Age 65							
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) TTI Environmental, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Smac Corp.						
Street Address 1253 North Church Street		Street Address 431 North Midland Ave.							
City, State, Zip Code Moorestown, NJ		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm Mr. Jim Guilardi		Telephone No. 856-840-8800	License No. 01110						
Start Date (10) 12/13/2019	Scheduled Completion Date (11) 12/15/2019	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1056 Shelton Ave.							
		City, State, Zip Code Piscataway, NJ 08854							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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
Room 302		X		Insulation	9 lf	X		X	
Name of Registered Waste Hauler Smac Corp.		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 5	Name of Registered Landfill Grown Lendfill					
City, State Saddle Brook, NJ		Disposal Date 12/15/2019		City, State Morrisville, PA					
Completed by Borce Gjorsoski		Title President	Signature <i>Borce Gjorsoski</i>			Date 12/13/2019			

Inv# 16797

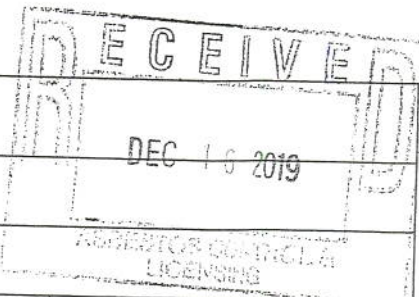
CK 10868 PAID

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



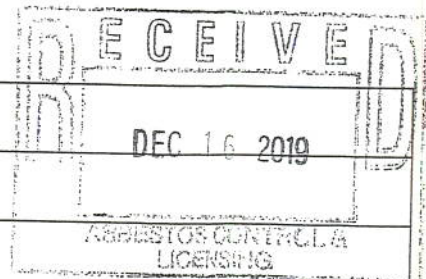
Date of Notification (1) 12 / 13 / 19		Name of Building Owner/Operator (2) Johnson Development Group							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 86 Summit Ave. Suit 201 City, State, Zip Code Summit, NJ 07901							
		Name of Contact James Hamilton	Telephone Number 864-415-2036						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1239 Broad St.		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 1239 Broad St.									
City (5) Newark		Square Feet 47,000	# of Floors 1.5						
		Bldg. Age 100							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc		ASCM No.	Name of Abatement Contractor (9) Highground Industrial LLC						
Street Address Po Box 365		Street Address 12 Industrial Drive							
City, State, Zip Code Berlin NJ 08009		City, State, Zip Code Florida NY 10921							
Project Manager for Monitoring Firm		Telephone No. 856-452-1311	License No. 01370						
Start Date (10) 1 / 6 / 20	Scheduled Completion Date (11) 2 / 6 / 20	Name of OSHA Monitor Highground Industrial 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 12 Industrial Drive City, State, Zip Code Florida NY 10921							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	14,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Misc. Tar	800sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashing Material	1700 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"/>
Name of Registered Waste Hauler Spartan Environmental Inc		NJDEP Waste Hauler ID No. PA584		Cubic Yards of Waste 900	Name of Registered Landfill Minerva Enterprises				
City, State Donora PA		Disposal Date various		City, State Waynesburg					
Completed By (Print or Type) Jeff Hoffman		Title Account Rep.		Signature Jeff Hoffman			Date 12/13/19		

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



Date of Notification (1) 12 / 6 / 19		Name of Building Owner/Operator (2) Johnson Development Group							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 86 Summit Ave. Suit 201							
		City, State, Zip Code Summit, NJ 07901							
		Name of Contact James Hamilton	Telephone Number 864-415-2036						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1239 Broad St.		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 1239 Broad St.									
City (5) Newark		Square Feet 47,000	# of Floors 1.5						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 100						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc		Current Use (Prior if being demolished) Warehouse							
ASCM No.		Name of Abatement Contractor (9) Highground Industrial LLC							
Street Address Po Box 365		Street Address 12 Industrial Drive							
City, State, Zip Code Berlin NJ 08009		City, State, Zip Code Florida NY 10921							
Project Manager for Monitoring Firm		Telephone No. 856-452-1311	License No. 01370						
Start Date (10) 12 / 16 / 19	Scheduled Completion Date (11) 1 / 17 / 20	Name of OSHA Monitor Highground Industrial 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 12 Industrial Drive							
		City, State, Zip Code Florida NY 10921							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	14,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Misc. Tar	800sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashing Material	1700 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"/>
Name of Registered Waste Hauler Spartan Environmental Inc		NJDEP Waste Hauler ID No. PA584	Cubic Yards of Waste 900	Name of Registered Landfill Minerva Enterprises					
City, State Donora PA		Disposal Date various		City, State Waynesburg					
Completed By (Print or Type) Jeff Hoffman		Title Account Rep.		Signature <i>Jeff Hoffman</i>		Date 12/6/19			

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



Date of Notification (1) 10/25/2019		Name of Building Owner/Operator (2) Jill Sabol	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Madison NJ	
		Name of Contact Guy Abrahamson	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) N/A		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) Madison	Square Feet 3,596	# of Floors 2	Bldg. Age 1937
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Checkmark Industrial	
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334
Start Date (10) 10/28/2019	Scheduled Completion Date (11) 11/5/2019	Name of OSHA Monitor Checkmark Industrial	
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr	
<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 Sparta NJ 07871	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

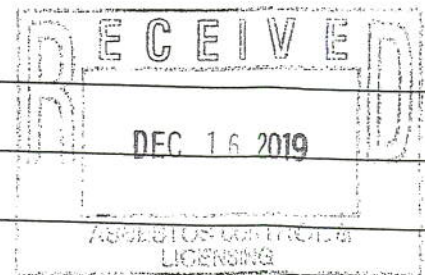
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Floor Tiles	177 SF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark NJ		Disposal Date		City, State Pen Argyl, PA	
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>		Date 10/25/2019

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



Date of Notification (1) 11/8/2019		Name of Building Owner/Operator (2) Alyssa Davis	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Milford NJ	
		Name of Contact Alyssa Davis	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) N/A		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) West Milford NJ		Square Feet 696	# of Floors 1
County (6) Passaic		Bldg. Age 1952	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-570-2645
Start Date (10) 11/9/2019		Scheduled Completion Date (11) 11/18/2019	License No. 01334
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Checkmark Industrial	
<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 54 Morgan Dr	
		City, State, Zip Code Sparta NJ 07871	

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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
attic		X		vermiculite insulation	540 SF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 8	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark NJ		Disposal Date		City, State Pen Argyl, PA	
Completed by Corey Stankovic		Title CEO	Signature <i>C. Stankovic</i>		Date 11/8/2019

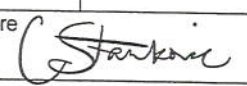
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State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

DEC 10 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/12/2019		Name of Building Owner/Operator (2) ABB Supply Operations Ltd.							
Agencies Notified	Type Notification	Street Address Headquarters 901 Main Campus Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raleigh, NC 27606							
		Name of Contact Tom Vitiello, Owner's Representative	Telephone Number 973-615-5400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4)							
Street Address 1 Esna Drive		<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) Hackettstown NJ		Square Feet 60,000 SF	# of Floors 2						
		Bldg. Age 1969							
County (6) Warren	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) commercial							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-570-2645						
		License No. 01334							
Start Date (10) 11/13/2019	Scheduled Completion Date (11) 11/30/2019	Name of OSHA Monitor Checkmark Industrial							
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr							
<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 Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
first floor office area		X		Floor Tiles	2,500	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 25	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date		City, State Pen Argyl, PA					
Completed by Corey Stankovic		Title CEO	Signature 			Date 11/12/2019			

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

RECEIVED

Date of Notification (1)

12 / 12 /2019

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

KINNARI PATEL

Telephone Number

732-594-6352

DEC 16 2019

ASBESTOS CONTROL & LICENSING

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 N LABS

Square Feet

40,000

of Floors

1

Bldg. Age

57

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 3 /19
Month Day Year

Sched. Completion Date (11)

10 / 30 /20
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation☐ Full Containment with Negative Pressure☒ Mini Enclo.☒ Glovebag Procedure☒ Non-Friable Procedure

Location of
Asbestos-containing
Material (ACM)
TO BE ABATED
in Facility (13)

Is Location
normally used
solely by
Maint/Custodial
Staff (12)

Yes No N/A

Description of Asbestos-
Containing Material (ACM)
(ie. Thermal systems
insulation, surfacing, VAT,
or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

REMOVAL

REPAIR

ENCAPSUL

ENCLOSUR

1ST FLOOR ROOM C25, C25A, C25B

X

VAT & MASTIC

650 SF

X

1ST FLOOR ROOM C25

X

PIPE INSULATION/PIPE SADDLES

5 LF

X

1ST FLOOR C25

X

DUCT MASTIC

2 SF

X

1ST FLOOR ROOM B37

X

VAT & MASTIC

145 SF

X

1ST FLOOR ROOM C29

X

VAT & MASTIC

80 SF

X

1ST FLOOR ROOM C19A

X

VAT & MASTIC

140 SF

X

1ST FLOOR ROOM C19

X

SOUND PROOFING PAPER BATTING

100 SF

X

1ST FLOOR ROOM C19 & C19A

X

PIPE INSULATION/PIPE SADDLES

9 LF

X

1ST FLOOR ROOM C25

X

BENCH TOP complete

150 SF

X

1ST FLOOR ROOM B37

X

SINK MASTIC COATING

35 SF

X

1ST FLOOR ROOM B37

X

PIPE INSULATION

8 LF

X

1ST FLOOR ROOM C31

X

PIPE INSULATION/PIPE SADDLES

5 LF

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

NJDEP Waste
Hauler ID No.
15939

Cubic Yards of Waste
30

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15
City, State
MONTGOMERY, PA 17752

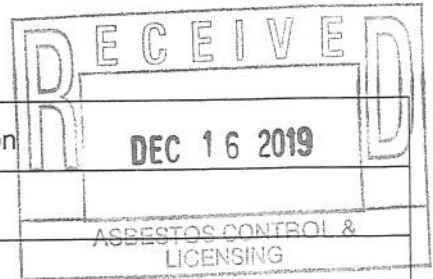
Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date 12-12-19

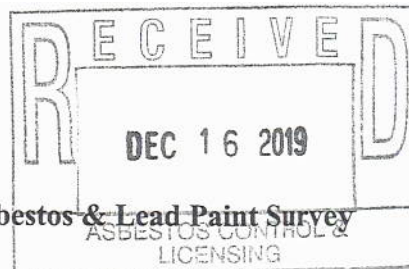
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (4) 10/30/2019		Name of Building Owner/Operator (2) Atlantic Realty Development Corporation							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 90 Woodbridge Center Drive		City, State, Zip Code Woodbridge NJ 07095							
Name of Contact Jeremiah Fleming		Telephone Number 848-391-7850							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		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 380, 382, 384 Amwell Road		Square Feet 1,218/ 2,094/ 1,545	# of Floors 1/ 2/ 2						
City (5) Hillsborough NJ		Bldg. Age 1931/ 1918/ 1941							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) abandoned							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334						
Start Date (10) 10/31/2019	Scheduled Completion Date (11) 11/25/2019	Name of OSHA Monitor Checkmark Industrial							
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 54 Morgan Dr							
		City, State, Zip Code Sparta NJ 07871							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Please see attached survey pages		X		see attached	see attached	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ		Disposal Date		City, State Pen Argyl, PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 10/30/2019			

Atlantic Realty Development Corp.
380 Amwell Road, 384 Amwell Road &
384 Amwell Road
Hillsborough, New Jersey

Pre-Demolition Asbestos & Lead Paint Survey
ASBESTOS CONTROL &
LICENSING
September 26 - 27, 2019
EHI Project #: 1005-8279



9. Exterior Window Components Under Vinyl Siding i.e., Sashes, Frames, Aprons, Stool/Sills,
Casings

10. Exterior Painted Concrete Foundation

4.2 Asbestos

An asbestos containing material is one that contains more than one percent (1%) asbestos.

The following is a summary of asbestos containing building materials:

380 Amwell Road

Asbestos Material	Location	Estimated Quantity
Roof Tar - Perimeter Flashing	Exterior Roof Lower Roof Addition West Edge	12 Square Feet
Waterproofing Tar - Penetration Flashing	Exterior Roof at Base of Chimney	5 Square Feet
9" x 9" Tan Floor Tile and Associated Black Mastic	1 st Floor Living Room under Carpet	375 Square Feet
	1 st Floor Bedroom #1	220 Square Feet
	Total:	595 Square Feet
Flue Packing	Basement Furnace Exhaust into Chimney	2 Square Feet
Cement Board Siding	Exterior Shed Siding	160 Square Feet
Tar Paper	Exterior Shed under Cement Board Siding	160 Square Feet
	Exterior Shed Roof - under Roof Shingles	150 Square Feet
	Total:	310 Square Feet

Atlantic Realty Development Corp.
 380 Amwell Road, 384 Amwell Road &
 384 Amwell Road
 Hillsborough, New Jersey

Pre-Demolition Asbestos & Lead Paint Survey

September 26 - 27, 2019
 EHI Project #: 1005-8279

382 Amwell Road:

Asbestos Material	Location	Estimated Quantity
Cement Board Siding	Exterior Main House under Vinyl Siding, Foam Insulation and Wood Paneling	1,800 Square Feet
12" x 12" Green Floor Tile	1 st Floor Office under Carpet and Plywood	145 Square Feet

384 Amwell Road:

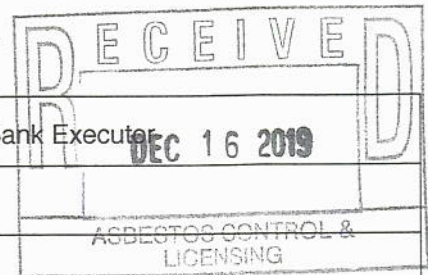
Asbestos Material	Location	Estimated Quantity
Thermal System Insulation	On Steam Pipe Lines in House in Basement, 1 st and 2 nd Floors	250 Linear Feet *Debris on Basement North and West Side Sill Plates = 5 Square Feet
Cementitious Pipe Fittings	On Steam Pipe Lines associated with the Thermal System Insulation	30 in Number

5.0 Conclusion

EHI conducted an XRF lead paint and asbestos testing at the residences located at 380 Amwell Road, 382 Amwell Road and 384 Amwell Road in Hillsborough, New Jersey. As a result of this survey the materials summarized in the tables in Section 4.2 of this report have been identified as being asbestos containing materials. An approximate quantity of each of the identified asbestos containing materials has also been provided.

Any work or activities to be performed at the residences, e.g., demolition or renovation work, that may directly and/or indirectly impact or disturb existing asbestos materials must be

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)



CK 381 INV-155104

Date of Notification (1) 10/28/2019		Name of Building Owner/Operator (2) Estate of Helen W. Craig, First Hope Bank Executor	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 161 Newton Sparta Road		City, State, Zip Code Newton NJ 07860	
Name of Contact Betsy Foy		Telephone Number 973-729-8333	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		City (5) Sparta	
County (6) Sussex		County Code (7) (STATE USE ONLY)	Square Feet 1,052
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	# of Floors 1
Street Address		Bldg. Age 1900	
City, State, Zip Code		Current Use (Prior if being demolished) residence	
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334
Start Date (10) 10/29/2019		Scheduled Completion Date (11) 11/10/2019	
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 Checkmark Industrial	
Street Address 54 Morgan Dr		City, State, Zip Code Sparta NJ 07871	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input 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 & Basement Crawlpace		X		pipe wrap	100 LF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark NJ		Disposal Date		City, State Pen Argyl, PA	
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>		Date 10/28/2019

Inv 16798

B & G proj. #:

2019-275

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

Check # 9792

Date of Notification (1) 11/21/13/19		Name of Building Owner/Operator (2) Paterson Public Schools	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 90 Delaware Ave.		City, State, Zip Code Paterson, NJ 07503	
Name of Contact		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PS # 12 (NON-Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 121 North 2nd St.			Square Feet # of Floors Bldg. Age		
City (5) Paterson	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) school		
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental, Inc.		ASCM No. 0003	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 1253 North Church St.		Street Address 105 Ryerson Road			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Jim Guillard		Phone Number 609-314-1683	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 12/23/2019		Sched. Completion Date (11) 12/27/2019			
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:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

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)			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						
Kitchen -floor trench			X	wrap & cut asbestos pipe	21 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/27/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 12/13/2019

INV 16795

B & G proj. #:

2019-274

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

Check # 9789

Date of Notification (1) 12/13/19		Name of Building Owner/Operator (2) Alphonse Chesnick		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 16 2019 ASBESTOS CONTROL & RESTORATION, INC. Telephone Number: </div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Kearney, NJ 07032		
		Name of Contact Alphonse Chesnick		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Alphonse Chesnick			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		
City (5) Kearney, NJ	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	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) 12/30/2019	Sched. Completion Date (11) 01/03/2020		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"/> Renovation	<input type="checkbox"/> wrap & cut	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure	

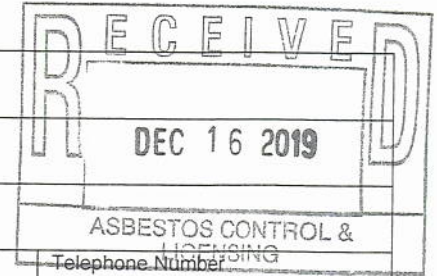
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	24 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	joint compound / sheetrock	300 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler/laundry room			<input checked="" type="checkbox"/>	pipe insulation	12 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 01/03/2020	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/13/2019

Inv 16791

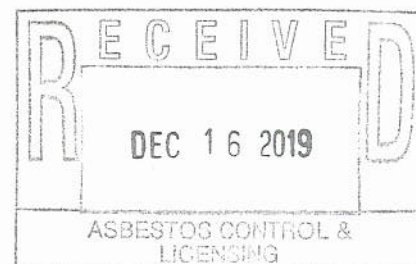
State of New Jersey
PAID
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Check # 3630



Date of Notification (1) 12/2/2019		Name of Building Owner/Operator (2) Belle Associates, LLC							
Agencies Notified	Type Notification	Street Address 8 Campus Drive, Suite 100							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Parsippany, New Jersey 07054							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Scott J. Robertson							
		Telephone Number (973) 276-5959							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Harborside Plaza I		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 150 Hudson Street		Square Feet 432,000	# of Floors 8						
City (5) Jersey City		Bldg. Age 90							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial / Office Building							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 10/21/2019	Scheduled Completion Date (11) 05/15/2020	Name of OSHA Monitor Sky Contracting, 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 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached									
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware			Disposal Date TBD	City, State Waynesburg, Ohio					
Completed by Ljiljana Sekularac		Title Office Assistant		Signature 			Date 12/2/2019		

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
6 th Floor - Throughout		x		ACM Floor Mastic w/ associated asbestos contaminated Floor Tiles	54,000 SF	x			
6 th Floor - Throughout		x		ACM Impacted Computer Floor Pedestals	29,000 SF	x			
6 th Floor - Front East		x		ACM Ceiling Glue Dots	6,000 SF	x			
7 th Floor - Throughout		x		ACM Floor Mastic w/ associated asbestos contaminated Floor Tiles	54,000 SF	x			
7 th Floor - Throughout		x		ACM Impacted Computer Floor Pedestals	29,000 SF	x			
8 th Floor - Throughout		x		ACM Floor Mastic w/ associated asbestos contaminated Floor Tiles	54,000 SF	x			
8 th Floor - Throughout		x		ACM Impacted Computer Floor Pedestals	29,000 SF	x			



Inv 16790
CK6282

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

RECEIVED	
DEC 16 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12 / 12 / 19		Name of Building Owner/Operator (2) 141 Kings Highway, 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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 141 W. Kings Highway	
		City, State, Zip Code Bellmawr, NJ 08031	
		Name of Contact John Krinis	Telephone Number 610-365-1640

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 141 W. Kings Highway			
City (5) Bellmawr	Square Feet 10,000	# of Floors 1	Bldg. Age 58
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Commercial Building	
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 11645		Street Address 623 Cutler Avenue	
City, State, Zip Code Phialdelphia, PA 19116		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jason Dua	Telephone No. 267-784-4693	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 01 / 06 / 20	Scheduled Completion Date (11) 01 / 20 / 20	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

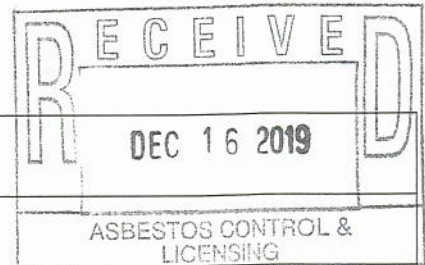
- ☒ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf
☐ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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
Liquor Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	223 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile	3,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vestibule	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	6 SF	<input checked="" 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 60	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 01/20/2020		City, State Morrisville, PA	
Completed By (Print or Type) Christina Fay	Title Vice President of Operations	Signature <i>Christina Fay</i>		Date 12/12/19	

INV 16789
CK 10273

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



Date of Notification (1) 12 / 12 / 19		Name of Building Owner/Operator (2) Michelle Adams		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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code South Plainfield, NJ 07080		Telephone Number					
Name of Contact Michelle Adams									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Adams Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) South Plainfield				Square Feet 2,160	# of Floors 2				
				Bldg. Age 65					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341				Street Address 623 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 12 / 26 / 19		Scheduled Completion Date (11) 12 / 30 / 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 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 761 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Level Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic		<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 8	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ				Disposal Date 12/30/2019	City, State Morrisville, PA				
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature 		Date 12/12/19			

Inv 16788
CK 37933

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

RECEIVED	
DEC 16 2019	
37933	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12 / 11 / 19		Name of Building Owner/Operator (2) Jacobs Demolition	
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 P O Box 9 City, State, Zip Code Manasquan, NJ 08736	
		Name of Contact Linda	Telephone Number 732-528-3800

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Manasquan	Square Feet 2000 sf	# of Floors 2	Bldg. Age 65
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 12 / 20 / 19	Scheduled Completion Date (11) 12 / 22 / 19	Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854	

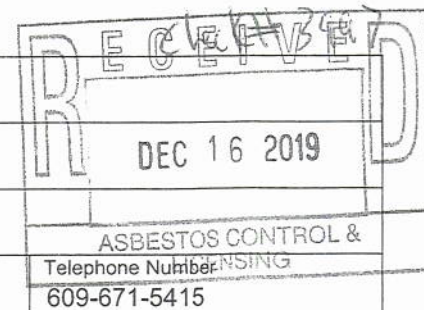
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2000 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 Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/22/19	City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/11/19

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:129)



Date of Notification (1) 12/12/19		Name of Building Owner/Operator (2) Lawrence Township Public Schools	
Agencies Notified	Type Notification	Street Address 2565 Princeton Pike	
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact James Alberti	
		Telephone Number 609-671-5415	

FACILITY INFORMATION

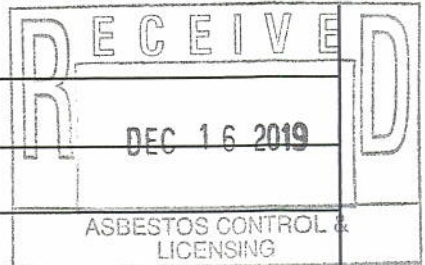
Name of Facility Where Abatement is Taking Place (3) Lawrence Middle School (LM)		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2455 Princeton Pike		Square Feet 50,000	# of Floors 1
City (5) Lawrenceville		Bldg. Age 50	
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.	
Street Address 1253 North Church St.		Street Address 923 Haws Ave.	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Norristown, Pa 19401	
Project Manager for Monitoring Firm Michael Keehn	Telephone No. 609-386-8800	Telephone No. 610-239-9920	License No. 0398
Start Date (10) 12/26/19	Scheduled Completion Date (11) 1/1/20	Name of OSHA Monitor Plymouth Environmental Co., 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: 6am-11pm		Street Address 923 Haws Ave.	
		City, State, Zip Code Norristown, PA 19401	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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
1st Floor #2 Main Corridor - Orange Phase		X		Wall Plaster - Top Coat	19 SF	X		X	

Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill	
City, State Voorhees, NJ 08043			Disposal Date 12/30/19	City, State Moorisville, Pa	
Completed by Matthew Kelly	Title Secretary	Signature 		Date 12/12/19	

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



Date of Notification (1)

12 / 12 /2019

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

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

Street Address
126 E. LINCOLN AVENUE

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
KINNARI PATEL

Telephone Number
732-594-6352

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80 N LABS

Square Feet
40,000

of Floors
1

Bldg. Age
57

City (5)
RAHWAY

County (6)
UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
RESEARCH LABORATORY AND OFFICE FACILI

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

ASCM No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
655 WEST SHORE TRAIL

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SPARTA, NEW JERSEY 07871

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH

Telephone Number
973-729-5649

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)

12 / 3 /19
Month Day Year

Sched. Completion Date (11)

10 / 30 /20
Month Day Year

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address
117 EAST 30TH STREET


City, State, Zip Code
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Renovation

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

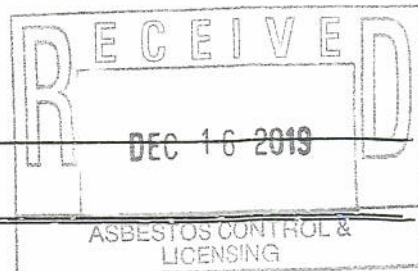
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR ROOM C25, C25A, C25B			X	VAT & MASTIC	650 SF	X			
1ST FLOOR ROOM C25			X	PIPE INSULATION/PIPE SADDLES	5 LF	X			
1ST FLOOR C25			X	DUCT MASTIC	2 SF	X			
1ST FLOOR ROOM B37			X	VAT & MASTIC	145 SF	X			
1ST FLOOR ROOM C29			X	VAT & MASTIC	80 SF	X			
1ST FLOOR ROOM C19A			X	VAT & MASTIC	140 SF	X			
1ST FLOOR ROOM C19			X	SOUND PROOFING PAPER BATTING	100 SF	X			
1ST FLOOR ROOM C19 & C19A			X	PIPE INSULATION/PIPE SADDLES	9 LF	X			
1ST FLOOR ROOM C25			X	BENCH TOP complete	150 SF	X			
1ST FLOOR ROOM B37			X	SINK MASTIC COATING	35 SF	X			
1ST FLOOR ROOM B37			X	PIPE INSULATION	8 LF	X			
1ST FLOOR ROOM C31			X	PIPE INSULATION/PIPE SADDLES	5 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939			Cubic Yards of Waste 30	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15				
City, State FREEHOLD, NEW JERSEY				Disposal Date 11/25/19-10/30/2020	City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Signature 	Date 12-12-19				

Inv 16692

Proj. #: 19-273

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

PAID



Date of Notification (1) 12/11/19		Name of Building Owner/Operator (2) Matthew Kamine	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code westfield, nj 07090	
Name of Contact Matthew Kamine		Telephone Number	

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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,300 SF		
City (5) westfield, nj 07090			County (6) union		# of Floors 02
			County Code (7) (State use only)		Bldg. Age 70
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Current Use (Prior if being demolished) Residential		

Name of Abatement Contractor (9) KLOMAX, LLC		ASCM No.	
Street Address 309 W. End Ave		City, State, Zip Code Hopatcong, NJ 07843	
Telephone Number 833-455-6629		License Number 02007	
Name of OSHA Monitor KLOMAX, LLC		Street Address 309 W. End Ave	
City, State, Zip Code Hopatcong, NJ 07843		Project Manager for Monitoring Firm Phone Number	
Start Date (10) 12/13/19		Sched. Completion Date (11) 12/18/2019	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			

Scope of Work (check all that apply)

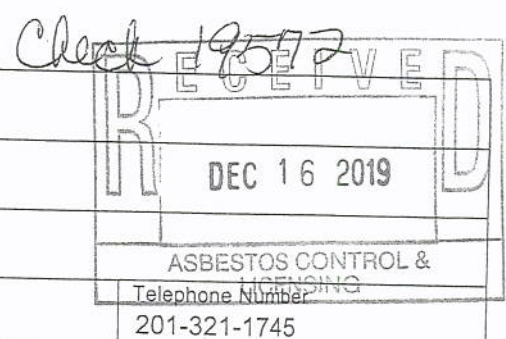
- ☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition

- ☐ Full Containment w/negative pressure
☒ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	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						
2ND FLOOR Bathroom		X		Paper duct insulation (wrap & cut)	54 SF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 12/11/19

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

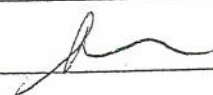


Date of Notification (1) 11/25/19 - 12/11/19		Name of Building Owner/Operator (2) Tonelli Development Corp.							
Agencies Notified	Type Notification	Street Address 44 Highland Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montvale, NJ 07645							
		Name of Contact Rob Tonelli							
		Telephone Number 201-321-1745							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Norwood		Square Feet 1600	# of Floors 2						
County (6) Bergen		Bldg. Age 73							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
		License No. 703							
Start Date (10) 12/9/19	Scheduled Completion Date (11) 12/16/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: exterior		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior			x	siding	2,000 SF	x			
Name of Registered Waste Hauler Tony's Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 11/25/19 & 12/11/19			

12-27-19
ON HOLD DUE
TO WEATHER

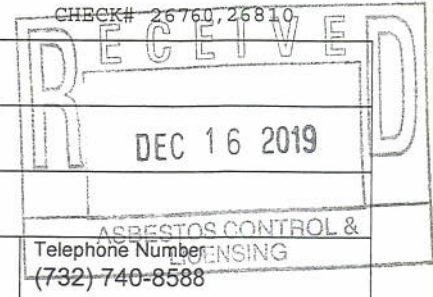
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check 19572

Date of Notification (1) 11/25/19		Name of Building Owner/Operator (2) Tonelli Development Corp.		DEC 16 2019 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 44 Highland Road		City, State, Zip Code Montvale, NJ 07645		Telephone Number 201-321-1745					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 1600						
City (5) Norwood			# of Floors 2						
County (6) Bergen			Bldg. Age 73						
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive		City, State, Zip Code Glenwood, NJ 07418					
City, State, Zip Code		Telephone No. 973-764-2276		License No. 703					
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor					
Start Date (10) 12/9/19		Scheduled Completion Date (11) 12/16/19		Street Address					
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: exterior				City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
exterior			X	siding	2,000 SF	X			
Name of Registered Waste Hauler Tony's Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787		Cubic Yards of Waste TBD		Name of Registered Landfill Chrin Brothers Sanitary Landfill			
City, State Bridgewater, NJ		Disposal Date TBD		City, State Easton, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 11/25/19			

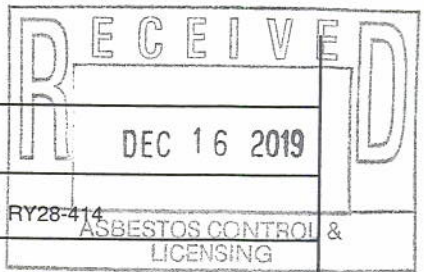
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHBCK# 26760, 26810



Date of Notification (1) 12-10-19		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irving, TX 75038							
		Name of Contact James E. Thomson	Telephone Number (732)-740-8588						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 28 3rd Avenue		<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) Long Branch		Square Feet 9,000	# of Floors 2						
County (6) Monmouth		Bldg. Age 65 yrs.							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1253 North Church Street		Street Address 200 Broad Street							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Kris Smith		Telephone No. (609) 313-8218	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 12-02-19	Scheduled Completion Date (11) 06-30-20	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement: AC Room			x	Duct Insulation	300SF	x			
Basement: AC Room			x	Pipe Insulation	200LF	x			
Basement: AC Room			x	Floor Tile	400SF	x			
1st Floor			x	VAT/Mastic	110SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill				
City, State Newark, NJ 07105				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Joseph Patrick		Title Project Manager		Signature		Date 12-10-19			

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



Date of Notification (1)

12 / 9 /2019

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #7
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

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

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 60

Square Feet

89,717

of Floors

5

Bldg. Age

82

City (5)

RAHWAY

County (6)

UNION

**County Code (7)
(STATE USE ONLY)**

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

7 / 25 /19
Month Day Year

Sched. Completion Date (11)

12 / 9 /19
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

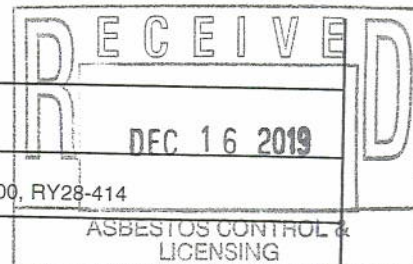
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
1st FLOOR NORTH WEST CORNER			X	PIPE INSULATION	210 LF	X			
1ST FLOOR NORTH/SOUTH/WEST			X	PIPE INSULATION	1,120 LF	X			
ADDITION TO SCOPE:									
1ST FLOOR EAST			X	PIPE INSULATION	320 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 42	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	Date 12/9/19				

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



Date of Notification (1) 11 / 7 /2019			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #6 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
Name of Contact PATRICIA JOHNSON			Telephone Number 732-594-2257		

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60				Square Feet 89,717	# of Floors 5
City (5) RAHWAY		County (6) UNION		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				ASCM No. 104	
Street Address 655 WEST SHORE TRAIL				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH				Telephone Number 845-369-7500	
Expected State Date (10) 7 / 25 /19				Sched. Completion Date (11) 12 / 1 /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: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
1st FLOOR NORTH WEST CORNER			X	PIPE INSULATION COMPLETE	210 LF	X			
1ST FLOOR NORTH/SOUTH/WEST			X	PIPE INSULATION	1,120 LF	X			
ADDITION TO SCOPE:									
1ST FLOOR EAST			X	PIPE INSULATION	320 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 42		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE	
City, State FREEHOLD, NEW JERSEY		Disposal Date 07/25-12/01/2019		City, State MONTGOMERY, PA 17752		447 ALEXANDER DRIVE/ROUTE 15	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 11-7-19	

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

34 DBA
DECEIVE
DEC 16 2019
ASBESTOS CONTROL & LICENSING

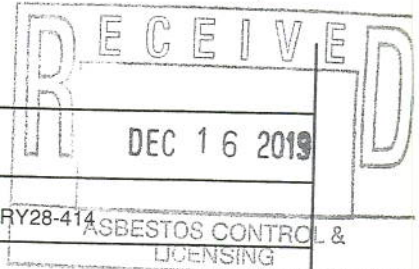
Date of Notification (1) 10 / 23 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-2257

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Bldg. Age 82
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACIL
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	City, State, Zip Code SUFFERN, NEW YORK 10901
Expected State Date (10) 7 / 25 /19		Sched. Completion Date (11) 12 / 1 /19	Telephone Number 845-369-7500
			License Number 1101
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
1st FLOOR NORTH WEST CORNER			X	PIPE INSULATION COMPLETE	210 LF	X			
ADDITION TO SCOPE:									
1ST FLOOR NORTH/SOUTH/WEST			X	PIPE INSULATION	1,120 LF	X			

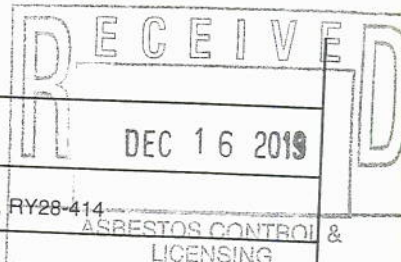
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 10/23/19

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



Date of Notification (1) 10 / 10 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 16 2019 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #4 <input type="checkbox"/> EMERGENCY NOTIFICATION			
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065			
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-2257			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60			Square Feet 89,717	# of Floors 5	Bldg. Age 82
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH			Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 7 / 25 /19		Sched. Completion Date (11) 12 / 1 /19		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM					
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure </div> </div>					
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL REPAIR ENCAPSUL ENCLOSUR	
BASEMENT-SOUTHWEST CORNER	X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X	
ADDITION TO SCOPE:					
1st FLOOR NORTH WEST CORNER	X	PIPE INSULATION COMPLETE	210 LF	X	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY					
NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752		
Disposal Date 07/25-12/01/2019		Signature 		Date 10/16/19	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS			

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



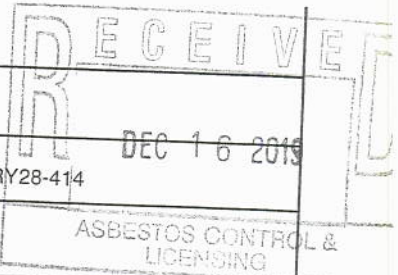
Date of Notification (1) 9 / 17 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact PATRICIA JOHNSON	
		Telephone Number 732-594-2257	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY		Bldg. Age 82	
County (6) UNION		County Code (7) (STATE USE ONLY) ASCM No. 104	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		City, State, Zip Code SUFFERN, NEW YORK 10901	
Expected State Date (10) 7 / 25 /19		Telephone Number 845-369-7500	License Number 1101
Sched. Completion Date (11) 12 / 1 /19		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM			
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			
<input checked="" type="checkbox"/> Renovation			
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
ADDITION TO SCOPE:									
1st FLOOR NORTH WEST CORNER			X	PIPE INSULATION	210 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Disposal Date 07/25-12/01/2019		Signature 		Date 9-17-19
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		

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



Date of Notification (1)

8 / 12 /2019

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Square Feet
89,717

of Floors
5

Bldg. Age
82

Street Address

126 EAST LINCOLN AVENUE - BUILDING 60

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

7 / 25 /19
Month Day Year

Sched. Completion Date (11)

12 / 1 /19
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
ADDITION TO SCOPE:									
2ND FLOOR NORTH WEST CORNER			X	PIPE INSULATION	210 LF	X			

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

NJDEP Waste

Hauler ID No.

15939

Cubic Yards of Waste

40

Disposal Date

07/25-12/01/2019

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE

447 ALEXANDER DRIVE/ROUTE 15

City, State

MONTGOMERY, PA 17752

Title

DIRECTOR OF OPERATIONS

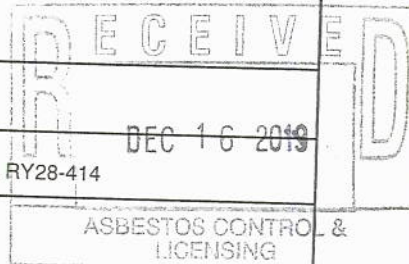
Signature

[Handwritten Signature]

Date

8/12/19

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



Date of Notification (1)

8 / 1 / 2019

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

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

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-2257

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 60

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Square Feet
89,717

of Floors
5

Bldg. Age
82

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

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

ASCM No.
104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

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Telephone Number

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License Number

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Expected State Date (10)

7 / 25 / 19
Month Day Year

Sched. Completion Date (11)

12 / 1 / 19
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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


☒ Renovation

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

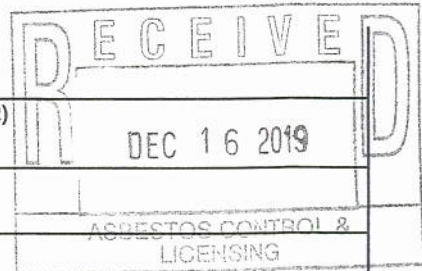
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
ADDITION TO SCOPE:									
2ND FLOOR NORTH WEST CORNER			X	PIPE INSULATION	210 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Disposal Date 07/25-12/01/2019	Signature 	Date 8/1/19			

DECEIVE
DEC 16 2019
RY28-414
ASSESSIOS CONTROL &
LICENSING

City, State
MONTGOMERY, PA 17752

Signature:  Date: 1/16/19

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



Date of Notification (1)

12 / 9 /19

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification 3
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

RIVERVIEW MEDICAL CENTER

Street Address

1 RIVERVIEW PLAZA

City, State, Zip Code

RED BANK, NEW JERSEY 07701

Name of Contact

ERIC MATTSON

Telephone Number

732-450-2689

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RIVERVIEW MEDICAL CENTER

Type of Facility (4)

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

Street Address

1 RIVERVIEW PLAZA-2ND FLOOR

Square Feet

250,000

of Floors

6

Bldg. Age

65

City (5)

RED BANK

County (6)

MONMOUTH

**County Code (7)
(STATE USE ONLY)**

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

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

64 BROAD STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MATAWAN, NEW JERSEY 07747

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

THOMAS GEIGER

Telephone Number

732-290-2236

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 03 / 19
Month Day Year

Sched. Completion Date (11)

12 / 09 / 19
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

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

☐ Criticals with Negative Pressure
☐ Mini-Enclo,
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR SOUTHWEST CORRIDOR			X	VAT & MASTIC	776 SF	X			
2ND FLOOR SOUTHWEST CORRIDOR			X	PIPE INSULATION	32 LF	X			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
120

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State
NEWARK, NJ 07105

Disposal Date
11/25/19-01/30/2020

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

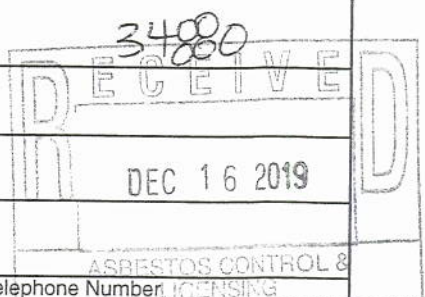
Signature

Date

12/19/19

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

Date of Notification (1) 11 / /19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification 2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 1 RIVERVIEW PLAZA		City, State, Zip Code RED BANK, NEW JERSEY 07701	
Name of Contact ERIC MATTSON		Telephone Number 732-450-2689	



Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1 RIVERVIEW PLAZA-2ND FLOOR			Square Feet 250,000	# of Floors 6	Bldg. Age 65
City (5) RED BANK	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL		

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	Telephone Number 845-369-7500	License Number 1101

Expected State Date (10) 12 / 03 / 19 Month Day Year	Sched. Completion Date (11) 1 / 30 / 20 Month Day Year	Name of OSHA Monitor QUALITY ENVIRONMENTAL
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		Street Address 1376 ROUTE 9
		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR SOUTHWEST CORRIDOR			X	VAT & MASTIC	776 SF	X			
2ND FLOOR SOUTHWEST CORRIDOR			X	PIPE INSULATION	32 LF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105		Disposal Date 11/25/19-01/30/2020	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11-26-19

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

34866

Date of Notification (1) 11 / 22 / 19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 RIVERVIEW PLAZA City, State, Zip Code RED BANK, NEW JERSEY 07701 Name of Contact ERIC MATTSO Telephone Number 732-450-2689	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification 1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		ASBESTOS CONTROL & LICENSING DEC 16 2019	

Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1 RIVERVIEW PLAZA-2ND FLOOR			Square Feet 250,000	# of Floors 6	Bldg. Age 65
City (5) RED BANK	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL		

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	Telephone Number 845-369-7500	License Number 1101

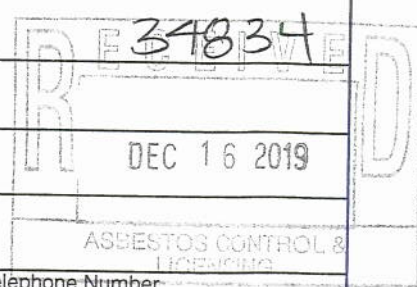
Expected State Date (10) 12 / 02 / 19		Sched. Completion Date (11) 1 / 30 / 20		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Month Day Year		Month Day Year		Street Address 1376 ROUTE 9	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM				City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR SOUTHWEST CORRIDOR			X	VAT & MASTIC	776 SF	X			
2ND FLOOR SOUTHWEST CORRIDOR			X	PIPE INSULATION	32 LF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105	Disposal Date 11/25/19-01/30/2020	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/22/19

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



Date of Notification (1) 11 / 15 /19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1 RIVERVIEW PLAZA	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RED BANK, NEW JERSEY 07701	
		Name of Contact ERIC MATTSO	Telephone Number 732-450-2689

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1 RIVERVIEW PLAZA-2ND FLOOR		Square Feet 250,000	# of Floors 6
City (5) RED BANK	County (6) MONMOUTH	County Code (7) (STATE USE ONLY)	Bldg. Age 65
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Current Use (Prior if being demolished) Pharm. Lab. HOSPITAL
Street Address 64 BROAD STREET		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	City, State, Zip Code SUFFERN, NEW YORK 10901
Expected State Date (10) 11 / 25 / 19		Sched. Completion Date (11) 1 / 30 / 20	Telephone Number 845-369-7500
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		License Number 1101	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
		Street Address 1376 ROUTE 9	
		City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590	
		<input type="checkbox"/> Criticals with Negative Pressure <input type="checkbox"/> Mini-Enclo, <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR SOUTHWEST CORRIDOR			X	VAT & MASTIC	776 SF	X			
2ND FLOOR SOUTHWEST CORRIDOR			X	PIPE INSULATION	32 LF	X			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NJ 07105	Disposal Date 11/25/19-01/30/2020	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11-15-19

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

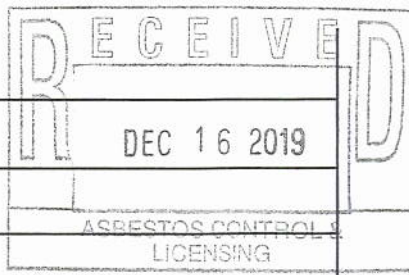
CK 9069

Date of Notification (1) 12/9/19		Name of Building Owner/Operator (2) MR BARRY KOMISARUK					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code MAPLEWOOD, NJ. 07040				
		Name of Contact MR KOMISARUK	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR BARRY KOMISARUK		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) MAPLEWOOD	Square Feet 2100	# of Floors 2	Bldg. Age 1945				
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 12/9/19	Scheduled Completion Date (11) 12/19/19	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM TO 5:00 PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) BASIN	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) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 85 LF	Abatement Type		
					Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 367	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601			Disposal Date 12/20/19	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature <i>[Signature]</i>		Date 12/9/19			

ASB-41

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

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



Date of Notification (1)

12 / 10 /2019

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

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

Street Address
126 E. LINCOLN AVENUE

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
KINNARI PATEL

Telephone Number
732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 N EXTERIOR WINDOWS

Square Feet
40,000

of Floors
1

Bldg. Age
57

City (5)
RAHWAY

County (6)
UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
RESEARCH LABORATORY AND OFFICE FACILI

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

ASCM No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 6 /19
Month Day Year

Sched. Completion Date (11)

12 / 10 /20
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe:

☒ Other - Describe: MONDAY -SUNDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Renovation

☐ Full Containment with Negative Pressure

☐ Mini Enclo ,

☐ Glovebag Procedure

☒ Non-Friable Procedure (EXTERIOR)

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
EXTERIOR WEST SIDE			X	WINDOW GLAZING /CAULK	15 SF	X			
EXTERIOR NORTH SIDE			X	WINDOW GLAZING /CAULK	5 SF	X			

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

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
40

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

City, State
FREEHOLD, NEW JERSEY

Disposal Date
12/6/19-03/30/2020

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ

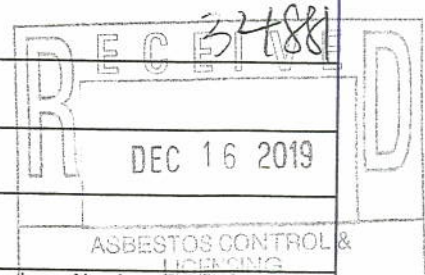
Title
DIRECTOR OF OPERATIONS

Signature

[Signature]

Date 12/10/19

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



Date of Notification (1) 11 / 26 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact KINNARI PATEL	Telephone Number 732-594-2257

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80 N EXTERIOR WINDOWS				Square Feet 40,000	# of Floors 1
City (5) RAHWAY				Bldg. Age 57	
County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL				Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871				City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 12 / 6 /19		Sched. Completion Date (11) 3 / 30 /20		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	

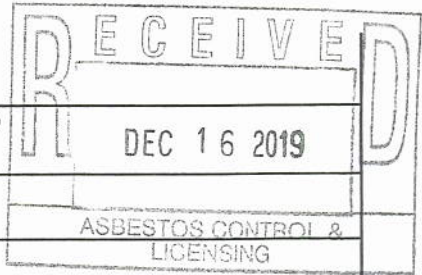
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -SUNDAY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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
EXTERIOR WEST SIDE			X	WINDOW GLAZING /CAULK	15 SF	X			
EXTERIOR NORTH SIDE			X	WINDOW GLAZING /CAULK	5 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY		Disposal Date 12/6/19-03/30/2020	City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/26/19

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



Date of Notification (1)

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

Street Address

126 E. LINCOLN AVENUE

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

KINNARI PATEL

Telephone Number

732-594-6352

12 / 10 / 2019

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 N LABS

Square Feet

40,000

of Floors

1

Bldg. Age

57

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 3 / 19
Month Day Year

Sched. Completion Date (11)

10 / 30 / 20
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

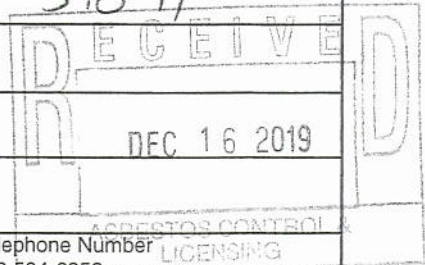
☐ Full Containment with Negative Pressure
☒ Mini Encl.
☒ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR ROOM C25, C25A, C25B			X	VAT & MASTIC	650 SF	X			
1ST FLOOR ROOM C25			X	PIPE INSULATION/PIPE SADDLES	5 LF	X			
1ST FLOOR C25			X	DUCT MASTIC	2 SF	X			
1ST FLOOR ROOM B37			X	VAT & MASTIC	145 SF	X			
1ST FLOOR ROOM C29			X	VAT & MASTIC	80 SF	X			
1ST FLOOR ROOM C19A			X	VAT & MASTIC	140 SF	X			
1ST FLOOR ROOM C19			X	SOUND PROOFING PAPER BATTING	100 SF	X			
1ST FLOOR ROOM C19 & C19A			X	PIPE INSULATION/PIPE SADDLES	9 LF	X			
1ST FLOOR ROOM C25			X	BENCH TOP - Complete	150 SF	X			
1ST FLOOR ROOM B37			X	SINK MASTIC COATING	35 SF	X			
1ST FLOOR ROOM B37			X	PIPE INSULATION	8 LF	X			
1ST FLOOR ROOM C31			X	PIPE INSULATION/PIPE SADDLES	5 LF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
FREEHOLD CARTAGE, INC.		15939		30		LYCOMING COUNTY RESOURCE MANAGEMENT SE			
825 HIGHWAY 33						447 ALEXANDER DRIVE/ROUTE 15			
City, State				Disposal Date		City, State			
FREEHOLD, NEW JERSEY				11/25/19-10/30/2020		MONTGOMERY, PA 17752			
Completed by (Print or Type)		Title		Signature		Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS				12/10/19			

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

348 41

Date of Notification (1) 11 / 19 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Type Notification		Name of Contact KINNARI PATEL	
<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Telephone Number 732-594-6352	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80 N LABS		Square Feet 40,000	# of Floors 1
City (5) RAHWAY		Bldg. Age 57	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 12 / 3 /19		Sched. Completion Date (11) 10 / 30 /20	
Month Day Year		Month Day Year	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR ROOM C25, C25A, C25B			X	VAT & MASTIC	650 SF	X			
1ST FLOOR ROOM C25			X	PIPE INSULATION/PIPE SADDLES	5 LF	X			
1ST FLOOR C25			X	DUCT MASTIC	2 SF	X			
1ST FLOOR ROOM B37			X	VAT & MASTIC	145 SF	X			
1ST FLOOR ROOM C29			X	VAT & MASTIC	80 SF	X			
1ST FLOOR ROOM C19A			X	VAT & MASTIC	140 SF	X			
1ST FLOOR ROOM C19			X	SOUND PROOFING PAPER BATTING	100 SF	X			
1ST FLOOR ROOM C19 & C19A			X	PIPE INSULATION/PIPE SADDLES	9 LF	X			
1ST FLOOR ROOM C25			X	BENCH TOP	150 SF	X			
1ST FLOOR ROOM B37			X	SINK MASTIC COATING	35 SF	X			
1ST FLOOR ROOM B37			X	PIPE INSULATION	8 LF	X			
1ST FLOOR ROOM C31			X	PIPE INSULATION/PIPE SADDLES	5 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752						
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/19/19						

Inv-116094
CK440424

PAID

RECEIVED
DEC 16 2019
ASBESTOS CONTROL & LICENSING

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

Date of Notification 1 2 1 0 1 9		Name of Building Owner/Operator ATLANTIC HEALTHCARE SYSTEMS		ASBESTOS CONTROL & LICENSING	
Agencies Notified X USEPA X DEP X DOL X DOH X DCA		Type of Notification X Initial Amended Amendmen #1 Emergency Cancellation		Street Address 99 BEAUVIOR AVENUE	
		City, State, Zip Code SUMMIT, NJ 07901			
		Name of Contact Michelle Gomez		Telephone Number 908-522-2195	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place OVERLOOK HOSPITAL			Type of Facility () School (K-12) () Sub-Chapter 8 (Other than K-12) (X) Other (I.e. private & Commercial buildings, homes, etc.)		
Street Address 99 BEAUVOIR AVENUE			SF of Bldg. 10000	# Floor 3	Age of Bldg.
City SUMMIT, NJ	County UNION	County Code State use Only	Current Use (prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner Partner Engineering & Science		ASCM No.	Name of Abatement Contractor ACM CONSULTING CORP.		
Street Address 611 Industrial Way West			Street Address 2150 STANLEY TERRACE		
City, State, Zip Code Eatontown, NJ 07724			City, State, Zip Code UNION, NJ 07083		
Project Manager for Monitoring Firm TO BE DETERMINED		Telephone No. TO BE DETERMINED	Telephone Number 908-687-1008	License Number 00575	
Scheduled Start Date 12 19 2019		Scheduled Completion Date 1 1 2020		Name of OSHA Monitor EMSL ANALYTICAL	
Month Day Year		Month Day Year		Street Address 307 WEST 38TH STREET	
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Outside Normal Facility Hours X Describe: 9:30PM TO 6:30AM Other - Describe:		City, State, Zip Code NEW YORK, NY 10118			

Scope of Work (Check Only One) Demolition >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation			Abatement Method Full Containment with Negative Pressure Mini-Enclosure X Tent Procedures Non-Friable Procedure			
Location of ACM Facility 7th Floor Mechanical Room By Stair 11	Is Location Normally Used by Custodial Staff		Description of ACM to be Removed Duct Insulation	Amount to be Removed (Specify SF/LF) 8SF	Abatement Type	
	Yes	NO			N/A	Rem.
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSOC., INC.		NJDEP Waste ID No. SW1896		Cubic Yds waste TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC
City, State BRONX, NY		Disposal Date TBD		City, State of Registered Landfill WAYNESBURG, OHIO		
Completed By (Print or Type) Gina Smolar		Title GENERAL MANAGER		Signature <i>Gina Smolar</i>		Date 12/10/2019